

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

GL19-013

Check #4722

Date of Notification (1) 06/28/2019		Name of Building Owner/Operator (2) Fair Lawn		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 2 2019 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 37-01 Fair Lawn Ave. City, State, Zip Code Far Lawn, NJ 07410 Name of Contact Tomas Senko			
Telephone Number 973-296-4566									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Memorial Middle School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 12-00 1st Steet				Square Feet 20,000+					
City (5) Fair Lawn, NJ				# of Floors 2					
County (6) Bergen				Bldg. Age 30+					
County Code (7) (STATE USE ONLY) _____				Current Use (Prior if being demolished) Educational					
Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental			ASCM No. _____		Name of Abatement Contractor (9) GL Group Inc.				
Street Address 555 Broad Street, Suite K			Street Address 140 Hamburg Turnpike						
City, State, Zip Code Glen Rock, NJ 07452			City, State, Zip Code Bloomingdale, NJ 07403						
Project Manager for Monitoring Firm Bruce D. Wolf			Telephone No. 201-652-1119		Telephone No. 201-710-9725				
License No. 01084									
Start Date (10) 06/29/2019		Scheduled Completion Date (11) 07/01/2019		Name of OSHA Monitor GL Group Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 140 Hamburg Turpike					
				City, State, Zip Code Bloomingdale, NJ 07403					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Overhead Entrance		X		Soffit Exterior Transite Panels	790 SF	x			
Name of Registered Waste Hauler GL Group Inc.		NJDEP Waste Hauler ID No. 003034		Cubic Yards of Waste TBD		Name of Registered Landfill GROWS Landfill			
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>		Date 06/28/2019			

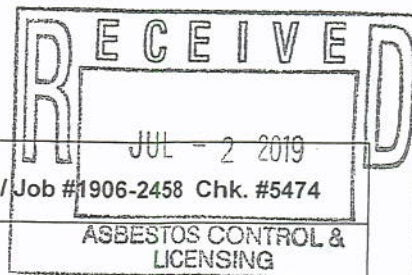
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

GL19-013

Date of Notification (1) 06/28/2019		Name of Building Owner/Operator (2) Fair Lawn		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL - 2 2019 ASBESTOS CONTROL & REMEDIATION </div>					
Agencies Notified		Type Notification				Street Address 37-01 Fair Lawn Ave.			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Far Lawn, NJ 07410			
						Name of Contact Tomas Senko			
				Telephone Number 973-296-456					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Memorial Middle School				Type of Facility (4)					
Street Address 12-00 1st Steet				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Fair Lawn, NJ				Square Feet 20,000+	# of Floors 2				
County (6) Bergen				County Code (7) (STATE USE ONLY) _____	Bldg. Age 30+				
Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental				Name of Abatement Contractor (9) GL Group Inc.					
Street Address 555 Broad Street, Suite K				Street Address 140 Hamburg Turnpike					
City, State, Zip Code Glen Rock, NJ 07452				City, State, Zip Code Bloomingdale, NJ 07403					
Project Manager for Monitoring Firm Bruce D. Wolf				Telephone No. 201-652-1119	License No. 01084				
Start Date (10) 06/29/2019		Scheduled Completion Date (11) 07/01/2019		Name of OSHA Monitor GL Group Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 140 Hamburg Turpike					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Bloomingdale, NJ 07403					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Overhead Entrance		X		Soffit Exterior Transite Panels	790 SF	x			
Name of Registered Waste Hauler GL Group Inc.		NJDEP Waste Hauler ID No. 003034		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Bloomingdale, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>		Date 06/28/2019			

