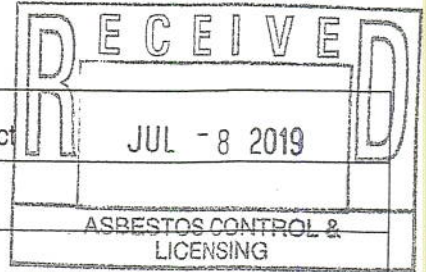


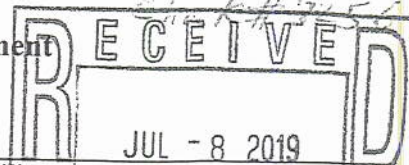
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 07/01/19 <i>Inv-12593</i>		Name of Building Owner/Operator (2) Randolph Township Public School District							
Agencies Notified	Type Notification	Street Address 25 School House Rd.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Randolph, NJ 07869							
		Name of Contact Andy Hurd	Telephone Number 973-361-0808						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Randolph Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 511 Millbrook Ave.		Square Feet	# of Floors						
City (5) Randolph		Bldg. Age							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc.		ASCM No. 0057	Name of Abatement Contractor (9) Academy Construction Inc						
Street Address P.O. Box 385		Street Address 205 Route 46 Suite 14							
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm Eric Clarkson		Telephone No. 609-652-1833	License No. 01379						
Start Date (10) 07/12/19	Scheduled Completion Date (11) 08/02/19	Name of OSHA Monitor Same as 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 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Classroom 769			x	Pipe fitting insulation	20lf	x		x	
Classroom 138			x	Pipe fitting insulation	2lf	x		x	
Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Totowa NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Filip Geleski		Title Supervisor	Signature <i>Filip Geleski</i>	Date 07/01/19					

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



CH 3256

Date of Notification (1) July 2, 2019		JNV - 12591		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ASBESTOS CONTROL & ENVIRONMENTAL HEALTH & SAFETY DEPT 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS City, State, Zip Code PISCATAWAY, NJ 08854	
				Name of Contact Mr. Michael Smith, ENV HEALTH & SAFETY	
				Telephone Number 848-445-2550	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Rutgers Busch Campus -Richardson Apartments Bldg# 3843				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.) Sq. Feet: N/A # of Floors: 3 Bldg. Age: 60 years	
Street Address Busch Campus				Current Use (prior if being demolished): Academic	
City (5) Piscataway	County (6) MIDDLESEX	County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 0098		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 3 TERRI LANE				Street Address 511 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016				City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800		License Number 00840	
Scheduled Start Date (10) July 12, 2019		Scheduled Completion Date (11) July 29, 2019		Name of OSHA Monitor Envirovision, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other-NOT SUB 8 - Describe: 3pm-5am - 24hrs & Weekends as needed				Street Address 20-21 Bldg E Wagaraw Road City, State, Zip Code Fairlawn, NJ	
Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 sf <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) in Facility (13) APTs 101, 103, 104, 105, 106, 107, 108, 110 & 111 (9 bathrooms at <14 SF each)		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	
				Amount (Specify SF or LF) 120 sf	
				Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below		Cubic Yards of Waste: 10 cyds	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		Name of Registered Landfill GROWS North Landfill	
				Disposal Date July 29, 2019	
				City, State 100 New Ford Mill Road, Morrisville, PA 19067 215-736-1700	
Completed by (Print or Type) Raymond C. Pedalino		Title SENIOR PROJECT MANAGER		Signature <i>Raymond C. Pedalino</i>	
				Date July 2, 2019	

JUL 02 2019 12:01 PM ACADEMY CONSTRUCTION INC 9738324243

CK 3005

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJA 17:26 and 12:120)

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 PAGE 2/4
 JUL - 8 2019

DOL - 10 DAY

ASBESTOS CONTROL & LICENSING

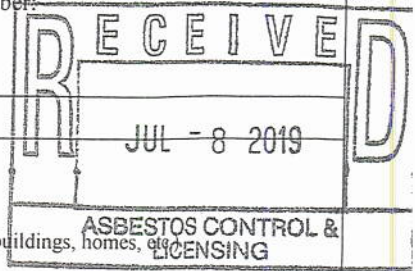
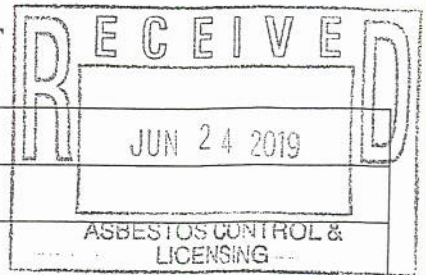
WAIVER APPROVED

Telephone Number
973-470-5500

Date of Notification (1) 07/02/19 JHV-124108		Name of Building Owner/Operator (2) Passaic Public Schools		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation		Street Address 663 Main Ave. City, State, Zip Code Passaic, NJ 07055 Name of Contact Barry Stein Telephone Number 973-470-5500	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Passaic Academy for Science and Engineering				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 281 Lafayette Ave.				Square Feet	
City (5) Passaic				# 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) Tectonic Eng. & Surveying Consultants		ABCM No.		Name of Abatement Contractor (9) Academy Construction Inc.	
Street Address 830 Morris Trpk., 2nd Floor		Street Address 205 Route 46 Suite 14		City, State, Zip Code Totowa, NJ 07512	
City, State, Zip Code Short Hills, NJ 07076		City, State, Zip Code Totowa, NJ 07512		Telephone No. 973-832-4244	
Project Manager for Monitoring Firm David Morris		Telephone No. 973-467-5850		License No. 01379	
Start Date (10) 07/02/19		Scheduled Completion Date (11) 07/16/19		Name of OSHA Monitor Same as 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 checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 180 sf or ≥ 240 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-Frangible 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 N/A		Amount (Specify SF or LF)	
A-103				VAT & mastic 1,400sf	
A-104				VAT & mastic 1,200sf	
A-104				VAT & mastic 50sf	
A-104A				Glue dots 100sf	
Name of Registered Waste Hauler Academy Construction Inc.		NJDEP Waste Hauler ID No. 034422		Cubic Yards of Waste 6	
City, State Totowa, NJ		Disposal Date TBD		Name of Registered Landfill Fairless Landfill	
City, State Morrisville, PA		Signature Filip Goloski		Date 07/02/19	

no ck

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)



Date of Notification (1): 6/12/2019		Name of Building Owner/Operator (2) The Newark Public Schools	
Agencies Notified	Type Notification	Street Address: 190 Muhammad Ali Avenue Room 209	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment#: 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code: Newark, NJ 07108	
		Name of Contact: Mr. Benjamin Olagadeyo	Telephone Number: 973-733-7200

FACILITY INFORMATION			
Name of Facility: Newark Vocational High School		Type of Facility (4): <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
301 West Kinney Street		Square Feet: # of Floors:	
City/ (5) Newark	County (6): Essex	County Code (7): 07103	Bldg. Age Current Use: School
Name of Monitoring Firm Hired by Building Owner: WHITMAN		ASCM No.: 00110	Name of Abatement Contractor (9): Apex Development, Inc.
Street Address: 17 Pleasant Hill Road		Street Address: 358 Broadway	
City, State, Zip Code: Cranbury, NJ 08512		City, State, Zip Code: Newark, NJ 07104	
Project Manager for Monitoring Firm: Kevin Lovely		Telephone No.: 732-642-1751	Telephone No.: (973) 350-0101
License No.: 01215		Name of OSHA Monitor: Metro Analytical Laboratories	
Start Date (10): 6/25/19	Scheduled Completion Date (11): 7/25/19	Street Address: 255 West 36th Street, Suite 203	
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 <i>occupied sub 8</i> Describe:		City, State, Zip Code: New York, New York, 10018	

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 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	Encapsulat	Enclosure
GROUND FLOOR		X		WALL TILE PLASTER	1,860 SF	*			*
GROUND FLOOR		X		CEILING PLASTER	257 SF	*			*
GROUND FLOOR		X		PIPE INSULATION	50 LF	*			*

Name of Registered Waste Hauler: Newark Carting, Inc.		NJDEP Waste Hauler ID No.: 04509	Cubic Yards of Waste: 30	Name of Registered landfill: Gran Central Sanitary Landfill	
City, State: Hillside, NJ 07205		Disposal Date:		City, State: Pen Argyl, PA 18072	
Completed By: Chinyelu Oraegbunam		Title: Vice President	Signature: <i>[Signature]</i>	Date: 6/12/2019	

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

RECEIVED

JUL - 8 2019

ASBESTOS CONTROL & LICENSING

CH3047

Date of Notification (1)
July 2, 2019 *Inv-10583*

Name of Building Owner/Operator (2)
Middlesex Board of Education

Street Address
300 John F. Kennedy Drive

City, State, Zip Code
Middlesex, NJ 08846

Name of Contact
Carlos Luaces

Telephone Number
973-414-9224

Agencies Notified

☒ EPA
☐ DEP
☒ DOL
☒ DOH
☒ DCA

Type Notification

☐ Initial
☒ Amended
Amendment #1
☐ Emergency (including justification)
☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Middlesex High School, Home Economics Room 305

Street Address
300 John F. Kennedy Drive

City (5)
Middlesex

County (6)
Middlesex

County Code (7)
(SPACE 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

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
Briggs Associates

ASCM No.

