

Pg. 1
C/K #3235

RECEIVED
JUL - 7 2017
Telephone Number
CONTROL &
INSURING

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

Pg. 2
CHK # 3235

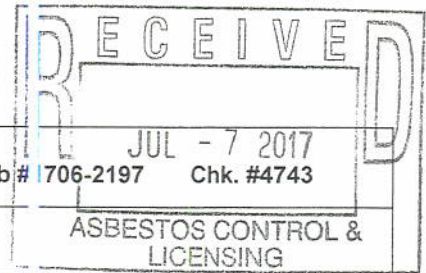
Date of Notification (1) <u>7</u> / <u>5</u> / <u>17</u>		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUL - 7 2017 ASBESTOS CONTROL & REMEDIATION </div>						
Agencies Notified <input checked="" type="checkbox"/> 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 773 Summit Ave				
		City, State, Zip Code Jersey City, NJ, 07037				Name of Contact Alex Baylor				
						Telephone Number				
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Verizon Journal Square Central Office				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 773 Summit Ave				Square Feet 82,029						
City (5) Jersey City				# of Floors 4						
County (6) Hudson				Bldg. Age +50						
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) Verizon Communications								
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc.		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 8346 Enterprise Ave		Street Address 1123 BEAVER STREET								
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007								
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810		License No. 00509						
Start Date (10) <u>7</u> / <u>20</u> / <u>17</u>		Scheduled Completion Date (11) <u>8</u> / <u>4</u> / <u>17</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC						
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 5:00 PM - 2:00 AM				Street Address 1123 BEAVER STREET						
				City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Fixable 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
Basement Office		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9" VAT/Mastic	290 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Battery Area		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9" VAT/Mastic	30 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE		Disposal Date TBD		City, State WAYNESBURG, OH						
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dillan DeCaro</i>			Date 7-5-17			

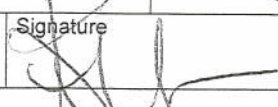
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

CH# 3236

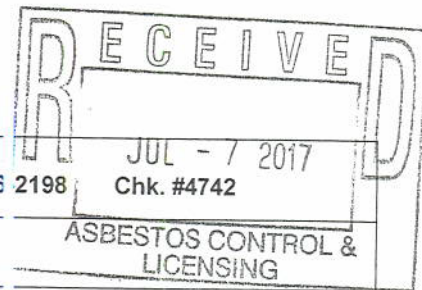
Date of Notification (1) 7/5/17		Name of Building Owner / Operator (2) VERIZON		<div style="border: 2px solid black; padding: 5px; font-size: 24px; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">JUL 7 2017</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">ASBESTOS CONTROL &</div>					
Agencies Notified	Type Notification	Street Address							
<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 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	1609 PACIFIC AVENUE City, State & Zip Code ATLANTIC CITY, NJ Name of Contact ALEX BAYLOR							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VERIZON ATLANTIC CITY CENTRAL OFFICE			Type of Facility (4)						
Street Address 1609 PACIFIC AVENUE			<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) ATLANTIC CITY	County (6) ATLANTIC	County Code (7)	Square Feet 88000	# of Floor	Bldg. Age 80				
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL			Current Use (Prior if being demolished) COMMUNICATIONS						
Street Address 8436 ENTERPRISE AVENUE			Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC						
City, State & Zip Code PHILADELPHIA PA 19153			Street Address 1123 BEAVER STREET						
Project Manager for Monitoring Firm MARK JENKINS			City, State & Zip Code BRISTOL, PA 19007						
Telephone Number 215-365-5810			Telephone Number 215-788-6040						
Scheduled Start Date (10) July 20, 2017			License Number 00509						
Scheduled Completion Date (11) July 22, 2017			Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC						
Occupancy Status During Abatement (Check only one)			Street Address 1123 BEAVER STREET						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 10pm -6am <input type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code BRISTOL, PA 19007						
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 ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> <input type="checkbox"/> <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 or 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
3 rd Floor Mechanical Room (AC-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct insulation	15 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3 locations of 5 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"/>
	<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. 20990	Cubic Yards of Waste 20	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE 19720			Disposal Date TBD		City, State WAYNESBURG, OH 44688				
Completed By (Print or Type) PATRICK T. DeCARO			Title Estimator	Signature <i>Patrick T. DeCaro</i>			Date 7/5/2017		

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



Date of Notification (1) <u>7</u> / <u>5</u> / <u>17</u>		Name of Building Owner/Operator (2) Michael Ambrozaitis		/ Job # 706-2197 Chk. # 4743	
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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Mount Holly, NJ 08060 Name of Contact Mark Connor	
Telephone Number _____					
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential 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 and commercial buildings, homes, etc.)	
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>					
City (5) Hainesport				Square Feet 1131	# of Floors 1
				Bldg. Age 82	
County (6) Burlington		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services Corp.	
Street Address		Street Address 3859 Sylon Boulevard			
City, State, Zip Code		City, State, Zip Code Hainesport, NJ 08036			
Project Manager for Monitoring Firm		Telephone No. 609-702-0400		License No. 00862	
Start Date (10) <u>7</u> / <u>18</u> / <u>17</u>		Scheduled Completion Date (11) <u>7</u> / <u>18</u> / <u>17</u>		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: <u> </u> AM- <u> </u> PM/ <u> </u> PM- <u> </u> AM <u>Potential 2nd shift work</u>				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 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-Viable 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) 250 SF
	Yes	No	N/A		
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite on Four Gable Ends	250 SF
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 7/18/17		City, State Penn Argyle, PA	
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 	
				Date 7-5-17	

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



Date of Notification (1) 7 / 5 / 17		Name of Building Owner/Operator (2) Richard Wright / Job #1706 2198		JUL - 7 2017 Chk. #4742	
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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Cinnaminson, NJ 08077 Name of Contact Richard Wright	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential 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 and commercial buildings, homes, etc.)	
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>					
City (5) Cinnaminson				Square Feet 1788	# of Floors 1
County (6) Burlington				County Code (7)(STATE USE ONLY)	Bldg. Age 52
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental				Current Use (Prior if being demolished) Residential	
ASCN No.		Name of Abatement Contractor (9) Asbestos and Mold Services Corp.			
Street Address 16 W Elizabeth Ave # 2		Street Address 3859 Sylon Boulevard			
City, State, Zip Code Linden, NJ 07036		City, State, Zip Code Hainesport, NJ 08036			
Project Manager for Monitoring Firm Kelly Walton		Telephone No. (908) 862-4301		Telephone No. 609-702-0400	
Start Date (10) 7 / 19 / 17		Scheduled Completion Date (11) 7 / 19 / 17		License No. 00862	
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: <u>Potential 2nd shift work</u> 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 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Removable 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)
	Yes	No	N/A		
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct paper associated with 2 runs	27 LF
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct paper wrap	10 LF
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct paper wrap	3 LF
	<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	
City, State Lafayette, NJ		Disposal Date 7/19/17		Name of Registered Landfill Grand Central	
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 	
				Date 7-5-17	

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Check # 2899

Date of Notification (1) 06 / 27 / 17		Name of Building Owner / Operator (2) ST. DEMETRIOS GREEK ORTHODOX CHURCH		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUL - 7 2017 </div>	
Agencies Notified		Street Address 41-47 WISTERIA STREET			
Type of Notification		City, State, Zip Code PERTH AMBOY, NJ			
		Name of Contact VINCENT ALBANESE			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) ST. DEMETRIOS GREEK ORTHODOX CHURCH/AUDITORIUM				Type of Facility (4)	
Street Address 41 WISTERIA 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 bldgs., homes, etc.)	
City (5) PERTH AMBOY	County (6) MIDDLESEX	County Code (7)	Square Feet 10,000	# Of Floors 1	Building Age 40+
			Current Use (Prior if being demolished) CHURCH/AUDITORIUM		
Name of Monitoring Firm Hired by Bldg. Owner (8) AET			ASCM NO.		
Street Address 28 NORTH PENNELL ROAD			NORTHSTAR CONTRACTING GROUP, INC.		
City, State, Zip Code MEDIA, PA 19063			Street Address 32 Williams Parkway		
Project Mngr. For Monitoring Firm ERIC HOUSEKNECHT			City, State, Zip Code East Hanover, NJ 07036		
Sched. Start Date (10) 07 / 19 / 17		Sched. Completion Date (11) 08 / 18 / 17		Telephone Number 973-884-8682	Lic. Number 00860
Occupancy Status During Abatement (Check Only 1)				Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 am to 3:30 pm <input checked="" type="checkbox"/> Other - Describe: MON-FRI				Street Address 32 Williams Parkway	
				City, State, Zip Code East Hanover, NJ 07036	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing <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			R E M O V E M E N T	E N C L O S U R E
AUDITORIUM	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAT/MASTIC	7,350 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"/>
AUDITORIUM ROOF	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	MASTIC	10 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"/>
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill GROWS	
City, State EAST HANOVER, NJ 07936		Disposal Date		City, State TULLYTOWN, PA	
Completed by (Print or Type) Steven Stiles		Title Project Manager	Signature <i>[Signature]</i>		Date 07/06/17

**STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

Check # 2898

Date of Notification (1) 07 / 06 / 17		Name of Building Owner / Operator (2) First Energy	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 76 South Street		City, State, Zip Code Akron, Ohio 44308	
Name of Contact Jim Halsey		Telephone Number 7 2017	

RECEIVED

FACILITY INFORMATION				ASBESTOS CONTROL & LICENSING	
Name of Facility Where Abatement is Taking Place (3) Street Address 707 MAIN STREET			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 bldgs., homes, etc.)		
City (5) ASBURY PARK	County (6) MONMOUTH	County Code (7)	Square Feet	# Of Floors	Building Age
Current Use (Prior if being demolished) Telephone Pole					
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations Street Address 655 West Shore Trail City, State, Zip Code Sparta, NJ 07871			ASCM NO NORTHSTAR CONTRACTING GROUP, INC. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07036		
Project Mngr. For Monitoring Firm Dino Nappi		Telephone Number 212-682-9271		East Hanover, NJ 07036	
Scheduled Start Date (10) 07 / 18 / 16		Scheduled Completion Date (11) 07 / 20 / 16		Telephone Number 973-884-8682	
				License Number 00860	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: TUES - WED 8:00 am to 4:00 pm <input checked="" type="checkbox"/> Other - Describe:			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07036		