Inv# 12447
CK 5474 PAID

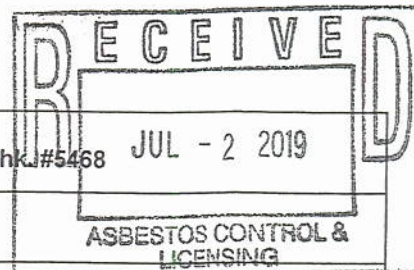
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 6 / 28 / 19		Name of Building Owner/Operator (2) North Hanover Township Schools		Job #1906-2458 Chk. #5474					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 331 Monmouth Road City, State, Zip Code Wrightstown, NJ 08562					
		Name of Contact Rick Takakjy, Project Mgr - PW Moss		Telephone Number 215-880-0035					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CB Lamb School				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 46 Schoolhouse Rd									
City (5) Wrightstown				Square Feet 36000	# of Floors 1				
				Bldg. Age 1960s					
County (6) Burlington		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental, Inc.		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 615 Prospect Avenue				Street Address 3859 Sylon Boulevard					
City, State, Zip Code Morrisville, PA 19067				City, State, Zip Code Hainesport, NJ 08036					
Project Manager for Monitoring Firm Rick Beach		Telephone No. 267-991-9212		Telephone No. 609-702-0400	License No. 00862				
Start Date (10) 7 / 8 / 19		Scheduled Completion Date (11) 7 / 10 / 19		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-4:00 PM/ PM-12:00AM				Street Address 200 U.S. Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Two Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glue Dots	200 SF each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Four Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glue Dots	250 SF each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central				
City, State Lafayette, NJ				Disposal Date 7/11/19	City, State Penn Argyle, PA				
Completed By (Print or Type) Kim Trumbetti		Title Coordinator		Signature 		Date 7-28-19			

CK 5468
Inv# 12237 PAID

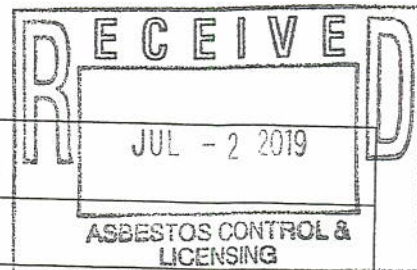
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 6 / 24 / 19		Name of Building Owner/Operator (2) Larc School / Job #1903-2411 Chk#5468							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1089 Creek Road City, State, Zip Code Bellmawr, NJ 08031							
		Name of Contact Marc Cheeseman	Telephone Number 856-933-0882						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Larc School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1089 Creek Road									
City (5) Bellmawr		Square Feet 65,000	# of Floors 1						
		Bldg. Age 54							
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address PO Box 316		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Steve / Dave Flanigan	Telephone No. 856-848-0800	Telephone No. 609-702-0400	License No. 00862						
Start Date (10) 6 / 24 / 19	Scheduled Completion Date (11) 6 / 26 / 19	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room #1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and Mastic	360 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room #2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and Mastic	360 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Lafayette, NJ		Disposal Date 6/26/19		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly Trumbetti		Title Office Coordinator		Signature 		Date 6-24-19			

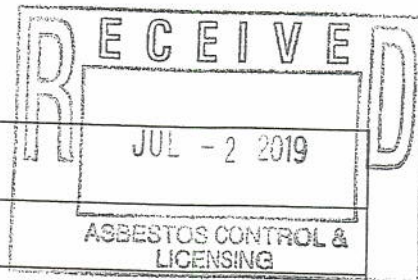
Inv# 12449
CK 1350 PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