Name of Abatement Contractor (9)
Osiyo Inc

Street Address
3 Crosswicks Street

Street Address
292 Main Street, #261

City, State, Zip Code
Bordentown, NJ 08505

City, State, Zip Code
Harleysville, PA 19438

Project Manager for Monitoring Firm
Michael Hoodak

Telephone No.
609-298-5520

Telephone No.
610-400-8711

License No.
01373

Start Date (10)
06/25/2019

Scheduled Completion Date (11)
07/08/2019

Name of OSHA Monitor
Schneider Laboratories Global Inc.

Occupancy Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other - Describe: Occupied Building

Street Address
2512 West Cary Street

City, State, Zip Code
Richmond, VA 23220

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 305		X		Acoustical Ceiling Plaster	887	X			
Room 305		X		Vinyl Floor Tile w/Mastic	887	X			
Room 305		X		Ceramic Tile Mortar	160	X			

Name of Registered Waste Hauler
Century Waste Services LLC

NJDEP Waste Hauler ID No.
SW2753

Cubic Yards of Waste

Name of Registered Landfill
Fairless Landfill

City, State
Elizabeth, NJ

Disposal Date

City, State
Morrisville, PA

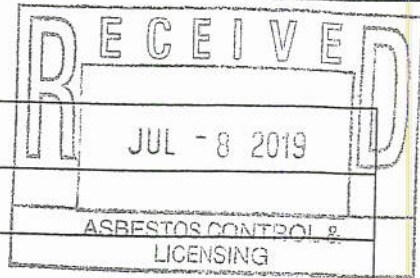
Completed by
Carol Bradford

Title
President

Signature
Carol Bradford

Date
July 2, 2019

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



Date of Notification (1) June 6, 2019		Name of Building Owner/Operator (2) Middlesex Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 300 John F. Kennedy Drive							
		City, State, Zip Code Middlesex, NJ 08846							
		Name of Contact Carlos Luaces	Telephone Number 973-414-9224						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Middlesex High School, Home Economics Room 305		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 300 John F. Kennedy Drive		Square Feet	# of Floors						
City (5) Middlesex		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No.	Name of Abatement Contractor (9) Osiyo Inc						
Street Address 3 Crosswicks Street		Street Address 292 Main Street, #261							
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Harleysville, PA 19438							
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609-298-5520	Telephone No. 610-400-8711						
Start Date (10) 06/25/2019		Scheduled Completion Date (11) 07/03/2019	License No. 01373						
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: <u>Occupied Building</u>		Name of OSHA Monitor Schneider Laboratories Global Inc.							
		Street Address 2512 West Cary Street							
		City, State, Zip Code Richmond, VA 23220							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 305		X		Acoustical Ceiling Plaster	887	X			
Room 305		X		Vinyl Floor Tile w/Mastic	887	X			
Room 305		X		Ceramic Tile Mortar	160	X			
Name of Registered Waste Hauler Century Waste Services LLC		NJDEP Waste Hauler ID No. SW2753	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, NJ		Disposal Date		City, State Morrisville, PA					
Completed by Carol Bradford		Title President	Signature 	Date June 6, 2019					

Inv-12462
CK 3024

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

Amended - Pool

RECEIVED	JUL - 8 2019
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 7-2-2019		Name of Building Owner / Operator (2) Ocean County College	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended (Start & End Date) <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 1 College Drive City, State & Zip Code Toms River, NJ 08754
			Name of Contact Mike Bruno Telephone Number 732-255-0400

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Ocean County College- Building #29		Type of Facility (4) <input 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 1 College Drive		Square Feet 52,000	# of Floors 1
City (5) Toms River NJ	County (6) Ocean	County Code (7)	Bldg. Age 45
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC
Street Address 1085 Atlantic Avenue		Street Address 2115 Hamilton Ave, Suite 202	
City, State & Zip Code Manasquan, NJ 08736		City, State & Zip Code Trenton, NJ 08619	
Project Manager for Monitoring Firm Gary Fleming		Telephone Number 732-223-2225	License Number 01185
Scheduled Start Date (10) 7-8-2019	Scheduled Completion Date (11) 7-26-2019	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 regular operating Hours: Describe: 7:30am - 6:30pm <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)

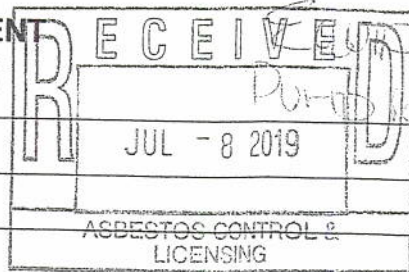
- | | | |
|---|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> 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
Pool Equipment & Pump Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elbows	35 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool Equipment & Pump Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	300 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"/>

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 Trenton, NJ 08619	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney	Title President	Signature 	Date 7-2-2019

Initial - Pool

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

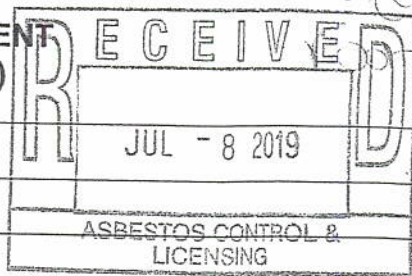


Date of Notification (1) 6-14-2019		Name of Building Owner / Operator (2) Ocean County College							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 1 College Drive						
			City, State & Zip Code Toms River, NJ 08754						
			Name of Contact Mike Bruno						
			Telephone Number 732-255-0400						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ocean County College- Building #29		Type of Facility (4) <input 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 1 College Drive		Square Feet 52,000	# of Floors 1						
City (5) Toms River NJ	County (6) Ocean	County Code (7)	Bldg. Age 45						
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address 1085 Atlantic Avenue		Street Address 2115 Hamilton Ave, Suite 202							
City, State & Zip Code Manasquan, NJ 08736		City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Gary Fleming		Telephone Number 732-223-2225	License Number 01185						
Scheduled Start Date (10) 7-1-2019	Scheduled Completion Date (11) 7-14-2019		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 regular operating Hours: Describe: 7:30am - 6:30pm <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 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 type="checkbox"/> <input type="checkbox"/> <input checked="" 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) <u>TO BE ABATED</u> 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
Pool Equipment & Pump Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elbows	35 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool Equipment & Pump Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	300 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"/>
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 Trenton, NJ 08619		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 			Date 6-14-2019			

12463-Inv
CH 3024

Amended - Electr Equip

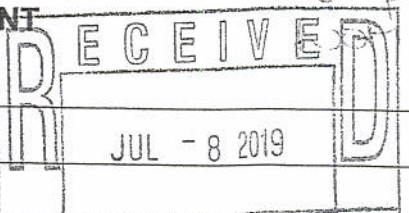
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1) 7-02-2019		Name of Building Owner / Operator (2) Ocean County College							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended (Start /End Date) <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 1 College Drive City, State & Zip Code Toms River, NJ 08754						
	Name of Contact Mike Bruno		Telephone Number 732-255-0400						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ocean County College- Building #29		Type of Facility (4) <input 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 1 College Drive		Square Feet 52,000	# of Floors 1						
City (5) Toms River NJ	County (6) Ocean	Bldg. Age 45							
City, State & Zip Code Toms River, NJ 08754		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address 1085 Atlantic Avenue		Street Address 2115 Hamilton Ave, Suite 202							
City, State & Zip Code Manasquan, NJ 08736		City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Gary Fleming		Telephone Number 732-223-2225	License Number 01185						
Scheduled Start Date (10) 7-8-2019	Scheduled Completion Date (11) 7-26-2019		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 regular operating Hours: Describe: 7:30am - 6:30pm <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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <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 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
Electrical Equipment Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elbows	25 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Equipment Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	60 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"/>
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 Trenton, NJ 08619		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature <i>Brian Haney</i>			Date 7-2-2019			

Initial - Electrical Equip

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



Date of Notification (1) 6-14-2019		Name of Building Owner / Operator (2) Ocean County College	
Agencies Notified <input checked="" type="checkbox"/> EPA <input 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 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 1 College Drive
			City, State & Zip Code Toms River, NJ 08754
			Name of Contact Mike Bruno
			Telephone Number 732-255-0400
			ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Ocean County College- Building #29		Type of Facility (4) <input 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 1 College Drive		Square Feet 52,000	# of Floors 1
City (5) Toms River NJ	County (6) Ocean	County Code (7)	Bldg. Age 45
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC
Street Address 1085 Atlantic Avenue		Street Address 2115 Hamilton Ave, Suite 202	
City, State & Zip Code Manasquan, NJ 08736		City, State & Zip Code Trenton, NJ 08619	
Project Manager for Monitoring Firm Gary Fleming		Telephone Number 732-223-2225	License Number 01185
Scheduled Start Date (10) 7-1-2019	Scheduled Completion Date (11) 7-14-2019	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 regular operating Hours: Describe: 7:30am - 6:30pm <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West	
		City, State & Zip Code Union, NJ 07083	