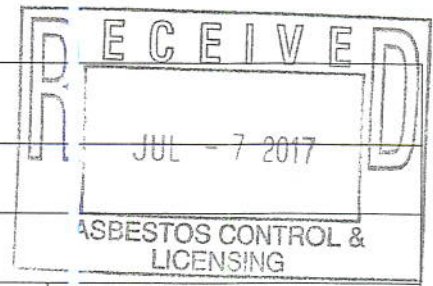
Scope of Work (Check All That Apply)
☐ Demolition ☒ Renovation ☐ Full Containment with Negative Pressure
☒ ≥3sf or ≥3lf ☐ Mini - Enclosure
☐ ≥160 sf or ≥260 lf ☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos Containing 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 M O V E M E N T	R E P A I R	E N C A P S U L	E N C L O S U R
Exterior Telephone Pole	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Transite Conduit	30 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.
City, State NEWARK, NJ	Disposal Date	City, State BETHLEHEM, PA 18105	

Completed by (Print or Type) Steven Stiles	Title Project Manager	Signature <i>Steven Stiles</i>	Date 07/06/17
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 7 / 6 / 17		Name of Building Owner/Operator (2) City of Camden	
Agencies Notified <input checked="" 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 95120	
		City, State, Zip Code Camden, NJ 08101	
		Name of Contact James Rizzo	
Telephone Number			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 624 KAIGHN AVENUE STRUCTURE		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 624 KAIGHN AVENUE STRUCTURE			
City (5) Camden		Square Feet varies	of Floors varies
		Bldg. Age 50+	
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) HOUSING DEEMED UNSAFE	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Controlled Environmental Systems
Street Address		Street Address 1121 N. Bethlehem Pike - Suite 60	
City, State, Zip Code		City, State, Zip Code Spring House, PA 19477	
Project Manager for Monitoring Firm		Telephone No. 215 542 7000	License No. 00847
Start Date (10) 7 / 7 / 17	Scheduled Completion Date (11) 8 / 31 / 17	Name of OSHA Monitor CES	
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: 7:00AM-5:00PM / ____ PM - ____ AM		Street Address 1121 N Bethlehem Pike - Suite 60	
		City, State, Zip Code Spring House, PA 19477	
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 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-Flexible 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)
	Yes	No	
See Attached Notice of Hazard	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
Name of Registered Waste Hauler Waste Management of NJ	NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 200/residenc	Name of Registered Landfill GROWS
City, State Fairless Hills, PA		Disposal Date 8/31/17	City, State Tullytown PA
Completed By (Print or Type) Patricia Visco	Title Office Manager	Signature <i>Patricia Visco</i>	Date 7-6-2017

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

CK 3234

Date of Notification (1) 05/11/2017		Name of Building Owner/Operator (2) Residence						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 [REDACTED]		City, State, Zip Code New Milford, N.J. 07646						
Name of Contact Gary Latero		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residence		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 1662						
City (5) New Milford		# of Floors 2						
County (6) Bergen		Bldg. Age 70						
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.						
Street Address PO Box 354		Name of Abatement Contractor (9) Brinks Tank Services						
City, State, Zip Code South Orange, NJ 07079		Street Address 1256 Liberty Avenue						
Project Manager for Monitoring Firm Sarah Calandra		City, State, Zip Code Hillside, NJ 07205						
Telephone No. 201-349-2666		Telephone No. 844-462-7465						
Start Date (10) 05/26/2017		Scheduled Completion Date (11) 06/02/2017						
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:		Name of OSHA Monitor A. Seine Lighthouse Solutions						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		Street Address PO Box 354						
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code South Orange, NJ 07079						
<input 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) 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
1st Floor		X	Window Caulk	20 windows	X			
Ground level		X	Vinyl Tiles	900 sf	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste		Name of Registered Landfill Waste Management Landfill		
City, State East Orange, NJ		Disposal Date		City, State Penn Argyle, PA				
Completed by Alison Lamers		Title Office Manager		Signature [Signature]		Date 05/11/2017		

DCA		Emergency (including Justification) Cancellation		MOUNTAINSIDE NJ	
Name of Contact		NOEL CRAWFORD		Telephone Number	
908 400 2118					
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3)				Type of Facility (4)	
House				School (K-12)	
Street Addresses				Subchapter 8 (Other than (K-12))	
1039 SUNNY SLOPE DR				x Other (i.e. private & commercial Buildings,	
City(5)		MOUNTAINSIDE		Square Feet	
County (6) UNION		County Code (7) (STATE USE ONLY) NJ		400	
Name of Monitoring Firm Hired by Building Owner (8)- IRIS Environmental laboratories		ASCM No.		# of Floors	
Street Address		2333 Route 22 West		01	
City, State, Zip Code		Union NJ 07083		Bldg. Age	
Project Manager for Monitoring Firm		Telephone No.		Current Use (Prior to being demolished)	
Rick		908-206-0073		908-206-0073	
Start Date (10)		Scheduled Completion Data (11)		License No	
07/06/17		07/06/17		01 41	
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor		IRIS Environmental Laboratories	
X Facility Closed/Vacated During Entire Period of Abatement		Street Address		2333 Route 22 West	
Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code		Union NJ 07083	
Other -Describe					
Scope of Work (Check all apply)					
<input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> xx > 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 checked="" type="checkbox"/> X Non-Exempted (*) and Non-Friable procedure					
Location of		Is Location Normally		Description of	
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)		Used Solely by Maintenance/Custodial Staff? (12)		Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or Other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
Mastic		x		400	
basement					
Name of registered Waste Hauler		NJDEP Waste Hauler		Cubic Yards of Waste	
Pezo Inc.		CS 6224		6	
City, State		Disposal Date		Name of Registered Landfill	
Lincoln Park, NJ 07035 # 150		07/22/17		Waste Management of Pennsylvania	
Completed By Gustavo		Title		City, State	
ordon manager		President		Morrisville Pennsylvania	
		Signature		Date 06/27/17	

Do not Use this form for asbestos licensure exempted activities

check # 1869 (initial)

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

Date of Notification (1) 06/29/17		Name of Building Owner/Operator (2) Yehuda Selengut	
Agency Notified x EPA X DEP X DOL X DOH DCA	Type Notification Initial Amended Amended # X Emergency (including Justification) Cancellation	Street Addresses [REDACTED]	
		City, State, Zip Passaic, NJ 07055	
		Name of Contact Yehuda Selengut	Telephone Number [REDACTED]

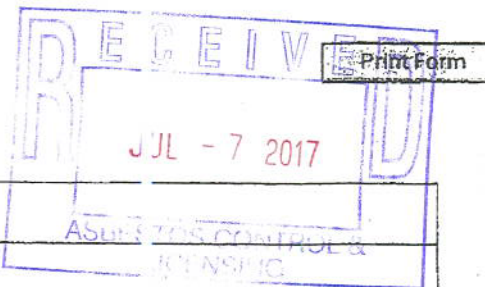
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) x Other (i.e. private & commercial Buildings,	
Street Addresses [REDACTED]		Square Feet	# of floors
City(5) Passaic NJ		Bldg. Age	
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)- IRIS Environmental Laboratories, LLC		ASCM No.	Name of Abatement Contractor (9) Pezo Inc
Street Address 2333 Route 22 West		Street Address: 4 Beaverbrook Rd., #150	
City, State, Zip Code Union NJ 07083		City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 908-206-0073	Telephone No. 973-628-7829	License No. 01141
Start Date (10) 06/30/17	Scheduled Completion Data (11) 06/30/17	Name of OSHA Monitor IRIS Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours x Other -Describe		Street Address 2333 Route 22 West	
		City, State, Zip Code Union NJ 07083	
Scope of Work (Check all apply) > 3 sf or > 3 lf xx > 160 sf or > 260 lf		Full Containment with Negative Pressure Mini-Enclosure x Glovebag Procedure Non-Exempted (*) and Non-Friable procedure	
Location of	Is Location Normally	Description of	Abatement Type
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Used Solely by Maintenance/Custodial Staff? (12)	Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or Other miscellaneous)	Amount (Specify SF or LF)
	Yes No N/A		Removal Repair Encapsulate Enclosure
Basement	x	Pipe Insulation	40 LF
Name of registered Waste Hauler Pezo Inc.	NJDEP Waste Hauler CS 6224	Cubic Yards of Waste	Name of Registered Landfill Waste Management of Pennsylvania
City, State Lincoln Park, NJ 07035	Disposal Date	City, State Morrisville Pennsylvania	
Completed by Gustavo Ordon	Title: Manager	Signature <i>[Signature]</i>	Date 06/29/17

Do not Use this form for asbestos licensure exempted activities

CHECK # 2863

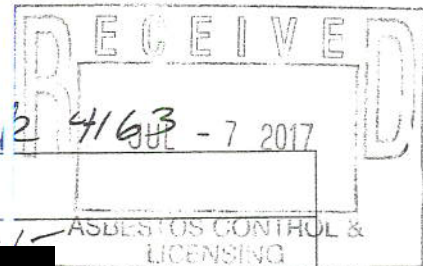
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 6-6-2017		Name of Building Owner/Operator (2) Thomas DiPirro							
Agencies Notified	Type Notification:	Street Address							
<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	<div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Oradell, NJ 07649							
		Name of Contact Thomas DiPirro							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 5 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private commercial buildings, homes, etc.)							
City (5) Oradell, NJ 07649		Square Feet 8000	# of Floors 2						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Age 89+						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-333-8855						
Start Date (10) 6-17-2017		Scheduled Completion Date (11) 6-17-2017	License No. 01174						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same as above							
<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							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 180 sf or ≥ 260 lf		<input 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) 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
Basement		X		Pipe Insulation	40 LF.	X			
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S. North landfill					
City, State Jersey City, NJ		Disposal Date 6-17-2017		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager	Signature <i>Liliana Serrano</i>			Date 6-6-2017			

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

check 4163 - 7 2017



Date of Notification (1) 6-29-2017		Name of Building Owner/Operator (2) C. ALIES	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<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 CLIFTON, NJ 07013	
		Name of Contact C. ALIES	Telephone Number _____

Name of Facility Where Abatement is Taking Place (3) C. ALIES		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 2400	
City (5) CLIFTON		# of Floors 2	Bldg. Age 89 yrs.
County (6) PASSAIC	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc	
Street Address		Street Address 450 South River Street	
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07601	
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388
Start Date (10) 7-11-2017	Scheduled Completion Date (11) 7-12-2017	Name of OSHA Monitor Omega Environmental	
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: 8AM - 5PM		Street Address 280 Huyler Street	
		City, State, Zip Code South Hackensack, NJ 07606	