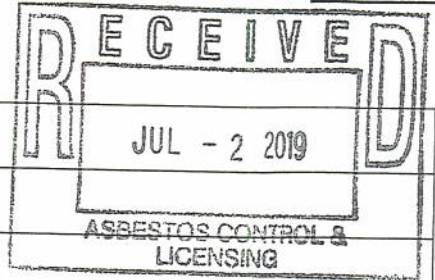
Date of Notification (1) 06 / 28 / 19		Name of Building Owner/Operator (2) Pascack Valley Regional School District		JUL - 2 2019	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 28 West Grand Avenue City, State, Zip Code Montvale, NJ 07645 Name of Contact Robert Donahue Telephone Number (201) 358-7004 Ext 21007	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Pascack Valley High School				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 200 Peirmont Ave				Square Feet 110,000	
City (5) Hillsdale				# of Floors 1	
County (6) Bergen				Bldg. Age 50	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) High School			
Name of Monitoring Firm Hired by Building Owner (8) Health and Safey Services, Inc		ASCM No. 00117		Name of Abatement Contractor (9) SAI Environmental Services, LLC	
Street Address PO Box 365		Street Address 277 Fairfield Road, Suite 102			
City, State, Zip Code Berlin		City, State, Zip Code Fairfield, NJ 07004			
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 856-452-1311		License No. 01349	
Start Date (10) 06 / 20 / 19		Scheduled Completion Date (11) 07 / 19 / 19		Name of OSHA Monitor SAI Environmental Services, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 277 Fairfield Road, Suite 102	
				City, State, Zip Code Fairfield, NJ 07004	
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Music Rooms		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Floor Tile/Mastic	
Music Rooms - Additional Work		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Floor Tile/Mastic	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117		Cubic Yards of Waste 25	
City, State Yardley, PA		Disposal Date Various		Name of Registered Landfill Minerva Landfill	
Completed By (Print or Type) Mary Petrovski		Title President		Signature Mary Petrovski	
				Date 6/28/2019	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 06 / 19 / 19		Name of Building Owner/Operator (2) Pascack Valley Regional School District							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 28 West Grand Avenue							
		City, State, Zip Code Montvale, NJ 07645							
		Name of Contact Robert Donahue	Telephone Number (201) 358-7004 Ext 21007						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pascack Valley High School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 200 Peirmont Ave		Square Feet 2900	# of Floors 1						
City (5) Hillsdale		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safey Services, Inc	ASCM No. 00117	Name of Abatement Contractor (9) SAI Environmental Services, LLC							
Street Address PO box 365		Street Address 277 Fairfield Road, Suite 102							
City, State, Zip Code Berlin		City, State, Zip Code Fairfield, NJ 07004							
Project Manager for Monitoring Firm Jim Proctor	Telephone No. 856-452-1311	Telephone No. (973) 852-3444	License No. 01349						
Start Date (10) 05 / 20 / 19	Scheduled Completion Date (11) 06 / 30 / 19	Name of OSHA Monitor SAI Environmental Services, LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 277 Fairfield Road, Suite 102							
		City, State, Zip Code Fairfield, NJ 07004							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Music Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile/Mastic	2900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Landfill					
City, State Yardley, PA		Disposal Date Various		City, State Waynesburgh, OH					
Completed By (Print or Type) Mary Petrovski		Title President		Signature 		Date 6/19/2019			

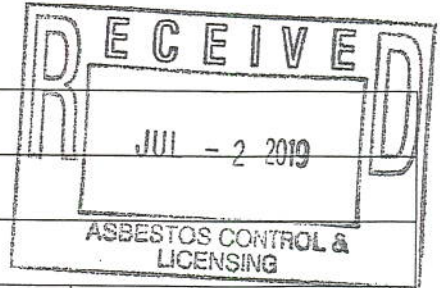
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Inv # 12417
OK 2/19/18 PAID

Date of Notification (1) 6/28/19		Name of Building Owner/Operator (2) Fayna Ferkle							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08690							
		Name of Contact Fayna Ferkle	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Trenton		Square Feet 2400	# of Floors 2						
County (6) Mercer		Bldg. Age 65 +/-							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCN No.							
Street Address		Name of Abatement Contractor (9) All Stages Abatement							
City, State, Zip Code		Street Address 280 N. Midland Ave.							
Project Manager for Monitoring Firm		City, State, Zip Code Saddle Brook, NJ 07663							
Telephone No.		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 6/29/19	Scheduled Completion Date (11) 7/2/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen		x		VAT	199 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 3 yd	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President		Signature 				Date 6/28/19	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 6/28/19		Name of Building Owner/Operator (2) Nina Bhardwaj							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Orange, NJ 07032							
		Name of Contact Nina Bhardwaj	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 6200	# of Floors 3						
City (5) West Orange		Bldg. Age 65 +/-							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASC No.							
Street Address		Name of Abatement Contractor (9) All Stages Abatement							
City, State, Zip Code		Street Address 280 N. Midland Ave.							
Project Manager for Monitoring Firm		City, State, Zip Code Saddle Brook, NJ 07663							
Telephone No.		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 7/1/19	Scheduled Completion Date (11) 7/5/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawl Space		x		Pipe Wrap	221 LF	x			
2nd Fl Bedroom		x		Pipe Wrap	10 LF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 3 yd	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President		Signature 		Date 6/28/19			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

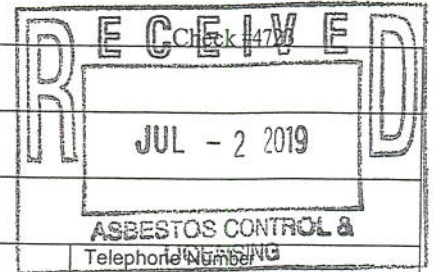
GL19-025

Date of Notification (1)
06/28/2019Name of Building Owner/Operator (2)
Allendale Public School