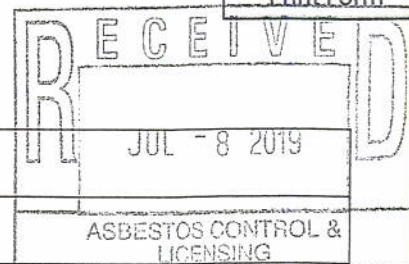
Scope of Work (Check all that apply)

<input 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 checked="" type="checkbox"/> Glove Bag Procedures
		<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 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
Electrical Equipment Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elbows	25 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Equipment Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	60 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"/>

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 Trenton, NJ 08619		Disposal Date TBD	City, State Morrisville, PA		
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 		Date 6-14-2019

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



Date of Notification (1) 07/01/2019 <i>Inv 12407</i>		Name of Building Owner/Operator (2) College of Saint Elizabeth	
Agencies Notified	Type Notification	Street Address 2 Convent Rd	ASBESTOS CONTROL & LICENSING
<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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960	
		Name of Contact Steve Iacovo	Telephone Number 973-290-4000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) O'Connor Hall Basement		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 2 Convent Rd		Square Feet 71,130	# of Floors 5
City (5) Morristown		Bldg. Age 92	
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) College	
Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental Laboratories		ASCM No. _____	Name of Abatement Contractor (9) United Safety LLC
Street Address 2333 Route 22 West		Street Address 22 Troy Lane	
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-636-9145	License No. 01317
Start Date (10) 07/05/2019	Scheduled Completion Date (11) 07/06/2019	Name of OSHA Monitor United Safety LLC	
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: 24 Hour Access as Needed		Street Address 22 Troy Lane	
		City, State, Zip Code Lincoln Park, NJ 07035	

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
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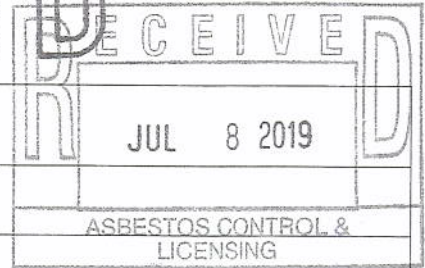
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Hallway Outside		X		Pipe Insulation	60 LF	X			
Antique Room									

Name of Registered Waste Hauler United Safety LLC	NJDEP Waste Hauler ID No. 0036820	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill
City, State Lincoln Park, NJ		Disposal Date TBD	City, State Morrisville, PA
Completed by Vanco Petkov	Title Project Manager	Signature 	Date 07/01/2019

Check #
9358

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

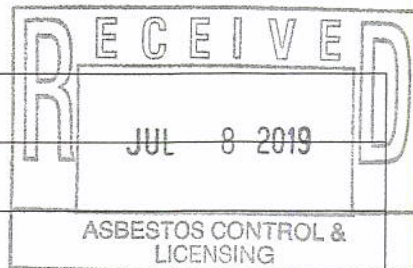
PAID



Date of Notification (1) 07 / 02 / 19		Name of Building Owner/Operator (2) Margo Perl		ASBESTOS CONTROL & LICENSING					
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 [REDACTED]							
		City, State, Zip Code Caldwell, NJ 07006							
		Name of Contact Margo Perl		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N/A			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]									
City (5) Caldwell			Square Feet 2,200	# of Floors 2	Bldg. Age 60 + yrs.				
County (6) Essex		County Code (7) (STATE USE ONLY) 07006	Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address		Street Address 494 East 41st Street							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-0022	License No. 00507					
Start Date (10) 07 / 13 / 19	Scheduled Completion Date (11) 07 / 28 / 19		Name of OSHA Monitor Same as 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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address						
			City, State, Zip Code						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	60 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"/>
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. 419	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S., North W/M of PA					
City, State Paterson, NJ		Disposal Date 6-28-19	City, State Morrisville, PA						
Completed By (Print or Type) James E. Unger	Title Sr. Estimator/Project Mgr.	Signature <i>James E. Unger</i>		Date 7-2-19					

Inv# 10571

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



Date of Notification (1) 06/26/19		Name of Building Owner/Operator (2) EFRIN WADE	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code JERSEY CITY NJ. 07305.	
		Name of Contact EFRIN WADE	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PRIVATE		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 1,200	# of Floors 2
City (5) JERSEY CITY NJ. 07305.		Bldg. Age 99	
County (6) HUDSON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) YES	
Name of Monitoring Firm Hired by Building Owner (8) N/A.		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.
Street Address		Street Address 4919 Bergenline Ave.	
City, State, Zip Code		City, State, Zip Code Wet New York NJ. 07093	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201 7760.642	License No. 01300
Start Date (10) 06/28/2019	Scheduled Completion Date (11) 06/29/2019	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 <input type="checkbox"/> Other - Describe: _____		Street Address 307W. 38TH. ST.	
		City, State, Zip Code NEW YORK N.Y. 10018	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input 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 type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

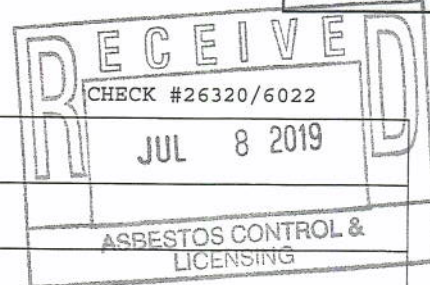
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SECOND FLOOR		X		WALL PLASTER	200. SF	X			

Name of Registered Waste Hauler TRI STATE ASSOCC		NJDEP Waste Hauler ID No. 19051	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC	
City, State BRONX N.Y.		Disposal Date TBD	City, State WAYNESBURG OHIO		
Completed by CARLOS ESQUIVEL	Title SAFETY MANAGER	Signature 	Date 06/26/2019		

Inv# 12405

PAID

Print Form

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

Date of Notification (1) 07-02-19		Name of Building Owner/Operator (2) Verizon Communication							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 700 Hidden Ridge Road City, State, Zip Code Irving, TX 75038 Name of Contact Renzo Contreras Telephone Number (973) 951-0542							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 502 Main Street City (5) Fort Lee County (6) Bergen		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.) Square Feet 45,000SF # of Floors 3 Bldg. Age 45 yrs. County Code (7) (STATE USE ONLY) Current Use (Prior to being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		Name of Abatement Contractor (9) Pinnacle Environmental Corp.							
Street Address 1253 North Church Street City, State, Zip Code Moorestown, NJ 08057		Street Address 200 Broad Street City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Kris Smith		Telephone No. (609) 313-8218							
Start Date (10) 07-08-19(1)07-15-19		License No. 00756							
Scheduled Completion Date (11) 12-31-19		Name of OSHA Monitor Even-Air 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 <input type="checkbox"/> Other - Describe: _____		Street Address 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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 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: Boiler Room			x	Pipe Insulation	160LF	x			
Basement: Boiler Room			x	Duct Insulation	1,000SF	x			
Basement: Fire Pump Room			x	Pipe Insulation	40LF	x			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. North Landfill				
City, State Newark, NJ 07105		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by Joseph Patrick		Title Project Manager		Signature 		Date 07-02-19			

Inv# 12572

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

RECEIVED
JUL 8 2019

Check No. 30860

Date of Notification (1) 7-3-2019		Name of Building Owner / Operator (2) Ocean County College	
Agencies Notified	Type Notification	Street Address 1 College Drive	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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Toms River, NJ 08754	
		Name of Contact Mike Bruno	Telephone Number 732-255-0400

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Ocean County College-Building 9			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 1 College Drive			Square Feet 52,000	# of Floors 1	Bldg. Age 45
City (5) Toms River NJ	County (6) Ocean	County Code (7)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address 1085 Atlantic Avenue			Street Address 2115 Hamilton Ave, Suite 202		
City, State & Zip Code Manasquan, NJ 08736			City, State & Zip Code Trenton, NJ 08619		
Project Manager for Monitoring Firm Gary Fleming		Telephone Number 732-223-2225	Telephone Number 609-914-4279	License Number 01185	
Scheduled Start Date (10) 7-18-2019	Scheduled Completion Date (11) 7-31-2019		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 regular operating Hours: Describe: 7:30am - 5:00pm <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 type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glove Bag Procedures |
| | | <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure |

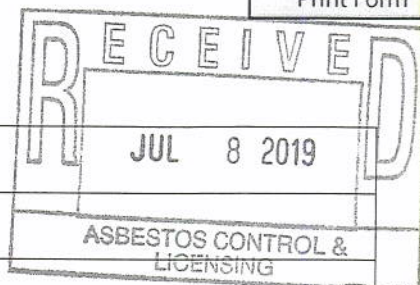
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite panels	1,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 Trenton, NJ 08619	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney	Title President	Signature 	Date 7-3-2019

Inv# 12575

Check No. 24164

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

Date of Notification (1) 7/3/2019		Name of Building Owner/Operator (2) SOUNDVIEW PAPER COMPANY	
Agencies Notified	Type Notification	Street Address 1 MARKET STREET	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code ELMWOOD PARK, NJ 07407	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact ED KNAPICK	Telephone Number 201-703-6472

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) BOILER HOUSE		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 1 MARKET STREET		Square Feet	# of Floors
City (5) ELMWOOD PARK		Bldg. Age	
County (6) BERGEN	County Code (7) (STATE USE ONLY) 07407	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.	Telephone No. 973-956-8700	License No. 00494
Start Date (10) 7/18/2019	Scheduled Completion Date (11) 7/22/2019	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 checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input 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
BOILER HOUSE	X			ROOF FLASHING	60 LF	X			
				PIPE (WRAP & CUT)	40 LF				

Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 3	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.	
City, State TOTOWA, NJ		Disposal Date 7/22/2019		City, State MORRISVILLE, PA	
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 7/3/2019	

Inv# 12579

Check #
9358

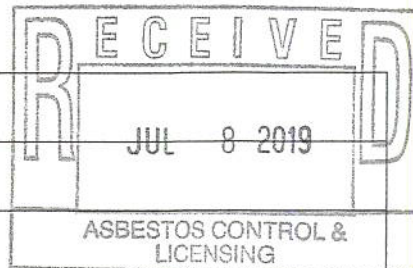
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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JUL 8 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 07 / 02 / 19		Name of Building Owner/Operator (2) Margo Perl							
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 [REDACTED] City, State, Zip Code Caldwell, NJ 07006 Name of Contact Margo Perl Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N/A		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 2,200							
City (5) Caldwell		# of Floors 2	Bldg. Age 60 + yrs.						
County (6) Essex		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hire N/A		Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.							
Street Address		Street Address 494 East 41st Street							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm		Telephone No. 973-345-0022	License No. 00507						
Start Date (10) 07 / 13 / 19	Scheduled Completion Date (11) 07 / 28 / 19	Name of OSHA Monitor Same as 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 - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address City, State, Zip Code							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	60 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"/>
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. 419	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S., North W/M of PA					
City, State Paterson, NJ		Disposal Date 6-28-19		City, State Morrisville, PA					
Completed By (Print or Type) James E. Unger		Title Sr. Estimator/Project Mgr.		Signature <i>[Signature]</i>		Date 7-2-19			

Inv# 10571

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


Date of Notification (1) 06/26/19		Name of Building Owner/Operator (2) EFRIN WADE	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<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 JERSEY CITY NJ. 07305.	
		Name of Contact EFRIN WADE	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PRIVATE		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 1,200	# of Floors 2
City (5) JERSEY CITY NJ. 07305.		Bldg. Age 99	
County (6) HUDSON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) YES	
Name of Monitoring Firm Hired by Building Owner (8) N/A.		ASCM No. _____	
Street Address		Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.	
City, State, Zip Code		Street Address 4919 Bergenline Ave.	
Project Manager for Monitoring Firm		City, State, Zip Code Wet New York NJ. 07093	
Telephone No.		Telephone No. 201 7760.642	License No. 01300
Start Date (10) 06/28/2019	Scheduled Completion Date (11) 06/29/2019	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 <input type="checkbox"/> Other - Describe: _____		Street Address 307W. 38TH. ST.	
		City, State, Zip Code NEW YORK N.Y. 10018	

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

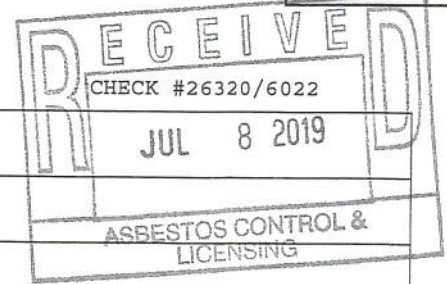
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SECOND FLOOR		X		WALL PLASTER	200. SF	X			

Name of Registered Waste Hauler TRI STATE ASSOCC		NJDEP Waste Hauler ID No. 19051	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC	
City, State BRONX N.Y.			Disposal Date TBD	City, State WAYNESBURG OHIO	
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 	Date 06/26/2019	

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Print Form

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



Date of Notification (1) 07-02-19		Name of Building Owner/Operator (2) Verizon Communication							
Agencies Notified	Type Notification	Street Address 700 Hidden Ridge Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1	City, State, Zip Code Irving, TX 75038							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Renzo Contreras	Telephone Number (973) 951-0542						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 502 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 buildings, homes, etc.)							
City (5) Fort Lee		Square Feet 45,000SF	# of Floors 3						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Age 45 yrs.						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 1253 North Church Street		Street Address 200 Broad Street							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Kris Smith		Telephone No. (609) 313-8218	License No. 00756						
Start Date (10) 07-08-19(1)07-15-19		Scheduled Completion Date (11) 12-31-19							
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 <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Even-Air Inc.							
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		Street Address 10-59 Jackson Avenue							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Long Island City, NY 11101							
<input checked="" 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: Boiler Room			x	Pipe Insulation	160LF	x			
Basement: Boiler Room			x	Duct Insulation	1,000SF	x			
Basement: Fire Pump Room			x	Pipe Insulation	40LF	x			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. North Landfill					
City, State Newark, NJ 07105		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by Joseph Patrick		Title Project Manager		Signature 		Date 07-02-19			

Inv# 12572

PAID

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

RECEIVED	
JUL 8 2019	
ASBESTOS CONTROL & LICENSING	

Check No. 30860

Date of Notification (1) 7-3-2019		Name of Building Owner / Operator (2) Ocean County College	
Agencies Notified	Type Notification	Street Address 1 College Drive	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Toms River, NJ 08754	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Mike Bruno	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number 732-255-0400	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Ocean County College-Building 9			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 1 College Drive			Square Feet 52,000	# of Floors 1	Bldg. Age 45
City (5) Toms River NJ	County (6) Ocean	County Code (7)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address 1085 Atlantic Avenue			Street Address 2115 Hamilton Ave, Suite 202		
City, State & Zip Code Manasquan, NJ 08736			City, State & Zip Code Trenton, NJ 08619		
Project Manager for Monitoring Firm Gary Fleming		Telephone Number 732-223-2225	Telephone Number 609-914-4279	License Number 01185	
Scheduled Start Date (10) 7-18-2019	Scheduled Completion Date (11) 7-31-2019		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 regular operating Hours: Describe: 7:30am - 5:00pm <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)

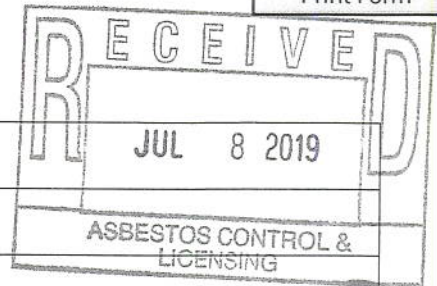
- | | | |
|---|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> 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	Encapsulat	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite panels	1,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 Trenton, NJ 08619		Disposal Date TBD	City, State Morrisville, PA		
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 		Date 7-3-2019

Inv# 12575

PAID

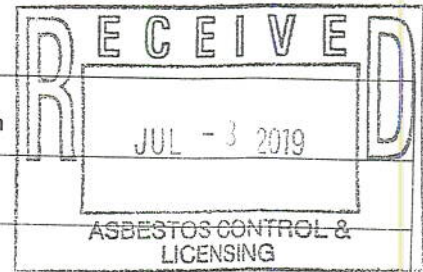
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 7/3/2019		Name of Building Owner/Operator (2) SOUNDVIEW PAPER COMPANY							
Agencies Notified	Type Notification	Street Address 1 MARKET 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ELMWOOD PARK, NJ 07407							
		Name of Contact ED KNAPICK	Telephone Number 201-703-6472						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BOILER HOUSE		Type of Facility (4)							
Street Address 1 MARKET 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) ELMWOOD PARK		Square Feet	# of Floors						
County (6) BERGEN		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.						
		973-956-8700	00494						
Start Date (10) 7/18/2019	Scheduled Completion Date (11) 7/22/2019	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 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-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
BOILER HOUSE	X			ROOF FLASHING	60 LF	X			
				PIPE (WRAP & CUT)	40 LF				
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 3	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 7/22/2019		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 7/3/2019					