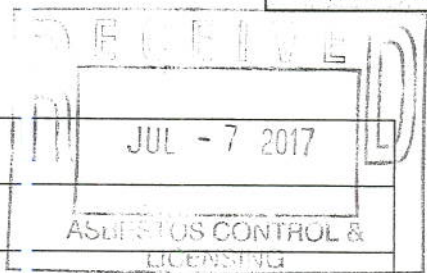
Scope of Work (Check All That Apply)

<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 checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

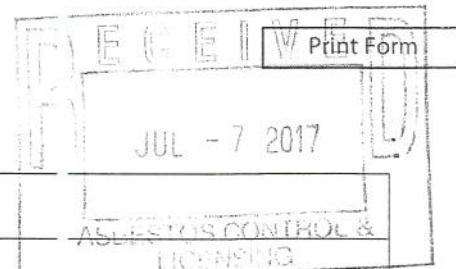
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount Specify (S ² or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			<input checked="" type="checkbox"/>	THERMAL INSULATION	27 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3/4 YD	Name of Registered Landfill Minerva Enterprises, LLC	
City, State Hackensack, NJ 07601		Disposal Date 7-12-2017	City, State Waynesburg, OH 44688		
Completed by Robert Veldran	Title Estimator	Signature <i>R. Veldran</i>	Date 6-29-2017		

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



Date of Notification (1) 6/28/17		Name of Building Owner/Operator (2) Winzinger							
Agencies Notified	Type Notification	Street Address 1704 Marne Highway							
<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 Hainesport NJ 08036							
		Name of Contact Pat	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant House		Type of Facility (4)							
Street Address 1928 Magellan Avenue		<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) Atlantic City NJ 08401		Square Feet 1000+	# of Floors 2						
County (6) Atlantic		County Code (7) (STATE USE ONLY)	Bldg. Age 35+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800						
Start Date (10) 7/10/17		Scheduled Completion Date (11) 7/15/17	License No. 00727						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same							
<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							
		City, State, Zip Code							
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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input 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
1st floor closet			x	Floor tile	20 SF	x			
2nd floor			x	Flue Cement	3 SF	x			
Name of Registered Waste Hauler Pernaco Inc.		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 1	Name of Registered Landfill ACUA					
City, State West Berlin NJ		Disposal Date 6/16/17	City, State Egg Harbor Twp. NJ 08234						
Completed by Anthony T Perna		Title President	Signature 				Date 6/28/17		



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

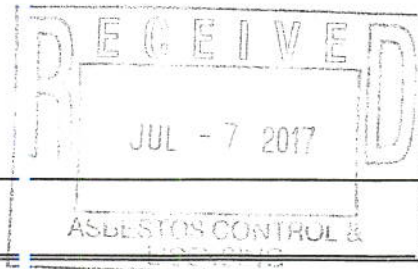
CK 5726

Date of Notification (1) 7/3/17		Name of Building Owner/Operator (2) Atlantic Site Construction							
Agencies Notified	Type Notification	Street Address 1144 East County Line Road Suite 103							
<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 Lakewood, NJ 08701							
		Name of Contact Shlomo							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED] Lakewood		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]									
City (5) Lakewood		Square Feet	# of Floors Bldg. Age						
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 0870							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 7/13/17	Scheduled Completion Date (11) 7/17/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
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: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 0870							
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 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) <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
EXTERIOR				Siding	1000 SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 15	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 7/17/17		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date			

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 17-182

CK 70716



Date of Notification (1) 10/16/13 10/11/17		Name of Building Owner/Operator (2) LAURA ALPER	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code millburn, nj 07041	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact christopher stockwell	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) LAURA ALPER			Type of Facility (4)
Street Address [REDACTED]			<input type="checkbox"/> School (K - 12)
City (5) millburn			<input type="checkbox"/> Subchapter 8 (Other than K-12)
County (6) ESSEX	County Code (7) (State use only)		<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)
		Square Feet	# of Floors
			Bldg. Age
Current Use (Prior if being demolished)			

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 01169
Start Date (10) 07/12/17	Sched. Completion Date (11) 07/28/17		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one)			Street Address 20 California Avenue	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			City, State, Zip Code Paterson, NJ 07503	
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____				
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

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 w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

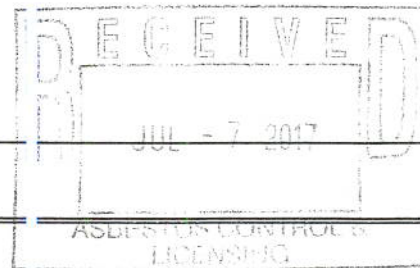
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
Yes	No	N/A							
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	70 LF	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 07/13/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/30/17

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 17-183

CK 7078



Date of Notification (1) 06/13/17		Name of Building Owner/Operator (2) christopher STOCKWELL	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code BERGENFIELD, NJ 07621	
Name of Contact christopher STOCKWELL		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) christopher STOCKWELL			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) BERGENFIELD	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 07/13/17		Sched. Completion Date (11) 07/28/17	License Number 01169	
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- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.	
			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

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 w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	122 ft	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 07/14/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/30/17

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

325
JUL 7 2017
ASBESTOS CONTROL & REMEDIATION

Date of Notification (1) 6/23/17		Name of Building Owner / Operator (2) Hazlet Township Public Schools	
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 checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#1-6/30/17 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address 421 Middle Road		City, State & Zip Code Hazlet, NJ 07730	
Name of Contact Mr. Charles Hildner		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) Raritan High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB-CHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 419 Middle Road		Square Feet 130,000	# of Floors 2
City (5) Hazlet		Bldg. Age 50+	
County (6) Monmouth	County Code (7)	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		Name of Abatement Contractor (9) Bristol Environmental, Inc.	
Street Address 120 North Warren Street		Street Address 1123 Beaver Street	
City, State & Zip Code Trenton, NJ 08010		City, State & Zip Code Bristol, PA 19007	
Project Manager for Monitoring Firm Rollie Jones		Telephone Number (215)788-6040	
Scheduled Start Date (10) 7/10/17	Scheduled Completion Date (11) 7/13/17	License Number 00509	
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 Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement 7AM - 3:30 PM		Name of OSHA Monitor Bristol Environmental Inc.	

Scope of Work (Check all that apply)		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure	
<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		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or 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
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation Wrap & Coat	50 LF	<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"/>
	<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 Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 7cu yd	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 7/8/17	City, State Waynesburg, OH		Date 6/23/17
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		

GI 17102

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

Intc # 3227

JUL - 7 2017

ASBESTOS CONTROL & REMEDIATION

Date of Notification (1) 6/23/17		Name of Building Owner / Operator (2) Hazlet Township Public Schools	
Agencies Notified	Type Notification	Street Address 421 Middle Road	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <i>352</i> <input checked="" type="checkbox"/> DOH <i>1536</i> <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Hazlet, NJ 07730	
		Name of Contact Mr. Charles Hildner	
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Raritan High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB-CHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K 12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 419 Middle Road		Square Feet 130,000	# of Floors 2
City (5) Hazlet	County (6) Monmouth	Bldg. Age 50+	
County Code (7)		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		Name of Abatement Contractor (9) Bristol Environmental, Inc.	
Street Address 120 North Warren Street		Street Address 1123 Beaver Street	
City, State & Zip Code Trenton, NJ 08010		City, State & Zip Code Bristol, PA 19007	
Project Manager for Monitoring Firm Rollie Jones		Telephone Number 609-392-4200	License Number 00509
Scheduled Start Date (10) 7/5/17	Scheduled Completion Date (11) 7/8/17	Name of OSHA Monitor Bristol Environmental Inc.	
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 Hours - 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement 7AM - 3:30 PM		Street Address 1123 Beaver Street	
		City, State & Zip Code Bristol, PA 19007	

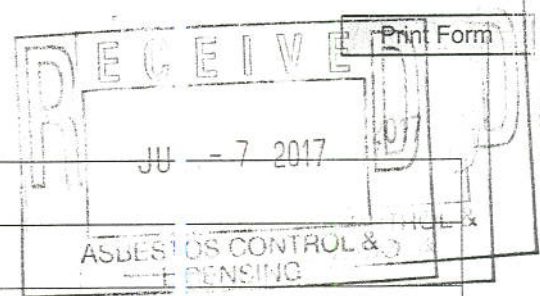
Scope of Work (Check all that apply)

<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 ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 or 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
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation Wrap & Cut	50 LF	<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"/>
	<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 Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 7cu yd	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE	Disposal Date 7/8/17	City, State Waynesburg, OH	
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature <i>Gino Pizzigoni</i>	Date 6/23/17

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



CH 1076

Date of Notification (1)
06/28/17

Name of Building Owner/Operator (2)
Thomas Broven

Agencies Notified
☒ EPA
☒ DEP
☒ DOL
☒ DOH
☒ DCA

Type Notification
☐ Initial
☐ Amended
☐ Amendment #
☒ Emergency (including justification)
☐ Cancellation

Street Address
[REDACTED]

City, State, Zip Code
Plainfield, NJ 07060

Name of Contact
Thomas Broven

Telephone Number
[REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Private Residence

Street Address
[REDACTED]

City/State
Plainfield

County (6)
Union

County 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
2,000

of floors
1

Bldg. Age
50+

Current Use (Prior if being demolished)
Private Residence

Name of Monitoring Firm Hired by Building Owner (8)
N/A

ASCM No.
[REDACTED]

Name of Abatement Contractor (1)
Stanmark Solutions, LLC

Street Address
28 Edsall Drive

City, State, Zip Code
Sussex, NJ 07461

Project Manager for Monitoring Firm
[REDACTED]

Telephone No.
973-997-1650

License No.
01309

Start Date (10)
06/29/17

Scheduled Completion Date (11)
06/30/17

Name of OSHA Monitor
AmeriSci

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
117 East 30th Street

City, State, Zip Code
New York, NY 10016

Scope of Work (Check All That Apply)

☒ ≥ 3 sf or ≥ 3 lf
☒ ≥ 180 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) 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			
				Removal	Repair	Encapsulate	Enclosure
Basement	No	pipe insulation	12 L.F.	x			

Name of Registered Waste Hauler
Atlantic Carting

NJDEP Waste Hauler ID No.
190713

Cubic Yards of Waste
4

Name of Registered Landfill
G.R.O.W.S.