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☒ Initial
☐ Amended
Amendment # _____
☐ Emergency (including justification)
☐ Cancellation
Street Address
100 Brookside AvenueCity, State, Zip Code
Allendale, NJ 07401Name of Contact
Tony DeMarcoTelephone Number
201-538-4519

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Brookside SchoolStreet Address
100 Brookside AvenueCity (5)
Allendale, New JerseyCounty (6)
BergenCounty Code (7)
(STATE USE ONLY) _____

Type of Facility (4)

☒ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e. private & commercial buildings, homes, etc.)
Square Feet
50,000# of Floors
2Bldg. Age
30+Current Use (Prior if being demolished)
EducationalName of Monitoring Firm Hired by Building Owner (8)
Karl & Associates, Inc.ASCM No.
N/AName of Abatement Contractor (9)
GL Group Inc.Street Address
P.O. Box 645Street Address
140 Hamburg TurnpikeCity, State, Zip Code
Shilington, PA, 19607City, State, Zip Code
Bloomingdale, NJ 07403Project Manager for Monitoring Firm
Mike KrisherTelephone No.
610-856-7700Telephone No.
201-710-9725License No.
01084Start Date (10)
07/08/2019Scheduled Completion Date (11)
07/12/2019Name of OSHA Monitor
GL Group Inc.

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: _____
Street Address
140 Hamburg TurnpikeCity, State, Zip Code
Bloomingdale, NJ 07403

Scope of Work (Check All That Apply)

☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 40 Science Rm		x		Sinks	255SF	x			

Name of Registered Waste Hauler GL Group Inc.	NJDEP Waste Hauler ID No. 003034	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill
City, State Bloomingdale, NJ	Disposal Date TBD	City, State Morrisville, PA	
Completed by Elena Solakov	Title President	Signature <i>Elena Solakov</i>	Date 06/28/2019

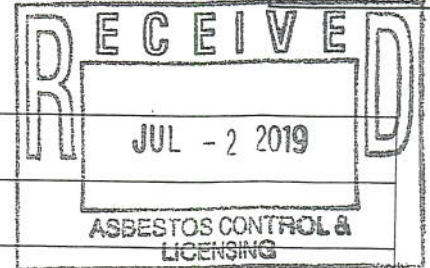
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

GL19-025

Date of Notification (1) 06/28/2019		Name of Building Owner/Operator (2) Allendale Public School		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL - 2 2019 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified		Type Notification				Street Address 100 Brookside Avenue			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Allendale, NJ 07401			
		Name of Contact Tony DeMarco		Telephone Number 201-538-4519					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Brookside School				Type of Facility (4)					
Street Address 100 Brookside Avenue				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Allendale, New Jersey				Square Feet 50,000	# of Floors 2				
County (6) Bergen				County Code (7) (STATE USE ONLY) _____	Bldg. Age 30+				
Name of Monitoring Firm Hired by Building Owner (8) Karl & Associates, Inc.				ASCM No. N/A	Name of Abatement Contractor (9) GL Group Inc.				
Street Address P.O. Box 645				Street Address 140 Hamburg Turnpike					
City, State, Zip Code Shilington, PA, 19607				City, State, Zip Code Bloomingdale, NJ 07403					
Project Manager for Monitoring Firm Mike Krisher				Telephone No. 610-856-7700	Telephone No. 201-710-9725				
Start Date (10) 07/08/2019				Scheduled Completion Date (11) 07/12/2019	License No. 01084				
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor GL Group Inc.					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 140 Hamburg Turnpike					
				City, State, Zip Code Bloomingdale, NJ 07403					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 40 Science Rm		X		Sinks	255SF	X			
Name of Registered Waste Hauler GL Group Inc.		NJDEP Waste Hauler ID No. 003034		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Bloomingdale, NJ				Disposal Date TBD	City, State Morricville, PA				
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>		Date 06/28/2019			