Inv# 12579

Inv # 12618
OK 5855 PAID

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



Date of Notification (1) 07 / 03 / 19		Name of Building Owner/Operator (2) Bellmawr Borough Board of Education							
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 256 Anderson Avenue							
		City, State, Zip Code Bellmawr, NJ 08031							
		Name of Contact Glenn Cook	Telephone Number 856-912-0257						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bell Oaks Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 256 Anderson Avenue									
City (5) Bellmawr		Square Feet 67,000	# of Floors 2						
		Bldg. Age 90							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group, Inc.		ASCM No. 00073	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 316		Street Address 623 Cutler Avenue							
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Steve Flanigan		Telephone No. 856-848-0800	Telephone No. 856-755-0099						
		License No. 00842							
Start Date (10) 08 / 05 / 19	Scheduled Completion Date (11) 08 / 09 / 19	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 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 checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room No. 111	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	814 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room No. 101	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	814 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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill				
City, State Freehold, NJ		Disposal Date 08/09/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations			Signature 		Date 7/13/19		

OK 1505

Inv # 12617
PAIDState of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 07/03/2019		Name of Building Owner/Operator (2) Clifton Public Schools		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED Check No. 1565 JUL - 8 2019 </div>
Agencies Notified	Type Notification	Street Address 745 Clifton Avenue		
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Clifton, New Jersey 07013		
		Name of Contact Al Marchione		Telephone Number 973-470-2276 ASBESTOS CONTROL & LICENSING

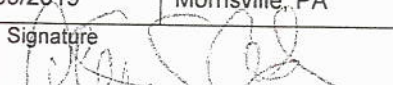
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Clifton High School		Type of Facility (4)	
Street Address 333 Colfax Avenue		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Clifton, New Jersey 07013		Square Feet 30,000	# of Floors 3
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) High School	
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.		ASCM No. 00057	Name of Abatement Contractor (9) Lilich Corporation
Street Address P.O. Box 385		Street Address 246 Union Boulevard	
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Totowa, New Jersey 07512	
Project Manager for Monitoring Firm Domenic D'Errico		Telephone No. 609-652-1833	License No. 01104
Start Date (10) 07/17/2019	Scheduled Completion Date (11) 08/09/2019	Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West	
<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: Occupied 6 am - 4 pm		City, State, Zip Code Union, NJ 07083	

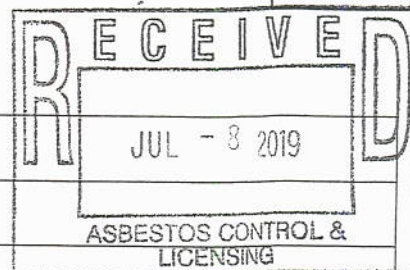
Scope of Work (Check All That Apply)

- | | | |
|--|--|---|
| <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 or ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent |
| | | <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 of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Rooms S 112, 114, 116		X		Cinder Block Mortar	600 SF	X			
Rooms S 112, 114, 116		X		9 x 9, 9 x 9, & 12 x 12 Floor Tiles & Mastic	2375 SF	X			
Hallway Adjacent to S 112, 114, 116		X		Cinder Block Mortar (Spot Removal)	10 SF	X			
N 309		X		9x9 Floor Tile & Mastic under 12 x 12 Tiles	1250 SF	X			
Prep Rooms for N 309		X		9x9 Floor Tiles & Mastic	600 SF	X			

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 30	Name of Registered Landfill Fairless Landfill	
City, State Totowa, New Jersey		Disposal Date 08/09/2019		City, State Morrisville, PA	
Completed by Adriana Olejarova		Title President	Signature 		Date 07/03/2019

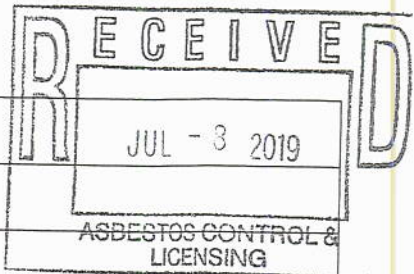
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Inv# 12615
CK 24163 PAID

Date of Notification (1) 7/3/2019		Name of Building Owner/Operator (2) SOUNDVIEW PAPER COMPANY							
Agencies Notified	Type Notification	Street Address 1 MARKET STREET							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 ELMWOOD PARK, NJ 07407							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact ED KNAPICK	Telephone Number 201-703-6472						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 1PM 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 1 MARKET STREET		Square Feet	# of Floors						
City (5) ELMWOOD PARK		Bldg. Age							
County (6) BERGEN	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. 973-956-8700	License No. 00494						
Start Date (10) 7/18/2019	Scheduled Completion Date (11) 7/22/2019	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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
STAIRCASE	X			TILE	40 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 1	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 7/22/2019		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>			Date 7/3/2019			

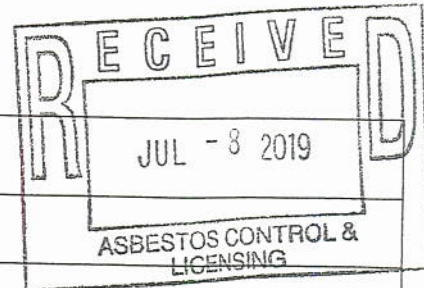
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Inv #12611
CK24162 **PAID**

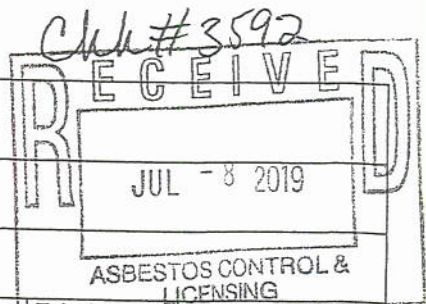
Date of Notification (1) 7/2/2019		Name of Building Owner/Operator (2) LONG BRANCH BOARD OF EDUCATION							
Agencies Notified	Type Notification	Street Address 540 BROADWAY	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LONG BRANCH, NJ 07740							
		Name of Contact ANN DEGNAN							
		Telephone Number 732-571-2868							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) AUDREY CLARK ELEMENTARY 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 192 GARFIELD AVENUE		Square Feet	# of Floors						
City (5) LONG BRANCH		Bldg. Age							
County (6) MONMOUTH	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL CONNECTION, INC.		ASCM No. 00030	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 120 NORTH WARREN STREET		Street Address 11 VREELAND AVENUE							
City, State, Zip Code TRENTON, NJ 08608		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm JORDAN REED		Telephone No. 609-392-4200	License No. 00494						
Start Date (10) 7/15/2019	Scheduled Completion Date (11) 7/23/2019	Name of OSHA Monitor SAME AS (9) ABOVE							
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: <u>OCCUPIED</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
SEE ATTACHED									
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 30	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 7/23/2019		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>			Date 7/2/2019			

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



Date of Notification (1) <div style="text-align: center;">6 / 18 / 19</div>		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-7/3/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Street City, State, Zip Code Pittsburgh, PA 15212							
		Name of Contact Anthony Porta	Telephone Number 412-633-4021						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pompton Lakes 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 8-12 Hamburg Pike									
City (5) Riverdale		Square Feet 33,035	# of Floors 3 Bldg. Age + 50						
County (6) Morris	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communications							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations, Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 655 West Shore Trail		Street Address 1123 BEAVER STREET							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Tom Januszeski		Telephone No. 973-729-5649	Telephone No. 215-788-6040 License No. 00509						
Start Date (10) 00 HOLD	Scheduled Completion Date (11) ____ / ____ / ____	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/ 5:00PM-1:00AM		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"/> ≥ 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
Basement Mech. Equip. Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Power Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Mech. Equip. Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	3 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Power Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	2 LF	<input checked="" 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 YARDLEY, PA			Disposal Date TBD	City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature <i>Dillon DeCaro</i>			Date 7/3/19			

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



Date of Notification (1) <div style="text-align: center;">6 / 18 / 19</div>		Name of Building Owner/Operator (2) Verizon Communications	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 6248 <input checked="" type="checkbox"/> DOH 5357 <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 15 East Montgomery Street	
		City, State, Zip Code Pittsburgh, PA 15212	
		Name of Contact Anthony Porta	
		Telephone Number 412-633-4021	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Pompton Lakes 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 8-12 Hamburg Pike			
City (5) Riverdale		Square Feet 33,035	# of Floors 3
		Bldg. Age + 50	
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communications	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations, Inc.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 655 West Shore Trail		Street Address 1123 BEAVER STREET	
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Tom Januszkeski	Telephone No. 973-729-5649	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 7 / 8 / 19	Scheduled Completion Date (11) 7 / 15 / 19	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/5:00PM-1:00AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