City/State
Wayne, NJ

Disposal Date
on completion

City, State
Morrisville, PA

Completed by
Bilyana Stankovic

Title
President

Signature
Bilyana Stankovic

Date
06/28/17

Jun 23 17 01:56p

Resource Management Group

6099144651

p.2

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to N.J.A.C. 8:26 and 12:120)

Page 1 of 2 2017

Date of Notification (1)

06-22-2017

Name of Building Owner / Operator (2)

Rider University

Agencies Notified

☒ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial
☒ Amended-Scope/Start Date
☒ Emergency
☐ Cancellation

Street Address

2083 Lawrenceville Road

City, State & Zip Code

Lawrenceville, NJ 08648

Name of Contact

Mr. Walter Eddy

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Rider University - Bart Leudeke Dance Center

Street Address

2083 Lawrenceville Road

City (5)

Lawrenceville, NJ 08648

County (6)

Mercer

County Code (7)

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-2)
☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet

25,000

of Floors

2

Bldg. Age

57

Current Use (Prior if being demolished)
Dance Center

Name of Monitoring Firm Hired by Building Owner (8)

Pennoni & Associates

ASCM No.

00102

Street Address

315 Grove Street

City, State & Zip Code

Haddon Heights, NJ 08035

Project Manager for Monitoring Firm

Brian Clark

Telephone Number

856-547-0505

Name of Abatement Contractor (9)

Resource Management Group, LLC

Street Address

2115 Hamilton Avenue, Suite 202

City, State & Zip Code

Trenton, NJ 08619

Telephone Number

609-577-6169

License Number

01185

Scheduled Start Date (10)

6/27/2017

Scheduled Completion Date (11)

7/21/2017

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed during Normal Hours
 Describe: 8:00AM - 5:00PM Mon-Sun
☒ Facility Occupied During Abatement

Name of OSHA Monitor

J&S Environmental Laboratories Inc

Street Address

2333 Route 22 West

City, State & Zip Code

Union, NJ 07083

Scope of Work (Check all that apply)

☐ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf or ≥ 250 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glove Bag Procedures
☐ 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 or
 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
 (F or LF)

Abatement Type

Removal	Repair	Encapsula	Enclosure
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Office #1

Yes No N/A

Plaster

180 SF

Office #2

Yes No N/A

Plaster

100 SF

Bathroom/Hallway

Yes No N/A

Plaster

100 SF

Studio

Yes No N/A

Plaster

100 SF

Foyer

Yes No N/A

Plaster

100 SF

Office

Yes No N/A

Plaster

100 SF

Hallway Outside Conference Room

Yes No N/A

Plaster

100 SF

Resource Management Group, LLC

0035218

TBD

Grows Landfill

City, State

Hamilton, NJ 08619

Disposal Date

TBD

City, State

Morrisville, PA

Completed By (Print or Type) Brian Haney

Title: President Signature

Date 06-22-2017

Brian J. Haney

Jun 23 17:01:56p

Resource Management Group

6099144651

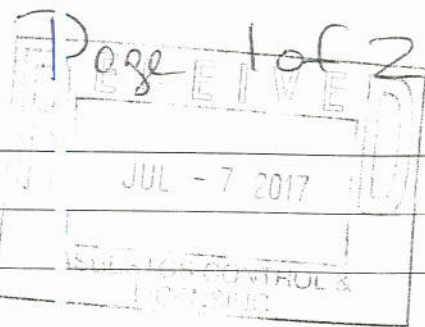
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Page 2 of 2

RECEIVED
p.3
JUL 7 2017
2 of 2
JUN 23 2017
JUL 10 DAY
ASBESTOS CONTROL &
JUN 23 2017
W/VER APPROVED
Telephone Number

Date of Notification (1) 06-22-2017		Name of Building Owner / Operator (2) Rider University					
Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended-Scope/Start Date <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 2083 Lawrenceville Road City, State & Zip Code Lawrenceville, NJ 08648 Name of Contact Mr. Walter Eddy					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA							
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Rider University - Bart Leudeke Dance Center		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 2083 Lawrenceville Road		Square Feet 25,000	# of Floors 2				
City (5) Lawrenceville, NJ 08648	County (6) Mercer	County Code (7)	Bldg. Age 67				
Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates		ASCM No. 00102	Name of Abatement Contractor (9) Resource Management Group, LLC				
Street Address 515 Grove Street		Street Address 2115 Hamilton Avenue, Suite 202					
City, State & Zip Code Haddon Heights, NJ 08035		City, State & Zip Code Trenton, NJ 08619					
Project Manager for Monitoring Firm Brian Clark		Telephone Number 856-547-0305	Telephone Number 609-977-6159				
Scheduled Start Date (10) 6/27/2017		Scheduled Completion Date (11) 7/28/2017	License Number 01195				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours Describe: 9:00AM - 5:00PM Mon - Sun <input checked="" type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor J&S Environmental Laboratories Inc					
Street Address 2393 Route 22 West		City, State & Zip Code Union, NJ 07083					
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"/> Glove Bag Procedures <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 or 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			
				Removal	Repair	Encapsulate	Enclosure
Conference Room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Pipe Fittings	75 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Closet	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Pipe Fittings	12 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference Room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Vibration Cloth	20 L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference Room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Spray applied fire proofing	1,520	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill			
City, State Hamilton, NJ 08619		Disposal Date TBD	City, State Morrisville, PA				
Completed By (Print or Type) Brian Haney		Title: President	Signature <i>Brian Haney</i>		Date 06-22-2017		

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



Date of Notification (1) 06-22-2017		Name of Building Owner / Operator (2) Rider University	
Agencies Notified	Type Notification	Street Address 2083 Lawrenceville Road	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code Lawrenceville, NJ 08648	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended-Scope/StartDate	Name of Contact Mr. Walter Eddy	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Rider University – Bart Leudeke Dance Center		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 2083 Lawrenceville Road		Square Feet 25,000	# of Floors 2
City (5) Lawrenceville, NJ 08648	County (6) Mercer	County Code (7)	Bldg. Age 57
Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates		Name of Abatement Contractor (9) Resource Management Group LLC	
Street Address 515 Grove Street		Street Address 2115 Hamilton Avenue, Suite 202	
City, State & Zip Code Haddon Heights, NJ 08035		City, State & Zip Code Trenton, NJ 08619	
Project Manager for Monitoring Firm Brian Clark		Telephone Number 856-547-0505	License Number 01185
Scheduled Start Date (10) 6/27/2017	Scheduled Completion Date (11) 7/21/2017	Name of OSHA Monitor J&S Environmental Laboratories Inc	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours Describe: 9:00AM – 5:00PM Mon-Sun <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West	
		City, State & Zip Code Union, NJ 07083	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<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 or 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	Encapsulation	Enclosure
Office #1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster	480 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office #2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom/Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Studio	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster	1,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foyer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster	1,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway Outside Conference Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Resource Management Group, LLC	0035218	TBD	Grows Landfill
City, State Hamilton, NJ 08619	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Brian Haney	Title: President	Signature 	Date 06-22-2017

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

Page 2 of 2

JUL - 7 2017

ASBESTOS CONTROL

Date of Notification (1) 06-22-2017		Name of Building Owner / Operator (2) Rider University	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended-Scope/Start Date <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 2083 Lawrenceville Road
			City, State & Zip Code Lawrenceville, NJ 08648
			Name of Contact Mr. Walter Eddy
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Rider University – Bart Leudeke Dance Center		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 2083 Lawrenceville Road		Square Feet 25,000	# of Floors 2
City (5) Lawrenceville, NJ 08648	County (6) Mercer	County Code (7)	Bldg. Age 57
Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates		ASCM No. 00102	Name of Abatement Contractor (9) Resource Management Group, LLC
Street Address 515 Grove Street		Street Address 2115 Hamilton Avenue, Suite 202	
City, State & Zip Code Haddon Heights, NJ 08035		City, State & Zip Code Trenton, NJ 08619	
Project Manager for Monitoring Firm Brian Clark		Telephone Number 856-547-0505	License Number 01185
Scheduled Start Date (10) 6/27/2017	Scheduled Completion Date (11) 7/28/2017	Name of OSHA Monitor J&S Environmental Laboratories Inc	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours Describe: 9:00AM – 5:00PM Mon - Sun <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West	
		City, State & Zip Code Union, NJ 07083	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<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 or 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	Encapsulat	Enclosure
Conference Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	75 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Closet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	12 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vibration Cloth	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spray applied fire proofing	1,520	<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 Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Hamilton, NJ 08619	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Brian Haney	Title: President	Signature 	Date 06-22-2017

CK# 3191

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

RECEIVED
JUL 17 2017
ASBESTOS CONTROL & LICENSING

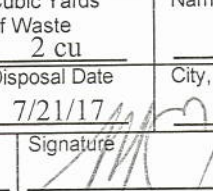
Date of Notification (1) 7/5/17		Name of Building Owner/Operator (2) Kiely Development							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 700 McClellan St							
Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Long Branch, New Jersey, 07740							
		Name of Contact Cara							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kiely property		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 & commercial buildings, homes, etc.)							
Street Address [REDACTED] Ave		Square Feet 2500							
City (5) Fair Haven		of Floors 2							
County (6) Monmouth		Bldg. Age 55+							
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior to being demolished) Residence							
ASCM No.		Name of Abatement Contractor (9) Ace Insulation Co., Inc							
Street Address		Street Address 95 Montrose Rd							
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey							
Project Manager for Monitoring Firm		Telephone No. 732 294 1757							
Start Date (10) 7/14/17		License No. 00029							
Scheduled Completion Date (11) 7/21/17		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: 7AM-7PM		Street Address							
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		City, State, Zip Code							
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		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) Exterior porch Utility room & Kitchen	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) Siding floor tile linoleum	Amount (Specify SF or LF) 2000 sf 100 sf 125 sf	Abatement Type			
						Removal	Repair	Encapsulate	Enclosure
						X	X		
						X	X		
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 5		Name of Registered Landfill Chins Landfill			
City, State Colts Neck, New Jersey		Disposal Date 7/21/17		City, State Eatonton, GA		Date 7/5/17			
Completed by Bree McGuire		Title Secretary Treasurer		Signature Bree McGuire					