Inv # 124560
CK 3404 PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06/24/19		Check #3404		Name of Building Owner/Operator (2) St. Joseph/High Point School					
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		40 Spring St					
				City, State, Zip Code Lodi, NJ, 07644					
				Name of Contact Steve					
				Telephone Number 973-779-0643					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Joseph/High Point School				Type of Facility (4)					
Street Address 40 Spring St				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Lodi				Square Feet 10,000+	# of Floors 3				
County (6) Bergen				County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+				
Name of Monitoring Firm Hired by Building Owner (8) N/A				Name of Abatement Contractor (9) EA Services					
Street Address N/A				Street Address 426 69th					
City, State, Zip Code N/A				City, State, Zip Code Guttenberg, NJ, 07093					
Project Manager for Monitoring Firm N/A				Telephone No. N/A	License No. 01074				
Start Date (10) 07/03/19		Scheduled Completion Date (11) 07/06/19		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One)				Street Address N/A					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 9am				City, State, Zip Code N/A					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor Lunch Room		X		9x9 ACM Floor Tile	5 SF		X		
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Entreprise				
City, State Bronx, NY				Disposal Date	City, State Waynesburg, OH				
Completed by Michael Fajardo		Title Office Clerk		Signature 		Date 06/24/19			

INV-12420

PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60-7 and 12: 120-7)

CL# 028/74

Date of Notification (1) 06 / 25 / 19		Name of Building Owner/Operator (2) NJDEP - Natural & Historic Resources-Office of Resource Development	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment <input type="checkbox"/> Cancellation <input type="checkbox"/> Emergency	
Street Address 275 FREEHOLD-ENGLISHTOWN ROAD		City, State, Zip Code ENGLISHTOWN, NJ 07726	
Name of Contact MR. AL PAYNE		Telephone Number 609-351-1991	



Name of Facility Where Abatement is Taking Place (3) ABBOTT'S MEADOW WILDLIFE MANAGEMENT AREA			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address COUNTY ROUTE 624			Square Feet 5,000 +	
City (5) ELLSINBORO TOWNSHIP			# of Floors 1	
County (6) SALEM			Bldg. Age 50 +	
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT INC.		Name of Abatement Contractor (9) J.R. CONTRACTING & ENVIRONMENTAL CONSULTING INC.		
Street Address 344 WEST STATE STREET		Street Address 1141 ROUTE 23		
TRENTON, NJ 08618		City, State, Zip WAYNE, NJ 07470		
Project Manager for Monitoring Firm WILLIAM WEISGARBER		Telephone Number 609-656-8101		
Scheduled State Date (10) 07 / 22 / 19		Scheduled Completion Date (11) 09 / 27 / 19		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility <input type="checkbox"/> Hours - Describe: <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor J.R. CONTRACTING & ENVIRONMENTAL CONSULTING INC.		
Street Address 1141 ROUTE 23		City, State, Zip Code WAYNE, NJ 07470		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 ft	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment With Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 ft	<input type="checkbox"/> Renovation	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non Exempted (*) and Non-Friable Procedure

Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	E	N	E	
ROOF			X	Metal Corrugated Roof Panels	5,426 SF	X				
ROOF			X	Black Rolled Tar Paper	1,450 SF	X				
Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting, Inc.		NJDEP Waste Hauler ID No 17819		Cubic Yards of Waste 40		Name of Registered Landfill Grand Central Landfill				
City, State Wayne, NJ		Disposal Date		City, State Pen Argyle, PA						
Completed by (Print or Type) Jerry Bijelonic		Title Project Manager		Signature		Date 06/25/19				

PAID

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60-7 and 12: 120-7)

CL# 028173

Date of Notification (1) 06 / 25 / 19		Name of Building Owner/Operator (2) NJDEP - Natural & Historic Resources-Office of Resource Development	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment <input type="checkbox"/> Cancellation <input type="checkbox"/> Emergency	
Street Address 275 FREEHOLD-ENGLISHTOWN ROAD		City, State, Zip Code ENGLISHTOWN, NJ 07726	
Name of Contact MR. AL PAYNE		Telephone Number 609-351-1991	

Name of Facility Where Abatement is Taking Place (3) WADING REIVER WILDLIFE MGMT. AREA - HOLLOWAY PROPERTY			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 1880 HAMMONTON ROAD			Square Feet 5,000 +		
City (5) BASS RIVER TOWNSHIP			# of Floors 1		
County (6) BURLINGTON			Bldg. Age 50 +		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) RESIDENCE		

Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT INC.		ASCM 00112		Name of Abatement Contractor (9) J.R. CONTRACTING & ENVIRONMENTAL CONSULTING INC.	
Street Address 344 WEST STATE STREET				Street Address 1141 ROUTE 23	
TRENTON, NJ 08618				City, State, Zip WAYNE, NJ 07470	
Project Manager for Monitoring Firm WILLIAM WEISGARBER		Telephone Number 609-656-8101		Telephone Number 973 628-9500	
Scheduled State Date (10) 07 / 15 / 19		Scheduled Completion Date (11) 09 / 27 / 19		License Number 00408	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility <input type="checkbox"/> Hours - Describe: <input type="checkbox"/> Other - Describe:				Name of OSHA Monitor J.R. CONTRACTING & ENVIRONMENTAL CONSULTING INC.	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf				Street Address 1141 ROUTE 23	
<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation				City, State, Zip Code WAYNE, NJ 07470	
<input checked="" type="checkbox"/> Full Containment With Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non Exempted (*) and Non-Friable Procedure					

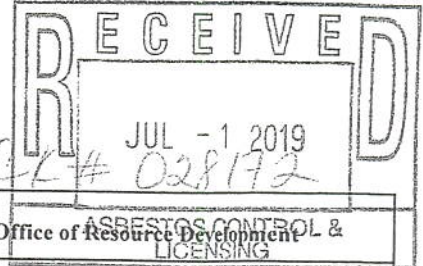
Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R	E	E	E
ROOF		Black Tar Flashing	32 LF	X			
ROOF		Roofing	675 SF	X			
EXTERIOR		Cementitious Siding	1,914 SF	X			
EXTERIOR		Window Glazing	224 LF	X			
INTERIOR		Drywall and Assoc. Joint Compound	3,216 SF	X			
INTERIOR		Floor Tile & Mastic	269 SF	X			
INTERIOR		Gasket at Interior Door Gasket	22 LF	X			

Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting, Inc.		NJDEP Waste Handler ID No 17819		Cubic Yards of Waste 60		Name of Registered Landfill Grand Central Landfill	
City, State Wayne, NJ		Disposal Date		City, State Pen Argyle, PA			
Completed by (Print or Type) Jerry Bijelonic		Title Project Manager		Signature		Date 06/25/19	

INV-10415
CK 028172

PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8: 60-7 and 12: 120-7)



Date of Notification (1) 06 / 25 / 19		Name of Building Owner/Operator (2) NJDEP - Natural & Historic Resources-Office of Resource Development	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment <input type="checkbox"/> Cancellation <input type="checkbox"/> Emergency	
Street Address 275 FREEHOLD-ENGLISHTOWN ROAD		City, State, Zip Code ENGLISHTOWN, NJ 07726	
Name of Contact MR. AL PAYNE		Telephone Number 609-351-1991	

Name of Facility Where Abatement is Taking Place (3) WADING REIVER WILDLIFE MGMT. AREA - BOZARTH PROPERTY			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 1874 HAMMONTON ROAD			Square Feet 5,000 +		
City (5) BASS RIVER TOWNSHIP			# of Floors 2		
County (6) BURLINGTON			Bldg. Age 50 +		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) RESIDENCE		

Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT INC.		ASCM 00112		Name of Abatement Contractor (9) J.R. CONTRACTING & ENVIRONMENTAL CONSULTING INC.	
Street Address 344 WEST STATE STREET		City, State, Zip TRENTON, NJ 08618		Street Address 1141 ROUTE 23	
Project Manager for Monitoring Firm WILLIAM WEISGARBER		Telephone Number 609-656-8101		City, State, Zip WAYNE, NJ 07470	
Scheduled State Date (10) 07 / 15 / 19		Scheduled Completion Date (11) 09 / 27 / 19		Telephone Number 973 628-9500	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility <input type="checkbox"/> Hours - Describe: <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor J.R. CONTRACTING & ENVIRONMENTAL CONSULTING INC.		License Number 00408	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 5 sf or ≥ 5 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment With Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non Exempted (*) and Non-Friable Procedure	

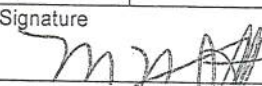
Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	E	N	E
INTERIOR			X	Floor Sheeting	100 SF	X			
INTERIOR			X	Door Window Glazing	8 LF	X			
EXTERIOR			X	Grey Sealant at Elec. Box Conduit	1 SF	X			

Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting, Inc.		NJDEP Waste Hauler ID No 17819		Cubic Yards of Waste 3		Name of Registered Landfill Grand Central Landfill	
City, State Wayne, NJ		Disposal Date		City, State Pen Argyle, PA		Date 06/25/19	
Completed by (Print or Type) Jerry Bijelonic		Title Project Manager		Signature		Date	