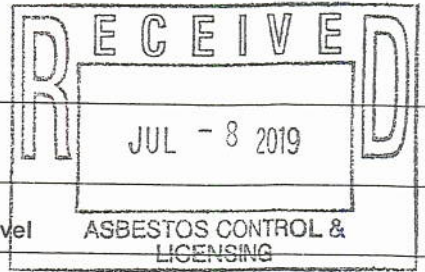
Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) 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 Mech. Equip. Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Power Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Mech. Equip. Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	3 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Power Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	2 LF	<input checked="" 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 YARDLEY, PA		Disposal Date TBD	City, State WAYNESBURG, OH		
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature Dillan DeCaro	Date 6-19-19		

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



NOCK

Date of Notification (1) 6 / 17 / 19		Name of Building Owner/Operator (2) Verizon	
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 checked="" type="checkbox"/> Amended Amendment #1-7/1/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Place, Lower Level	
		City, State, Zip Code Pittsburgh, PA 15212	
		Name of Contact Anthony Porta	Telephone Number 412-633-4021

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Mullica Hill 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 9 Woodland Avenue		Square Feet	
City (5) Mullica Hill		# of Floors	
County (6) Gloucester		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Office	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		ASCM No.	
Street Address 8436 Enterprise Ave		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 No. 215-365-5810		Telephone No. 215-788-6040	
Start Date (10) 7 / 1 / 19		License No. 00509	
Scheduled Completion Date (11) ON HOLD		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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ PM- AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

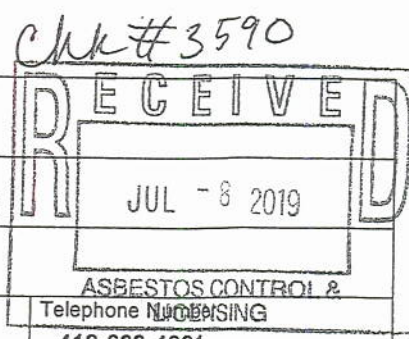
Scope of Work (Check all that apply)

- | | | |
|--|--|---|
| <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-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
Upper & Lower Roofs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Seam Caulking	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor-Mechanical Yard	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Seam Caulking	165 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Flashing	12 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"/>

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 YARDLEY, PA		Disposal Date		City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature Brian Scafiro / JS		Date 7-1-19	

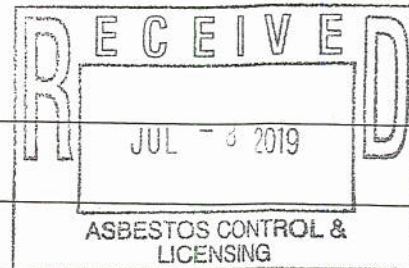
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>6</u> / <u>17</u> / <u>19</u>		Name of Building Owner/Operator (2) Verizon							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <u>6170</u> <input checked="" type="checkbox"/> DHSS <u>6163</u> <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 15 East Montgomery Place, Lower Level							
		City, State, Zip Code Pittsburgh, PA 15212							
		Name of Contact Anthony Porta							
		Telephone Number 412-633-4021							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Mullica Hill 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 9 Woodland Avenue									
City (5) Mullica Hill		Square Feet	# of Floors						
County (6) Gloucester		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Office							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 8436 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>1</u> / <u>19</u>	Scheduled Completion Date (11) <u>7</u> / <u>10</u> / <u>19</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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / _____ PM - _____ 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"/> ≥ 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) 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
Upper & Lower Roofs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Seam Caulking	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor-Mechanical Yard	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Seam Caulking	165 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Flashing	12 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"/>
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 YARDLEY, PA		Disposal Date		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>			Date 6-17-19		

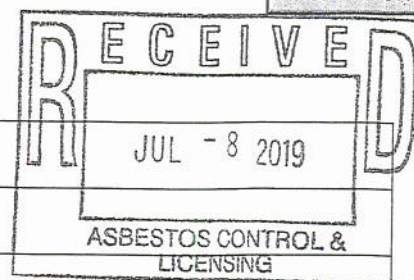
Inv # 12601
OK 08006 PAID

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



Date of Notification (1) <u>7</u> / <u>1</u> / <u>19</u>		Name of Building Owner/Operator (2) Rowan University							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" 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 201 Mullica Hill Road City, State, Zip Code Glassboro NJ. 08028 Name of Contact Tom Gallia Telephone Number 856-256-4154							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bole 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 and commercial buildings, homes, etc.)							
Street Address 201 Mullica Hill Road		Square Feet 40,500							
City (5) Glassboro		# of Floors 2							
County (6) Gloucester		Bldg. Age +/- 70							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Pars Environmental Services		ASCM No. 00131							
Street Address 500 Horizon Drive #540		Name of Abatement Contractor (9) USA Environmental Management, Inc.							
City, State, Zip Code Hamilton Township NJ. 08691		Street Address 8436 Enterprise Avenue							
Project Manager for Monitoring Firm Rafael Torres		City, State, Zip Code Philadelphia, PA 19153							
Telephone No. 609-890-7277		Telephone No. 215-365-5810							
Start Date (10) <u>7</u> / <u>12</u> / <u>19</u>		License No. 1156							
Scheduled Completion Date (11) <u>7</u> / <u>16</u> / <u>19</u>		Name of OSHA Monitor USA Environmental Management, 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: 7:00 AM-11:00PM/11:PM-7:00AM		Street Address 8436 Enterprise Avenue							
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 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		City, State, Zip Code Philadelphia, PA 19153							
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
Provost Conference Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 5		Name of Registered Landfill Minerva Landfill			
City, State New Castle De.		Disposal Date 7/16/19		City, State Waynesburg Pa.					
Completed By (Print or Type) Kevin Meldrum		Title Project Manager		Signature 		Date 7-1-19			

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



Inv # 12600
C18403
PAID

Date of Notification (1) 07/03/19		Name of Building Owner/Operator (2) Kollet Food	
Agencies Notified	Type Notification	Street Address 403 Clifton Avenue	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 08701	
		Name of Contact Kollet Food	Telephone Number 908-910-3448

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 403 Clifton Avenue		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 403 Clifton Avenue		Square Feet	# of Floors
City (5) Lakewood		Bldg. Age	
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Store	
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 08701	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-668-9078	License No. 1200
Start Date (10) 07/15/19	Scheduled Completion Date (11) 07/17/19	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 08701	

Scope of Work (Check All That Apply)

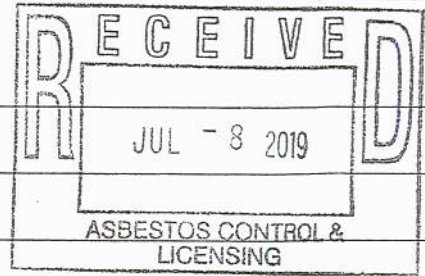
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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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
INTERIOR				PIPE INSULATION	50LF	x			

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI
City, State NEWARK, NJ		Disposal Date 07/17/19	City, State BETHLEHEM PA
Completed by JOSEPH PERLSTEIN	Title OWNER	Signature	Date 07/03/19

Inv # 12597
CK 2075 PAID

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



Date of Notification (1) 07/03/2019		Name of Building Owner/Operator (2) Freehold Township BOE	
Agencies Notified	Type Notification	Street Address 384 W. Main Street	City, State, Zip Code Freehold, NJ 07728
<input type="checkbox"/> EPA <input checked="" 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	Name of Contact Paul Rowan	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Central Administrative 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 & commercial buildings, homes, etc.)	
Street Address 384 West Main Street		Square Feet	# of Floors
City (5) Freehold		Bldg. Age	
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Offices	
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants		ASCM No.	Name of Abatement Contractor (9) VMC Company Inc
Street Address PO Box 385		Street Address 208 Piaget Avenue	
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Clifton, NJ 07011	
Project Manager for Monitoring Firm Eric Clarkson		Telephone No. 609-652-1833	License No. 00704
Start Date (10) 07/15/2019	Scheduled Completion Date (11) 07/17/2019	Name of OSHA Monitor VMC Company Inc	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

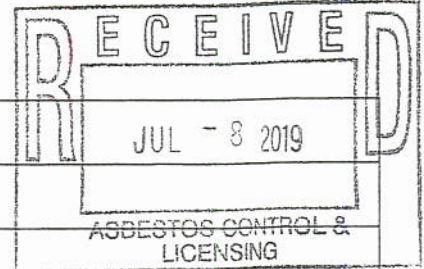
Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Storage		x		Pipe insulation	8 LF	x			

Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste	Name of Registered Landfill GROWS	
City, State Newark, NJ			Disposal Date	City, State Morrisville, PA	
Completed by Voytek Roszkowski		Title President	Signature V. Roszkowski	Date 07/03/2019	