* Do not use this form for asbestos licensure exempted activities

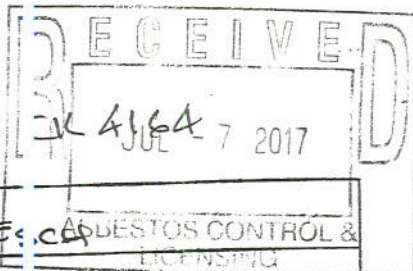
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

Check # 25542

JUL - 7 2017

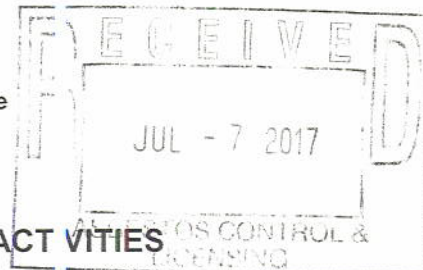
Date of Notification (1) <u>7/5/17</u>		Name of Building Owner/Operator (2) <u>Szego</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code <u>Princeton, NJ 08540</u>	
		Name of Contact <u>Peter Szego</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		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 <u>2400</u>	# of Floors <u>2</u>
City (5) <u>Princeton, NJ</u>		Bldg. Age <u>90+/-</u>	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior to being demolished) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>7/15/17</u>	Scheduled Completion Date (11) <u>7/21/17</u>	Name of OSHA Monitor <u>MECS</u>	
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: <u>8 am to 4 pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Facile 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)
	Yes	No	
<u>Basement</u>	<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 cu</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>7/21/17</u>	Name of Registered Landfill <u>Fairless Landfill</u>
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature 
		Date <u>7/5/17</u>	

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



Date of Notification (1) 6/29/17		Name of Building Owner/Operator (2) MS. ANGELA RESCH	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code RUTHERFORD, NJ, 07070	
		Name of Contact Ms. RESCH	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MS. RESCH		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 2200	of Floors 2
City (5) RUTHERFORD	County (6) BERGEN	County Code (7) (STATE USE ONLY)	Bldg. Age 1940
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc
Street Address		Street Address 450 South River Street	
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07601	
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388
Start Date (10) 7/10/17	Scheduled Completion Date (11) 7/11/17	Name of OSHA Monitor Omega Environmental	
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: 7:30AM TO 5:00PM		Street Address 280 Huyler Street	
		City, State, Zip Code South Hackensack, NJ 07606	
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 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) TO BE ABATED In Facility (13) BASEMENT	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) THERMAL SYSTEM INSULATION
			Amount (Specify SF or LF) 40LF
			Abatement Type Removal Repair Encapsulate Enclosure
Name of Registered Waste Hauler Best Removal Inc		NIDEP Waste Hauler ID No. 17109	Name of Registered Landfill Milverva Enterprises, LLC
City, State Hackensack, NJ 07601		Disposal Date 7/11/17	City, State Waynesburg, OH 44688
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>	Date 6/29/17

New Jersey Department of Health
Consumer, Environmental and Occupational Health Service
PO Box 369
Trenton, NJ 08625-0369
Telephone: 609-826-4950 Fax: 609-826-4975



NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

I. NOTIFICATION INFORMATION

Date of Notification: 06 / 29 / 2017

☒ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must include justification)

Type of Work: ☐ Demolition ☒ Renovation

II. BUILDING INFORMATION

Name of Building Owner/Operator: SL3 CNS LLC

Street Address: 580 Sylan Ave, Ste M-E City: Englewood Cliffs State: NJ Zip: 07632

Name of Contact: James Liu Telephone No.: _____

III. FACILITY INFORMATION

Name of Facility Where Work Activity is to Take Place: 133 Chestnut St-Lower Level of Bi-level

Describe Facility Use: Residence

Street Address: [REDACTED] City: Englewood Cliffs State: NJ Zip: 07632

County Name: Bergen County Code (State Use Only): _____

Scheduled Start Date: 07 / 10 / 2017 Scheduled Completion Date: 07 / 11 / 2017

Occupancy Status During Activity (check only one):

☐ Facility Closed/Vacated During Entire Activity

☐ Activity Performed Outside Normal Facility Hours—Describe: _____

☒ Other—Describe: Normal hours 9am - 5pm

Scope of Work (check all that apply):

☒ Floor Tile Square Footage: 120 Percentage Asbestos: _____ %

☒ Mastic Square Footage: 120 Percentage Asbestos: _____ %

IV. CONTRACTOR INFORMATION

Company Name: Resource Management Group, LLC Telephone No.: 609-914-4279

Street Address: 2115 Hamilton Ave-Ste202 City: Trenton State: NJ Zip: 08619

New Jersey Asbestos License Number (if applicable): 01185

Monitoring Firm (if applicable): Health & Safety Services, Inc. Telephone No.: 856-839-2432

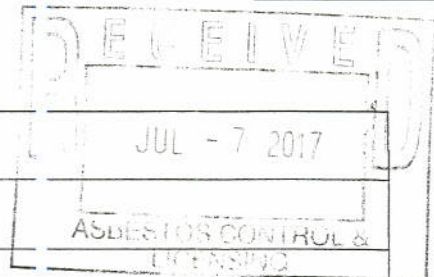
V. SIGNATURE

Completed By (type or print legibly): Brian Haney Title: President

Signature: [Signature] Date: 06-29-2017

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

CK 1121



Date of Notification (1) 06-28-2017		Name of Building Owner/Operator (2) Dover UE, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 210 Route 4 East						
			City, State, Zip Code Paramus, NJ 07652						
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Dollar Tree Store		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 423 US-46		Square Feet 12,074	# of Floors 1						
City (5) Dover		Bldg. Age 40							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Dollar Tree Store							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) United Safety LLC						
Street Address		Street Address 12 Maple Ave #F2							
City, State, Zip Code		City, State, Zip Code Pine Brook, NJ 07058							
Project Manager for Monitoring Firm		Telephone No.	License No. 01317						
Start Date (10) 07-10-2017	Scheduled Completion Date (11) 07-31-2017	Name of OSHA Monitor United Safety 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 <input type="checkbox"/> Other - Describe: _____		Street Address 12 Maple Ave #F2							
		City, State, Zip Code Pine Brook, NJ 07058							
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
Retail area (under carpet)		X		Residual black mastic	8,700 SF	X			
Front of retail and under cooler		X		Residual mastic under 18"	4,400 SF	X			
				beige linoleum floor tile					
Rear stock room		X		Residual black mastic	1,620 SF	X			
Name of Registered Waste Hauler Weigle Trucking Company/United Safety LLC		NJDEP Waste Hauler ID No. 17634/0036820		Cubic Yards of Waste 100 Yards	Name of Registered Landfill Minerva Enterprises & GROWS Landfill				
City, State Pine Brook, NJ				Disposal Date TBD	City, State Waynesburg, OH & Tullytown, PA				
Completed by Vanco Petkov		Title Project Manager		Signature 		Date 06-28-2017			

Emergency

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

Print Form

DECEIVE

6183

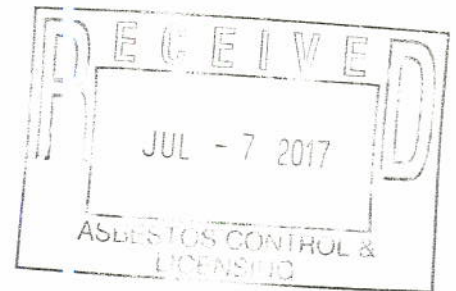
JUL - 7 2017

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/28/17		Name of Building Owner/Operator (2) KMS Development Partners / (Kipp Cooper Norcross Academy Project)							
Agencies Notified	Type Notification	Street Address 1600 Arch Street	ASBESTOS CONTROL & LICENSING						
<input checked="" 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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Philadelphia PA 19103							
		Name of Contact David Millman	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Garage unsafe building		Type of Facility (4)							
Street Address 801 Sycamore 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) Camden NJ 08102		Square Feet 1000+	# of Floors 1						
County (6) Camden		County Code (7) (STATE USE ONLY)	Bldg. Age 35+						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc.		ASCM No. 003	Current Use (prior if being demolished) Garage						
Street Address 1253 North Church Street		Name of Abatement Contractor (9) Pernaco Inc							
City, State, Zip Code Moorestown NJ 08057		Street Address PO Box 329							
Project Manager for Monitoring Firm James Guillard		City, State, Zip Code West Berlin NJ 08091	Telephone No. 856-753-9800						
Telephone No. 856-840-8800		License No. 00727							
Start Date (10) 7/3/17	Scheduled Completion Date (11) 7/10/17	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<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							
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 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 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
Transite Roof Shingles			x	Transite Roof Shingles	500 SF	x			
Roof			x	Roofing	830 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 30	Name of Registered Landfill G.R.C W.S.					
City, State Elm NJ		Disposal Date 7/10/17		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature		Date 6/28/17			

June 8, 2017

Asbestos Control Office
NJ Dept. of Labor
1 John Fitch Plaza 3rd Floor
Trenton, NJ 08625
ATTN: Thomas Voorhees



**Re: Unsafe Abatement Conditions
KIPP Cooper Norcross Academy at Whittier
739 Sycamore Street and 801 Sycamore Street, Camden, New Jersey
Langan Project No.: 220093801**

Dear Voorhees:

Langan Engineering and Environmental Services, Inc. completed an asbestos survey of the identified buildings. The following asbestos containing materials (ACM) were identified in the buildings.

739 Sycamore Street

- Window and Door Caulk – 32 square feet;
- Transite wall panels – 35 square feet;
- Built-up Roofing and flashing materials – 830 square feet

801 Sycamore Street

- Transite roof shingles – 500 square feet;
- Built up Roofing materials – 450 square feet

The subject buildings are slated for demolition. The roof of 739 Sycamore Street appears to be unstable. Sections of the roof, including floors 1 & 2 have collapsed with debris lying in the basement. The roof of 801 Sycamore Street has partially collapsed.

Due to safety concerns, manual removal of ACM roofing, flashing and caulking is not recommended. The transite panels associated with both buildings will be manually removed prior to demolition. Contractor should be allowed to demolish the building using controlled wet demolition procedures.

If you have any questions or need additional information please do not hesitate to call us at 973-560-4900.

Sincerely,
**Langan Engineering, Environmental, Surveying
and Landscape Architecture, D.P.C**


A handwritten signature in black ink, appearing to read "Vijay Patel".