INV-12451
CH8140

State of New Jersey
PAID
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 8:16)

19051
RECEIVED
JUL - 2 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6 / 26 / 19		Name of Building Owner/Operator (2) The Hampshire Companies							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 Marple Ave. City, State, Zip Code Morristown, NJ 07960 Name of Contact Kevin Seise Telephone Number 201-923-7155							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 30 Wesley St.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 30 Wesley St.									
City (5) S. Hackensack, NJ 07606		Square Feet 175,000	# of Floors 1 Bldg. Age 45+						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Vertex	ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems							
Street Address 700 Turner Way		Street Address 550 East Union St.							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Dave Brown	Telephone No. 610-558-8902	Telephone No. 610-701-9000	License No. 00508						
Start Date (10) 7 / 8 / 19	Scheduled Completion Date (11) 8 / 9 / 19	Name of OSHA Monitor AET							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-____PM/3:30PM-____AM		Street Address 28 N. Pennel Road City, State, Zip Code Media, PA 19063							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	17,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	800 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	1200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Panels	110 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AMA Resource, LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 90	Name of Registered Landfill Western Berks Community Landfill					
City, State Wilm., DE		Disposal Date TBD		City, State Birdsboro, PA					
Completed By (Print or Type) Mark Griffin	Title Estimator		Signature 			Date 6/26/19			

CK4718

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Print Form

RECEIVED

Check #4718-2 2019

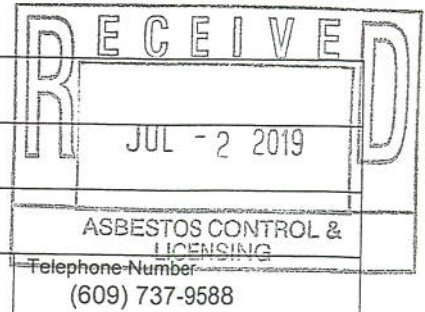
ASBESTOS CONTROL & LICENSING

GL17-033-10

Date of Notification (1) 06/26/2019		Name of Building Owner/Operator (2) Newark Public School							
Agencies Notified	Type Notification	Street Address 765 Broad Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07102							
		Name of Contact Benjamin Olagadeyo	Telephone Number 973-332-4012						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hawthorne Avenue Elementary School		Type of Facility (4)							
Street Address 428 Hawthorne Ave		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark		Square Feet 30,000	# of Floors 3						
County (6) Essex		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) GL Group Inc.						
Street Address 1253 N. Church Street		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800 x 31	Telephone No. 201-710-9725						
Start Date (10) 07/08/2019		Scheduled Completion Date (11) 07/15/2019	License No. 01084						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor GL Group Inc.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 140 Hamburg Turnpike							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Wood Shop				Pipe Insulation	235LF	x			
Wood Shop				Wall/Ceiling Plaster	100SF		x		
Name of Registered Waste Hauler GL Group Inc.		NJDEP Waste Hauler ID No. 33034	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS, North Landfill					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 06/26/2019			

Check # 25909

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1) 6/28/2019		Name of Building Owner/Operator (2) Naslane Management							
Agencies Notified	Type Notification	Street Address	City, State, Zip Code						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	205 Main Street	Chatham, NJ 07928						
		Name of Contact Bill Mayer - Lucash Montgomery	Telephone Number (609) 737-9588						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Retail /Office		Type of Facility (4)							
Street Address 124 Nassau Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Princeton, NJ 08540		Square Feet 15000	# of Floors 3						
County (6) Mercer		Bldg. Age 85 +/-							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	License No. 00493						
Start Date (10) 7/8/2019	Scheduled Completion Date (11) 7/26/2019	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT	2500 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ		Disposal Date 7/26/2019		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature			Date 6/28/2019		