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



In #12595
CK 832 PAID

Date of Notification (1) 		Name of Building Owner/Operator (2) Union Township Board OF Education							
Agencies Notified	Type Notification	Street Address 239 Morris Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 Union, NJ, 07083							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Barry Loessel	Telephone Number 908-333-4877						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Washington 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 301 Washington Avenue		Square Feet N/A	# of Floors N/A						
City (5) Union		Bldg. Age N/A							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services, Inc		ASCM No. 00120	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address 208 Huyler Street		Street Address 89 FRANKLIN STREET							
City, State, Zip Code South Hackensack, NJ, 07606		City, State, Zip Code PATERSON, NJ, 07524							
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 973-333-5144	License No. 01274						
Start Date (10) 07/12/2019	Scheduled Completion Date (11) 07/30/2019	Name of OSHA Monitor EHW ABATEMENT 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 89 FRANKLIN STREET							
		City, State, Zip Code PATERSON, NJ, 07524							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 105		x		VAT	1000 SF	x			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill TRI STATE TRANSFER					
City, State PATERSON, NJ			Disposal Date TBD	City, State Bronx, NY					
Completed by Victor Espiritu		Title Project manager	Signature <i>Victor Espiritu</i>			Date 06/27/2019			

Inv #12592

B & G proj. #: 2019-148

PAID

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
NON Sub 8

Check # 9399

Date of Notification (1) 07/10/19		Name of Building Owner/Operator (2) County of Essex		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL - 8 2019 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified	Type Notification	Street Address 900 Bloomfield Avenue		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07102		
		Name of Contact Sanjeev Varghese		
		Telephone Number 973-226-8500		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Essex County Veterans Courthouse			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 50 West Market Street			Square Feet # of Floors Bldg. Age		
City (5) Newark, NJ 07102	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) court house (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 07/15/2019	Sched. Completion Date (11) 07/19/2019		Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: <u>start work @ 7:00 am</u>			Street Address 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		

Scope of Work (check all that apply)									
<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment w/negative pressure		<input type="checkbox"/> Glovebag procedure			
<input checked="" type="checkbox"/> >3 sf or >3 lf		<input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Mini-enclosure		<input type="checkbox"/> Non-friable procedure			
Location of asbestos-containing material 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)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
5th Floor Mechanical Room		<input checked="" type="checkbox"/>		pipe elbow / joint insul (wrap & cut)	98 elbows/joints	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement chiller room		<input checked="" type="checkbox"/>		pipe elbow / joint insul (wrap & cut)	30 elbows/joints	<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"/>
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 4	Name of Registered Landfill Grand Central Landfill				
City, State Lincoln Park, NJ		Disposal Date 07/19/2019		City, State Pens Argyl, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature <i>Gordana Luna</i>			Date 07/05/2019		

28.06.2019 02:13 PM A. Mac Contracting

2012620321

Inv # 12437
CK 12429
PAIDState of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:29 and 12:12)

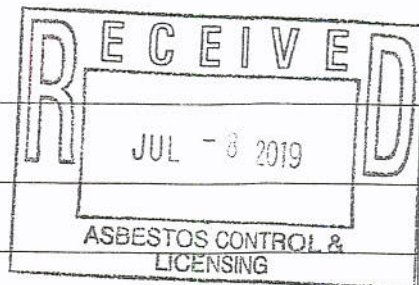
DOL-10 DAY

Check # 1269
ASBESTOS CONTROL & REMEDIATION

Date of Notification (1) 6/28/19		Name of Building Owner/Operator (2) 123 WEST TYRON AVE, LLC		City, State, Zip Code TRENTON, NJ 07666	
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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 107 WEST TYRON AVE City, State, Zip Code TRENTON, NJ 07666 Name of Contact JAMES THOMPSON Telephone Number 201-833-2600	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) 123 WEST TYRON AVE			Type of Facility (4) <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) TRENTON			Square Feet 20,000	# of Floors 1	Bldg. Age 62
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) WAREHOUSE / OFFICE		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.		
Street Address		Street Address 186 Vreeland Ave.			
City, State, Zip Code		City, State, Zip Code Midland Park, NJ 07432			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-262-8641	License No. 00188	
Start Date (10) 6/29/19		Scheduled Completion Date (11) 7/5/19		Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Street Address 280 Huyler Street City, State, Zip Code Hackensack, NJ 07608		
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 of or ≥ 3 ft <input type="checkbox"/> ≥ 150 sf or ≥ 250 ft <input 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) WAREHOUSE		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A K		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) PIPE	
Amount (Specify SF or LF) 170 LF		Abatement Type Encapsulate Repair Remove X			
Name of Registered Waste Hauler Newark Carting Inc.		NUDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, NJ 07105		Disposal Date 6/29/19	City, State Pen Argyl, PA 08072		
Completed by R. McDonald		Title President	Signature R. McDonald	Date 6/28/19	

Inv #12582
 OK 5851 PAID

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



Date of Notification (1) 07 / 01 / 19		Name of Building Owner/Operator (2) Cheryl Hargrave							
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 Somerdale, NJ 08083 Name of Contact Cheryl Hargrave Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hargrave 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 2,040							
City (5) Somerdale		# of Floors 2	Bldg. Age 59						
County (6) Camden	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	License No. 00842						
Start Date (10) 07 / 12 / 19	Scheduled Completion Date (11) 07 / 15 / 19		Name of OSHA Monitor EMSL Analytical, Inc.						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 200 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 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
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 07/15/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 			Date 7/1/19		

Inv # 12402

CK10813 PAID

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

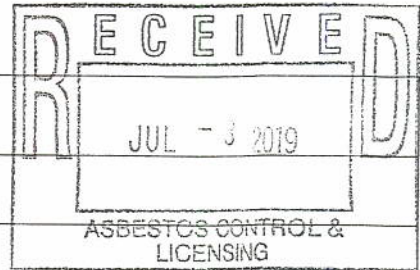
RECEIVED	Print Form
JUL - 8 2019	

Date of Notification (1) 7-1-19		Name of Building Owner/Operator (2) ERNEST DEL DUKE						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" 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 HADDONFIELD NJ 08033						
Name of Contact ERNEST DEL DUKE		Telephone Number [REDACTED]						
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]		Square Feet 1500						
City (5) HADDONFIELD		# of Floors 2						
County (6)		Bldg. Age N/A						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENTIAL						
Name of Monitoring Firm Hired by Building Owner (8) ATLAS ENV. INSPECTIONS		ASCM No.						
Street Address PO Box 11645		Name of Abatement Contractor (9) FRYMAR CONSTRUCTION						
City, State, Zip Code PHILA PA 19116		Street Address PO Box 11587						
Project Manager for Monitoring Firm BRIAN S		City, State, Zip Code PHILA PA 19116						
Telephone No. 267-784-4693		Telephone No. 267-784-4694						
Start Date (10) 7-2-19		License No. 01276						
Scheduled Completion Date (11) 7-3-19		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 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
BASEMENT			FLOOR TILE	800SF				
Name of Registered Waste Hauler FRYMAR CONSTRUCTION		NJDEP Waste Hauler ID No. 0036759		Cubic Yards of Waste 1		Name of Registered Landfill WESTERN BERKS		
City/State PHILA PA		Disposal Date 7-2-19		City, State BIRDSBORO PA				
Completed by GFRANZ DCA		Title V. PROS		Signature [Signature]		Date 7-1-19		

JN #5850

OK 5850 PAID

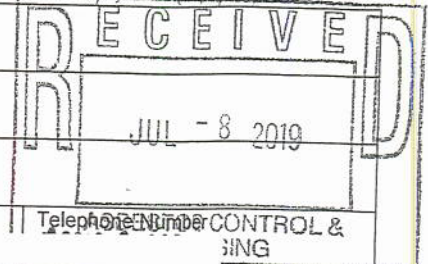
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 07 / 01 / 19		Name of Building Owner/Operator (2) John Casey							
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 Bellmawr, NJ 08031							
		Name of Contact John Casey	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Casey 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]									
City (5) Bellmawr		Square Feet 1,638	# of Floors 2						
		Bldg. Age 60							
County (6) Camden	County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) Eagle Industrial Hygiene Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 359 Dresher Road		Street Address 623 Cutler Avenue							
City, State, Zip Code Horsham, PA 19044		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Larry Nagelberg		Telephone No. 215-768-4681	License No. 00842						
Start Date (10) 07 / 12 / 19	Scheduled Completion Date (11) 07 / 15 / 19		Name of OSHA Monitor EMSL Analytical, Inc.						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<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
Lower Level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sheetrock and Joint Compound	155 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 07/15/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 7/1/19			

Inv# 12410 PAID State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

Chk# 1117



Date of Notification (1) 07/01/2019		Name of Building Owner/Operator (2) Joseph Kremer							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input 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 Cranford, NJ 07062							
		Name of Contact Joseph Kremer							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential 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) Cranford		Square Feet 1,781	# of Floors 2						
County (6) Union		Bldg. Age 1926							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Danvic Contracting LLC							
City, State, Zip Code		Street Address 240 S 5th St.							
Project Manager for Monitoring Firm		City, State, Zip Code Elizabeth, NJ 07206							
Telephone No.		Telephone No. 908-906-4123	License No. 01355						
Start Date (10) 07/13/2019	Scheduled Completion Date (11) 07/19/2019	Name of OSHA Monitor Iris Environmental Laboratories, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<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 Union, NJ 07083							
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)	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	8 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, New Jersey			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature Jeymy Donneys			Date 07/01/2019			