Vijay Patel
Senior Associate/Vice President

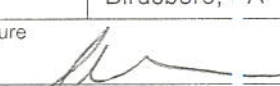
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 6182

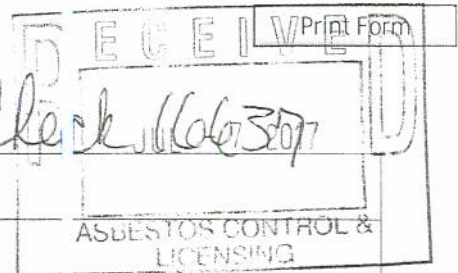
JUL - 7 2017

Date of Notification (1) 6/28/17		Name of Building Owner/Operator (2) KMS Development Partners / (Kipp Coope Norcross Academy Project)							
Agencies Notified	Type Notification	Street Address 1600 Arch Street							
<input checked="" 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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Philadelphia PA 19103							
		Name of Contact David Millman							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Garage unsafe building		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 739 Sycamore Street		Square Feet 1000+	# of Floors 2						
City (5) Camden NJ 08102		Bldg. Age 35+							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior being demolished) House.							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc.	ASCM No. 003	Name of Abatement Contractor (9) Pernaco Inc							
Street Address 1253 North Church Street		Street Address PO Box 329							
City, State, Zip Code Moorestown NJ 08057		City, State, Zip Code West Berlin NJ 0809							
Project Manager for Monitoring Firm James Guilardi	Telephone No. 856-840-8800	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 7/3/17	Scheduled Completion Date (11) 7/10/17	Name of OSHA Monitor Same							
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							
		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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Wet Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (Friable 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
Windows			x	caulk	32 SF	x			
Exterior siding			x	Exterior siding	35 SF	x			
Roof			x	Roofing	830 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 7/10/17	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 	Date 6/28/17					

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

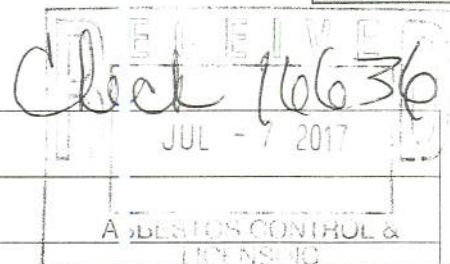
Date of Notification (1) 6/28/17		Name of Building Owner/Operator (2) Nearby Excavating							
Agencies Notified	Type Notification	Street Address 330 Lincoln Boulevard							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" 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 Middlesex, NJ 088406							
		Name of Contact Phil Sabatino	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) vacant laundromat & apartment		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 164 Gatzmer Avenue		Square Feet 2,500	# of Floors 1						
City (5) Jamesburg		Bldg. Age 75							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if building demolished) building							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 7/10/17	Scheduled Completion Date (11) 8/30/17	Name of OSHA Monitor							
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							
		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 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 F or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
laundromat			x	windows	8	x			
apartment			x	windows	2	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 6/28/17			

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



Date of Notification (1) 6/28/17		Name of Building Owner/Operator (2) Neary Excavating							
Agencies Notified	Type Notification	Street Address 330 Lincoln Boulevard							
<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 Middlesex, NJ 088406							
		Name of Contact Phil Sabatino							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) commercial building		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 154 Gatzmer Avenue		Square Feet 3,500	# of Floors 1						
City (5) Jamesburg		Bldg. Age 75							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) building							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 7/10/17	Scheduled Completion Date (11) 8/30/17	Name of OSHA Monitor							
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							
		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 checked="" type="checkbox"/> Demolition							
		<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) <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
ground floor			x	floor tile & mastic	1,750 SF	x			
roof			x	roof core, parapet, flashing	2,600 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ			Disposal Date TBD	City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 6/28/17			

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



Date of Notification (1) 6/28/17		Name of Building Owner/Operator (2) Neary Excavating	
Agencies Notified	Type Notification	Street Address 330 Lincoln Boulevard	
<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 Middlesex, NJ 088406	
		Name of Contact Phil Sabatino	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) vacant gas 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 239 Forsgate Drive		Square Feet 5,000	# of Floors 1
City (5) Jamesburg		Bldg. Age 75	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) building	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC
Street Address		Street Address PO Box 483, 4 E Gate Drive	
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm		Telephone No.	License No. 703
Start Date (10) 7/10/17	Scheduled Completion Date (11) 8/30/17	Name of OSHA Monitor	
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	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If		<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)
	Yes	No	
roof			x
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD
City, State Freehold, NJ		Disposal Date TBD	Name of Registered Landfill Western Berks Landfill
Completed by A. Scott Higgins		Title President	Signature
			Date 6/28/17

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

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/26/2017		Name of Building Owner/Operator (2) [REDACTED] Montclair LLC.							
Agencies Notified	Type Notification	Street Address	City, State, Zip Code						
<input checked="" type="checkbox"/> EPA <input checked="" 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	C/O Hub Realty 447 Northfield Ave Suite 201	West Orange NJ						
		Name of Contact	Telephone Number						
		Jared Lustbader							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private property		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) Montclair		Square Feet	Bldg. Age						
		4000	+50						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC						
Street Address N/A		Street Address 1435 51st Street							
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 01320						
Start Date (10) 7/7/2017	Scheduled Completion Date (11) 8/8/2017	Name of OSHA Monitor Iris Environmental Laboratories							
Occupancy Status During Abatement (Check Only One)		Street Address							
<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:		2333 Route 22 West							
		City, State, Zip Code Union NJ 07803							
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
see attachment				see Attachment					
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill					
City, State Po Box 5670		Disposal Date		City, State 2335 Applebutter Rd Bethlehem PA					
Completed by Marcos Regato		Title President	Signature <i>Marcos Regato</i>			Date 6/26/2017			



Asbestos and Lead Abatement –Inspections
Air sampling for Asbestos

acmsolutionsservicesllc@gmail.com

Asbestos DOL # 01320
New York 17-101936

RE: [REDACTED]
Montclair NJ

Scope of work:

Type of ACM	Location	Quantities
Ceiling tile 2x4	2 nd floor basement	100SF
Basement ,1 st and 2 nd floor	throughout the building pipe insulation	100LF
9x9 floor tile and mastic	2 nd floor	180SF
Pipe insulation	rear stairway	100LF
Floor tile and mastic	2 nd floor	1500SF
Floor/ mastic	1 st floor	150SF
12x12 floor tile carpet glue /mastic	basement vault	150SF


Marcos Regato

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

CHECK #1702

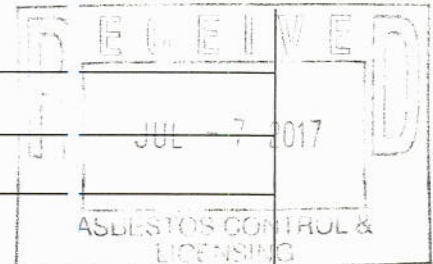
Date of Notification (1) 06/26/2017		Name of Building Owner/Operator (2) ROBERT ABDELLHA		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUL - 7 2017 ASBESTOS CONTROL & REMEDIATION </div>					
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LANOKA HARBOR NJ 08734		Telephone Number					
		Name of Contact DIANE ABDELLAH							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL				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]									
City (5) LANOKA HARBOR		Square Feet 2195	# of Floors 2	Bldg. Age 113					
County (6) OCEAN		County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) RESIDENTIAL						
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN							
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202	Telephone No. 610-304-4676	License No. 01145					
Start Date (10) 07/06/2017		Scheduled Completion Date (11) 07/07/2017		Name of OSHA Monitor EMSL					
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: RESIDENTIAL-VACANT				Street Address 200 RT. 130 NORTH					
				City, State, Zip Code CINNAMINSON NJ 08077					
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 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) 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
BASEMENT			X	PIPE INSULATION	75 LF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 6	Name of Registered Landfill MINERVA LANDFILL					
City, State MULLICA HILL NJ		Disposal Date 07/07/2017	City, State WAYNE, OH						
Completed by RON SWANSON		Title GENERAL MANAGER	Signature <i>Ron Swanson</i>		Date 06/26/2017				

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6 / 28 /17		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY		JUL - 7 2017	
Agenies Notified		Type Notification		Street Address 400 SOUTH ORANGE AVENUE	
<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 Notification <input checked="" type="checkbox"/> Amended Notification #4 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079	
				Name of Contact VICTORIA PIVOVARNICK	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 400 SOUTH ORANGE AVENUE				Square Feet N/A	# of Floors N/A
County (6) ESSEX				Bldg. Age N/A	
City (5) SOUTH ORANGE		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) UNIVERSITY	
Name of Monitoring Firm Hired by Building Owner (8) TTI			ASCM No. 3	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 1253 NORTH CHURCH STREET				Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MOORESTOWN, NEW JERSEYB 08057				City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm JEFF SEAMAN		Telephone Number 856-869-5182		Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 07/ 03/ 17 Month Day Year		Sched. Completion Date (11) 8 / 30 /17 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS TECH.	
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: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30PM				Street Address 1376 ROUTE 9	
				City, State, Zip Code WAPPINGERS FALLS, NY 12590	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Encl. <input type="checkbox"/> Glovebag Procedure (WRAP AND CUT) <input checked="" type="checkbox"/> Non-Friable Procedure	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Amount (Specify SF or LF)		Abatement Type			
		REMOVAL		REPAIR	
		ENCAPSULE		ENCLOSURE	
GROUND-DINING ROOM AREA		X	VAT & MASTIC	11,300 SF	X COMPLETE
EXTERIOR- DINING ROOM STORE FRONT		X	WINDOW CAULK	90 SF	X
EXTERIOR- DINING ROOM STORE FRONT		X	FIRE PROOFING	150 SF	X COMPLETE
OVERHANG					
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 80	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
City, State NEWARK, NEW JERSEY		Disposal Date 5/22-8/30/17		City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature	Date 6/28/17