nu-12312
2017149

1 of 2
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Print Form

RECEIVED

JUL 2 2019

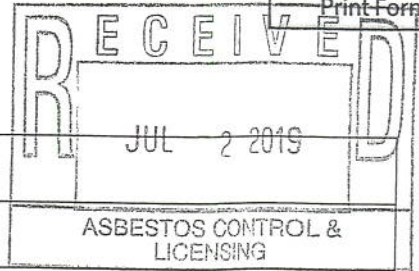
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/26/19		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 Hadley Rd.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield NJ							
		Name of Contact Nicole Iannarone	Telephone Number 201-249-1804						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Newark Airport Breaker Station		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address Brewster Road		Square Feet N/A	# of Floors N/A						
City (5) Newark		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Control House							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services, Inc.						
Street Address 64 Broad St		Street Address 17 Old Dock Rd							
City, State, Zip Code Matawan NJ		City, State, Zip Code Yaphank, NY 11980							
Project Manager for Monitoring Firm Thomas Geiger		Telephone No. 732-290-2217	Telephone No. 631-924-8111						
Start Date (10) 07-08-19		Scheduled Completion Date (11) 09-08-19	License No. 01136						
Name of OSHA Monitor WRS Environmental Services, Inc.									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Electrical circuit cabinet		Street Address 17 Old Dock Rd							
		City, State, Zip Code Yaphank, NY 11980							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Control House			x	Transite panels	86 sf	x			
Control House			x	black electrical backing	4 sf	x			
Control House			x	electrical dividers	2 sf	x			
Control House			x	electrical cable vault	285 lf	x			
Name of Registered Waste Hauler ETGI		NJDEP Waste Hauler ID No. 000692061		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless landfill				
City, State Flanders, NJ		Disposal Date TBD		City, State Morrisville PA 19067					
Completed by Raymond Tutiven		Title Supervisor		Signature <i>Raymond Tutiven</i>		Date 06-26-19			

2 of 2
PAID
State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Print Form



Date of Notification (1) 6-26-19		Name of Building Owner/Operator (2) PSEG							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Rd. City, State, Zip Code South Plainfield NJ Name of Contact Nicole Iannarone Telephone Number 201-249-1804							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Newark Airport Breaker Station		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address Brewster Road		Square Feet N/A	# of Floors N/A						
City (5) Newark		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Control House							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services, Inc.						
Street Address 64 Broad St		Street Address 17 Old Dock Rd							
City, State, Zip Code Matawan, NJ		City, State, Zip Code Yaphank, NY 11980							
Project Manager for Monitoring Firm Thomas Geiger		Telephone No. 732) 290-2217	Telephone No. 631-924-8111						
License No. 01136									
Start Date (10) 07-08-19	Scheduled Completion Date (11) 09-08-19	Name of OSHA Monitor WRS Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Electrical circuit cabinet		Street Address 17 Old Dock Rd City, State, Zip Code Yaphank, NY 11980							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Control House			x	roof flashing	6 sf	x			
Name of Registered Waste Hauler ETGI		NJDEP Waste Hauler ID No. 000692061	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless landfill					
City, State Flanders, NJ		Disposal Date TBD		City, State Morrisville PA 19067					
Completed by Raymond Tutiven		Title Supervisor	Signature Raymond Tutiven			Date 06-26-19			

INV-12446
CH 226

PAID
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED
JUL - 2 2019

Date of Notification (1) June / 28 / 2019		Name of Building Owner/Operator (2) Jefferson Township Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 31 State Route 181	
		City, State, Zip Code Lake Hopatcong NJ 07849	
		Name of Contact Dora Zeno	Telephone Number 973-663-5782

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Jefferson Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1000 Weldona Road			
City (5) Oak Ridge	County (6) Passaic	Square Feet 07438	# of Floors 3
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School	

Name of Monitoring Firm (Print or Building Owner's) Sky Environmental		ASCM No.	Name of Abatement Contractor (9) Polmax Corporation	
Street Address 140 Boulevard		Street Address 44 Koster Street Floor 2		
City, State, Zip Code Mountain Lakes NJ 07046		City, State, Zip Code Wallington NJ 07057		
Project Manager for Monitoring Firm Leonid Shereshevsky		Telephone No. 973-588-4821	Telephone No. 973-809-1122	License No. 01361
Start Date (10) June / 29 / 2019	Scheduled Completion Date (11) July / 01 / 2019		Name of OSHA Monitor tbd	

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address
		City, State, Zip Code

Scope of Work (Check all that apply)				
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure		
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure		
		<input type="checkbox"/> Glovebag Procedure		
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Classroom B-4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Countertop	20 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom B-3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Countertop	30 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom B-11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Countertop	20 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Countertops	1 cy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Polmax Corporation		NJDEP Waste Hauler ID No. 0038275	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill	
City, State Wallington NJ			Disposal Date	City, State Morrisville PA 19057	
Completed By (Print or Type) Kielczewski Slawomir	Title President	Signature <i>[Signature]</i>		Date June 28, 2019	