NO CK

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



Date of Notification (1) 6 / 28 /17		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY	
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 Notification <input checked="" type="checkbox"/> Amended Notification #4 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 400 SOUTH ORANGE AVENUE		City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079	
Name of Contact VICTORIA PIVOVARNICK		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 400 SOUTH ORANGE AVENUE		Square Feet N/A	# of Floors N/A
City (5) SOUTH ORANGE		Bldg. Age N/A	
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY	
Name of Monitoring Firm Hired by Building Owner (8) TTI		ASCM No. 3	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 1253 NORTH CHURCH STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MOORESTOWN, NEW JERSEY 08057		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm JEFF SEAMAN		Telephone Number 856-869-5182	License Number 1101
Expected State Date (10) 07/ 03/ 17 Month Day Year		Sched. Completion Date (11) 8 / 30 /17 Month Day Year	
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: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30PM		Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS, TECH.	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		Street Address 1376 ROUTE 9	
<input checked="" type="checkbox"/> Renovation		City, State, Zip Code WAPPINGERS FALLS, NY 12590	
<input type="checkbox"/> Full Containment with Negative Pressure			
<input type="checkbox"/> Mini Enclo.			
<input type="checkbox"/> Glovebag Procedure (WRAP AND CUT)			
<input checked="" type="checkbox"/> Non-Friable Procedure			
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
GROUND-DINING ROOM AREA	X	VAT & MASTIC	11,300 SF
EXTERIOR- DINING ROOM STORE FRONT	X	WINDOW CAULK	90 SF
EXTERIOR -DINING ROOM STORE FRONT	X	FIRE PROOFING	150 SF
OVERHANG			
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 80	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY	Disposal Date 5/22-8/30/17	City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 6/28/17

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JUL - 7 2017
ASBESTOS CONTROL & LICENSING

Date	City/State
17	PLAINFIELD TOWNSHIP, PA
Signature	Date
	6/13/17

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JUL - 7 2017
ASBESTOS CONTROL & LICENSING

City, State	
PLAINFIELD TOWNSHIP, PA	
Signature	Date
<i>[Signature]</i>	5/25/17

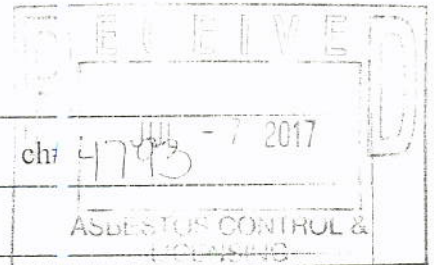
NEW YORK
JUL - 7 2017
ASBESTOS CONTROL &
LICENSES

GRAND CENTRAL SANITARY LANDFILL	
City, State	
PLAINFIELD TOWNSHIP, PA	
Signature	Date
<i>[Signature]</i>	5/19/17

OK 20867 ELVED
JUL 2017
ASBESTOS CONTROL & REMEDIATION

ASBESTOS CONTROL &
LICENSING

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



Date of Notification (1) 06/27/2017		Name of Building Owner/Operator (2) Piscataway Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1515 Stelton Road City, State, Zip Code Piscataway, NJ 08854 Name of Contact Bill Griffith
			Telephone Number

FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Piscataway-Patton High school Wing Street Address 100 Behmer Road City (5) Piscataway				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.)	
Square Feet 80,000		# of floors 3		Bldg. Age	
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) school	
Name of Monitoring Firm Hired by Building Owner (8) T&M Associates Street Address 11 Tindall Road City, State, Zip Code Middletown, NJ 07748		ASCM No. _____		Name of Abatement Contractor () Lilich Corporation Street Address 606 McBride Ave City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 732-676-4000		Telephone No. 973-225-8400	
License No. 01104					
Start Date (10) 07/07/2017		Scheduled Completion Date (11) 08/07/2017		Name of OSHA Monitor Iris Environmental Laboratories, 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 <input checked="" type="checkbox"/> Other - Describe: occupied fri start 4 pm sat-sun 8am-5pm				Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07083	

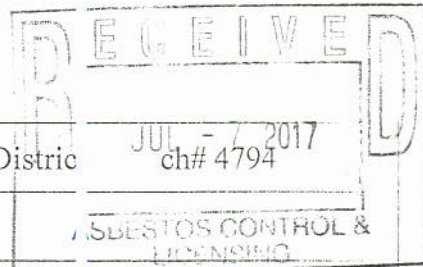
Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure-Limited containment
		<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			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
1st floor A115&toilet rooms(A114,A117)		x		pipe insulation&pipe fitting insulat.	125 LF	x			
1st floor toilet rooms (110&112)		x		pipe insulation&pipe fitting insulat	125 LF	x			
1st floor toilet rooms(C111,C116)		x		pipe insulation&pipe fitting insulat	125 LF	x			
2nd floor A215,A214,A217		x		pipe insulation&pipe fitting insulat	125 LF	x			

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste		Name of Registered Landfill GROWS Landfill	
City, State Woodland Park, New Jersey				Disposal Date		City, State Morrisville, PA	
Completed by Adriana Olejarova		Title president		Signature 		Date 06/27/2017	

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



Date of Notification (1) 06/26/2017		Name of Building Owner/Operator (2) Matawan-Aberdeen Regional School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address 1 Crest Way City, State, Zip Code Aberdeen, NJ 07747	Name of Contact Alex Ferreira Telephone Number

Name of Facility Where Abatement is Taking Place (3) Lloyd Road School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 401 Lloyd Road		Square Feet	# of floors
City (5) Matawan		Bldg. Age	
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) school	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 120 North Warren Street		Street Address 606 McBride Ave	
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm Rollie Jones		Telephone No. 609-273-1396	Telephone No. 973-225-8400
License No. 11104		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Start Date (10) 07-11-2017	Scheduled Completion Date (11) 07-15-2017	Name of OSHA Monitor Iris Environmental Laboratories, LLC	
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 <input checked="" type="checkbox"/> Other - Describe: occupied		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, NJ 07083	

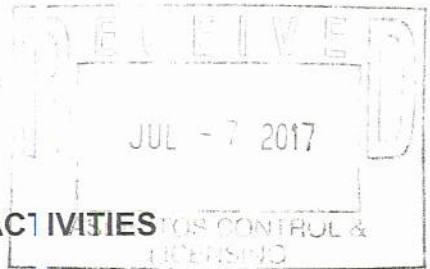
Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure - O&M work
		<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
auditorium		X		wall plaster-full containment	200 SF	X		
classrooms: 19,20,21,24,25,26,101-119		X		transite shims-non friable	4 ea	X		
classrooms: 19,20,21,24,25,26,101-119		X		loose floor tiles-non friable	100 SF	X		
stage area				pipe fitting insulation O&M	9 LF	X		

Name of Registered Waste Hauler Lilich Corporation	NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill GROWS Landfill
City, State Woodland Park, New Jersey		Disposal Date	City, State Morrisville, PA
Completed by Adriana Olejarova	Title president	Signature 	Date 06/26/2017

New Jersey Department of Health
Consumer, Environmental and Occupational Health Service
PO Box 369
Trenton, NJ 08625-0369
Telephone: 609-826-4950 Fax: 609-826-4975

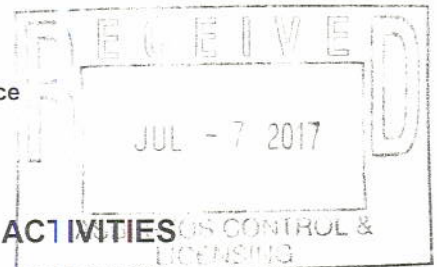


NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

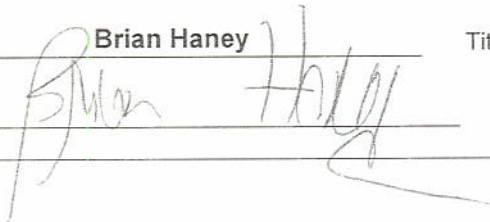
I. NOTIFICATION INFORMATION			
Date of Notification: <u>06</u> / <u>29</u> / <u>2017</u>			
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Cancellation <input type="checkbox"/> Emergency (must include justification)			
Type of Work: <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation			
II. BUILDING INFORMATION			
Name of Building Owner/Operator: <u>Township Union Schools</u>			
Street Address: <u>2369 Morris Avenue</u>		City: <u>Union</u>	State: <u>NJ</u> Zip: <u>07083</u>
Name of Contact: <u>Barry Loessel</u>		Telephone No: _____	
III. FACILITY INFORMATION			
Name of Facility Where Work Activity is to Take Place: <u>Livingston School - Hallway #3</u>			
Describe Facility Use: <u>School</u>			
Street Address: <u>960 Midland Blvd</u>		City: <u>Union</u>	State: <u>NJ</u> Zip: <u>07083</u>
County Name: <u>Bergen</u>		County Code (State Use Only): _____	
Scheduled Start Date: <u>07</u> / <u>12</u> / <u>2017</u>		Scheduled Completion Date: <u>07</u> / <u>14</u> / <u>2017</u>	
Occupancy Status During Activity (check only one):			
<input type="checkbox"/> Facility Closed/Vacated During Entire Activity			
<input type="checkbox"/> Activity Performed Outside Normal Facility Hours—Describe: _____			
<input checked="" type="checkbox"/> Other—Describe: <u>Normal hours 9am - 5pm</u>			
Scope of Work (check all that apply):			
<input checked="" type="checkbox"/> Floor Tile	Square Footage: <u>1,089</u>	Percentage Asbestos: _____	%
<input checked="" type="checkbox"/> Mastic	Square Footage: <u>1,089</u>	Percentage Asbestos: _____	%
IV. CONTRACTOR INFORMATION			
Company Name: <u>Resource Management Group, LLC</u>		Telephone No.: <u>609-914-4279</u>	
Street Address: <u>2115 Hamilton Ave-Ste202</u>		City: <u>Trenton</u>	State: <u>NJ</u> Zip: <u>08619</u>
New Jersey Asbestos License Number (if applicable): <u>01185</u>			
Monitoring Firm (if applicable): <u>Omega Environmental Services</u>		Telephone No.: <u>201-489-8700</u>	
V. SIGNATURE			
Completed By (type or print legibly): <u>Brian Haney</u>		Title: <u>President</u>	
Signature: <u>Brian Haney</u>		Date: <u>6-29-2017</u>	

New Jersey Department of Health
Consumer, Environmental and Occupational Health Service
PO Box 369
Trenton, NJ 08625-0369
Telephone: 609-826-4950 Fax: 609-826-4975



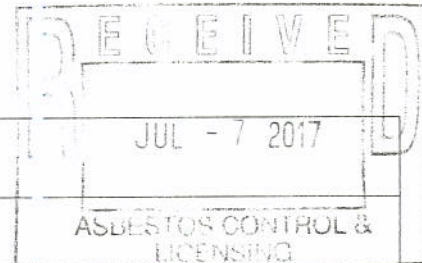
NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

I. NOTIFICATION INFORMATION			
Date of Notification: <u>06</u> / <u>29</u> / <u>2017</u>			
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Cancellation <input type="checkbox"/> Emergency (must include justification)			
Type of Work: <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation			
II. BUILDING INFORMATION			
Name of Building Owner/Operator: <u>Township Union Schools</u>			
Street Address: <u>2369 Morris Avenue</u>		City: <u>Union</u>	State: <u>NJ</u> Zip: <u>07083</u>
Name of Contact: <u>Barry Loessel</u>		Telephone No.: _____	
III. FACILITY INFORMATION			
Name of Facility Where Work Activity is to Take Place: <u>Washington School-Main Office-Principals Office&Rm 217</u>			
Describe Facility Use: <u>School</u>			
Street Address: <u>301 Washington Ave</u>		City: <u>Union</u>	State: <u>NJ</u> Zip: <u>07083</u>
County Name: <u>Bergen</u>		County Code (State Use Only): _____	
Scheduled Start Date: <u>07</u> / <u>17</u> / <u>2017</u>		Scheduled Completion Date: <u>07</u> / <u>21</u> / <u>2017</u>	
Occupancy Status During Activity (check only one):			
<input type="checkbox"/> Facility Closed/Vacated During Entire Activity			
<input type="checkbox"/> Activity Performed Outside Normal Facility Hours—Describe: _____			
<input checked="" type="checkbox"/> Other—Describe: <u>Normal hours 9am - 5pm</u>			
Scope of Work (check all that apply):			
<input checked="" type="checkbox"/> Floor Tile	Square Footage: <u>582</u>	Percentage Asbestos: _____	%
<input checked="" type="checkbox"/> Mastic	Square Footage: <u>198</u>	Percentage Asbestos: _____	%
IV. CONTRACTOR INFORMATION			
Company Name: <u>Resource Management Group, LLC</u>		Telephone No.: <u>609-914-4279</u>	
Street Address: <u>2115 Hamilton Ave-Ste202</u>		City: <u>Trenton</u>	State: <u>NJ</u> Zip: <u>08619</u>
New Jersey Asbestos License Number (if applicable): <u>01185</u>			
Monitoring Firm (if applicable): <u>Omega Environmental Services</u>		Telephone No.: <u>201-489-8700</u>	
V. SIGNATURE			
Completed By (type or print legibly): <u>Brian Haney</u>		Title: <u>President</u>	
Signature: 		Date: <u>06-29-2017</u>	

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

CK 4081



Date of Notification (1) <u>6</u> / <u>28</u> / <u>17</u>		Name of Building Owner/Operator (2) Howard Kingsley							
Agencies Notified <input checked="" 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 [REDACTED]							
		City, State, Zip Code Long Branch, NJ 07740							
		Name of Contact Howard Kingsley	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kingsley Residence		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 [REDACTED]		Square Feet 2,000	# of Floors 3						
City (5) Long Branch		Bldg. Age 70							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Price if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) American Environmental Specialists, LLC		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 118 Westbury Court		Street Address 623 Cutler Avenue							
City, State, Zip Code Marlton, NJ 08053		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Murray Snyder		Telephone No. 856-985-2885	Telephone No. 856-755-0099						
License No. 00842									
Start Date (10) <u>07</u> / <u>08</u> / <u>17</u>	Scheduled Completion Date (11) <u>07</u> / <u>10</u> / <u>17</u>	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 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
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 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
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Insulation	90 SF	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill GROWS North Landfill					
City, State Freehold, NJ		Disposal Date 7/9/2017		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 6/28/17			

06/28/2017 12:30 Two Brothers Contracting

(FAX) 973 956 8811

P.002/003

Print Form

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 12:120)

Date of Notification (1) 8/28/2017		Name of Building Owner/Operator (2) ISSAI LIDMAU C/O DAVID LEONG					
Agencies Notified	Type Notification	Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" 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 <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CLIFTON, NJ 07011					
		Name of Contact DAVID LEONG	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4)					
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) CLIFTON		Square Feet	# of Floors				
County (6) PASSAIC		Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.				
Street Address		Street Address 11 VREELAND AVENUE					
City, State, Zip Code		City, State, Zip Code TOTOWA, NJ 07512					
Project Manager for Monitoring Firm		Telephone No.	License No.				
Start Date (10) 7/1/2017		Scheduled Completion Date (11) 7/8/2017	Name of OSHA Monitor SAME AS (9) ABOVE				
Occupancy Status During Abatement (Check Only One)		Street Address					
<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					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 150 sf or ≥ 250 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 type="checkbox"/> Non-Exempted (*) and Non-Flexible 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			
				Removed	Repair	Encapsulate	Enclosure
BASEMENT	Yes No N/A X	CLEAN UP OF DEBRIS					
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJOEP Waste Hauler ID No. 18743	Cubic Yards of Waste 5	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.			
City, State TOTOWA, NJ		Disposal Date 7/8/2017	City, State MORRISVILLE, PA				
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>		Date 8/28/2017		


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

CK 22350

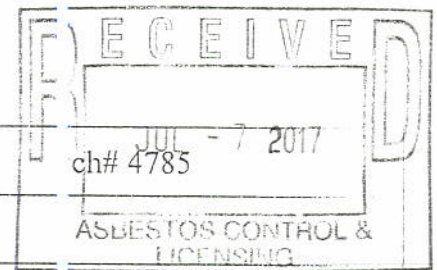
Date of Notification (1) 6/28/2017		Name of Building Owner/Operator (2) ISSAI LIDMAU C/O DAVID LEONG		JUL - 7 2017	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]	
		City, State, Zip Code CLIFTON, NJ 07011		ASBESTOS CONTROL & LICENSING	
		Name of Contact DAVID LEONG		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) RESIDENCE				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]					
City (5) CLIFTON				Square Feet	# of Floors
County (6) PASSAIC		County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.	
Street Address				Street Address 11 VREELAND AVENUE	
City, State, Zip Code				City, State, Zip Code TOTOWA, NJ 07512	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-956-8700	License No. 00494
Start Date (10) 7/1/2017		Scheduled Completion Date (11) 7/8/2017		Name of OSHA Monitor SAME AS (9) ABOVE	
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	
				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input 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 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)
	Yes	No	N/A		
BASEMENT		X		CLEAN UP OF DEBRIS	
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743		Cubic Yards of Waste 5	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.
City, State TOTOWA, NJ		Disposal Date 7/8/2017		City, State MORRISVILLE, PA	
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>	Date 6/28/2017

Check # 15994
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ASBESTOS CONTROL & LICENSING

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 checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove-bag Procedure
		<input type="checkbox"/> Non-Friable Procedure

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040		Cubic Yards of Waste 1.5		Name of Registered Landfill Minerva Enterprise INC	
City, State Montclair, NJ 07042				Disposal Date 07/15/2017		City, State Waynesburg, Ohio 44688	
Completed By (Print or Type) Constantine Vivian		Title President		Signature 		Date 6/29/2017	

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



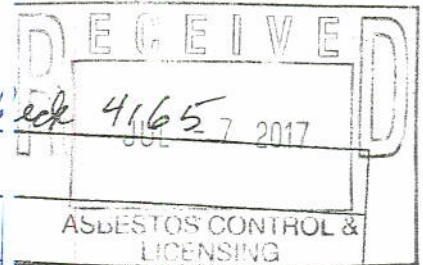
Date of Notification (1) 06/22/2017		Name of Building Owner/Operator (2) Montclair Public Schools		ch# 4785			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address 22 Valley Road		City, State, Zip Code Montclair, NJ 07042			
		Name of Contact Lenny Saponara		Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Hillside 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 54 Orange Road			Square Feet	# of Floors	Bldg. Age		
City (5) Montclair							
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) school				
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation				
Street Address 300 Grand Ave		Street Address 606 McBride Ave					
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Woodland Park, NJ 0724					
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-569-6708	Telephone No. 973-225-8400	License No. 01104			
Start Date (10) 07-10-2017		Scheduled Completion Date (11) 07-14-2017		Name of OSHA Monitor Iris Environmental Laboratories, 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 <input checked="" type="checkbox"/> Other - Describe: unoccupied			Street Address 2333 Route 22 West				
			City, State, Zip Code Union, NJ 07083				
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 SI or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
General Office		x	VAT and Mastic	723 SF	x		
WK Room		x	VAT and Mastic	410 SF	x		
		x			x		
		x			x		
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill GROWS Landfill			
City, State Woodland Park, New Jersey			Disposal Date	City, State Morrisville, NJ			
Completed by Adriana Olejarova		Title president	Signature 	Date 06/22/2017			

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CHECK# 1703
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ASBESTOS CONTROL & LICENSING

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities.

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



Date of Notification (1) 6-29-2017		Name of Building Owner/Operator (2) M. Pizzi		Check 4165 2017	
Agency 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]	
		City, State, Zip Code NEW PROVIDENCE, NJ 07970		ASBESTOS CONTROL & LICENSING	
		Name of Contact M. Pizzi		Telephone Number	
Name of Facility Where Abatement is Taking Place (3) M. Pizzi					
Street Address [REDACTED]			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 & commercial buildings, homes, etc.)		
City (5) NEW PROVIDENCE			Square Feet 2300		of Floors 2
County (6) UNION			County Code (7) (STATE USE ONLY)		Bldg. Age 67 YRS
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Current Use (Prior to being demolished) RESIDENCE
Street Address			Name of Abatement Contractor (9) Best Removal Inc		
City, State, Zip Code			Street Address 450 South River St		
Project Manager for Monitoring Firm			Telephone No. 201-329-7444		License No. 00388
Start Date (10) 7-13-2017		Scheduled Completion Date (11) 7-15-2017		Name of OSHA Monitor Omega Environmental	
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 AM 5 PM				Street Address 280 Huyler St	
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				City, State, Zip Code S. Hackensack, N.J. 07606	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BASEMENT		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) VAT	
				Amount (Specify SF or LF) 420 SF	
				Abatement Type Removal Repair Encapsulate X	
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 2 1/2 YDS	
City, State Hackensack, N.J. 07601		Disposal Date 7-15-17		Name of Registered Landfill Minerva Enterprises, LLC	
Completed by R. Veldran		Title Estimator		City, State Waynesburg, Oh, 44688	
Signature R. Veldran		Date 6-29-17			

ASB-41

* Do not use this form for asbestos licensure exempted activities.