28.06.2019 09:29 AM A. Mac Contracting

2012620321

PAGE. 2 / 3

Inv#12434
CK1268

PAID

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

RECEIVED
DO NOT WRITE
10 DAY
Check # 1268
JUN 28 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/28/19		Name of Building Owner/Operator (2) JULIE ASHKAN	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DVA	<input checked="" 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 OAKLAND, N.J. 07432	
		Name of Contact JULIE	Telephone Number 1

Name of Facility Where Abatement is Taking Place (3) ASHKAN		Type of Facility (4)	
Street Address [REDACTED]		<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) OAKLAND NJ	Square Feet 1650	# of Floors 1	Bldg. Age 64
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) RES.	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
Street Address		A. Mac Contracting Inc.
City, State, Zip Code		Street Address 186 Vreeland Ave.
Project Manager for Monitoring Firm	Telephone No.	City, State, Zip Code Midland Park, NJ 07432
		Telephone No. 201-262-5541
		License No. 00165

Start Date (10) 6/28/19	Scheduled Completion Date (11) 7/5/19	Name of OSHA Monitor Omega Environmental Services Inc.
Occupancy Status During Abatement (Check Only One)		Street Address 260 Huyler Street
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Hackensack, NJ 07603
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		
Other - Describe:		

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 180 sf or ≥ 250 ft	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Clevisbag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

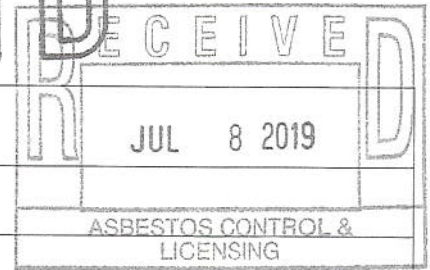
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
BASEMENT			X	PIPE	50 LF	X			

Name of Registered Waste Hauler Newark Carting Inc.	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste /	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Newark, NJ 07105	Disposal Date 6/28/19	City, State Pen Argyl, PA 06072	
Completed by R. McDonald	Title President	Signature R. McDonald	Date 6/28/19

Check #
9358

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

PAID



Date of Notification (1) 07 / 02 / 19		Name of Building Owner/Operator (2) Margo Perl							
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 [REDACTED]							
		City, State, Zip Code Caldwell, NJ 07006							
		Name of Contact Margo Perl	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N/A		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 2,200	# of Floors 2						
City (5) Caldwell		Bldg. Age 60 + yrs.							
County (6) Essex	County Code (7)(STATE USE ONLY) 07006	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address		Street Address 494 East 41st Street							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm		Telephone No. 973-345-0022	License No. 00507						
Start Date (10) 07 / 13 / 19	Scheduled Completion Date (11) 07 / 28 / 19	Name of OSHA Monitor Same as 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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	60 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"/>
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. 419	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S., North W/M of PA					
City, State Paterson, NJ		Disposal Date 6-28-19		City, State Morrisville, PA					
Completed By (Print or Type) James E. Unger		Title Sr. Estimator/Project Mgr.		Signature <i>James E. Unger</i>			Date 7-2-19		

Inv# 12571

INV #12577 PAID

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

CIC S154

Date of Notification (1) 7/1/19		Name of Building Owner/Operator (2) MR. PETER BAKARICH JR.		<div style="border: 1px solid black; padding: 5px;"> RECEIVED JUL - 8 2019 OS CONTROL & </div>				
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 CLIFTON, N.J. 07015								
Name of Contact MR. BAKARICH		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MR. PETER BAKARICH JR.				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 2200	# of Floors 2			
County (6) PASSAIC				County Code (7) (STATE USE ONLY)	Bldg. Age 1935			
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 St				
City, State, Zip Code				City, State, Zip Code Hackensack, N.J. 07601				
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-329-7444	License No. 00388			
Start Date (10) 7/15/19	Scheduled Completion Date (11) 7/20/19		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: 8:00AM TO 5:00PM			Street Address 280 Huyler St					
			City, State, Zip Code S. Hackensack, N.J. 07606					
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 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
BASEMENT			✓	THERMAL SYSTEM INSULATION	150 LF	X		
BASEMENT			✓	PLASTER	300 SF	X		
BASEMENT			✓	THERMAL SURFACING	85 SF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 8 CY	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL			
City, State Hackensack, N.J. 07601				Disposal Date 7/22/19	City, State NEW BURG, PA. 17240			
Completed by J. Maiorano		Title Estimator		Signature [Signature]		Date 7/1/19		

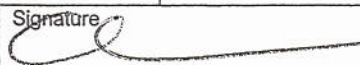
ASB-41

* 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)

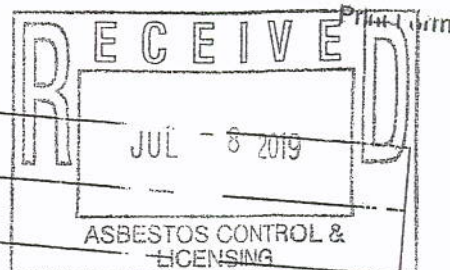
Inv# 12574

CK7448 PAID

Date of Notification (1) 7/2/19		Name of Building Owner/Operator (2) Jennifer Kramer Private Residence							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 Haddon Twp NJ 08108							
		Name of Contact Jennifer							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jennifer Kramer Private 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) Haddon Twp NJ 08108		Square Feet 1000 +	# of Floors 2						
		Bldg. Age 35+							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
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. 856-753-9800	License No. 00727						
Start Date (10) 7/12/19	Scheduled Completion Date (11) 7/27/19	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"/> 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
walls			x	duct work	72 sf	x			
roof			x	roof	650 sf	x			
kitchen			x	flooring	80 sf	x			
walls			x	brown paper backing	2000sf				
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ		Disposal Date 7/27/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 7/2/19			

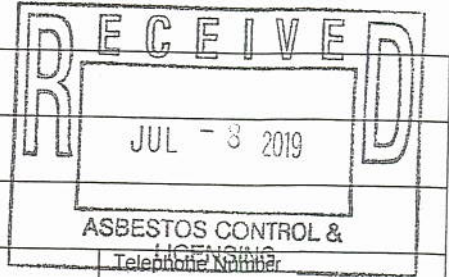
Inv #12413
CK831

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



Date of Notification (1) 06/27/2018		Name of Building Owner/Operator (2) La Casa don pedro	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 317 Roseville Avenue		City, State, Zip Code Newark, NJ, 07107	
Name of Facility Where Abatement is Taking Place (3) Private House		Name of Contact Chris Pagan	
Telephone Number 973-485-7555		FACILITY INFORMATION	
Street Address [REDACTED]		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.)	
City (5) Newark		Square Feet N/A	
County (6) Essex		# of Floors N/A	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Bldg. Age N/A	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Private	
Street Address		Name of Abatement Contractor (9) EHW ABATEMENT LLC	
City, State, Zip Code		Street Address 89 Franklin Street	
Project Manager for Monitoring Firm		City, State, Zip Code Paterson, NJ, 07524	
Start Date (10) 06/29/2019		Telephone No. 973-333-5144	
Scheduled Completion Date (11) 06/30/2019		License No. 01274	
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 Other - Describe: OCCUPIE		Name of OSHA Monitor Ehw ABATEMENT LLC	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		Street Address 89 Franklin Street	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code Paterson, NJ, 07524	
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) BASEMENT		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
PIPE INSULATION		20LF	
Abatement Type		Removal Repair Encapsulate Enclosure	
X			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	
City, State PATERSON, NJ		Cubic Yards of Waste N/A	
Name of Registered Landfill Tri State Transfer		Disposal Date TBD	
Completed by Victor Espiritu		City, State Bronx, NY	
Title Project Manager		Signature [Signature]	
		Date 06/27/2019	

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

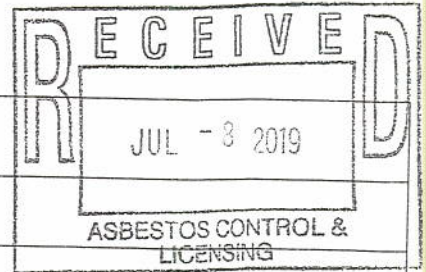


Inn # 12599
CK 8404
PAID

Date of Notification (1) 07/03/19		Name of Building Owner/Operator (2) Yehuda Drew							
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 Lakewood, NJ 08701							
		Name of Contact Yehuda Drew							
Telephone Number _____									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		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) Lakewood		Square Feet	# of Floors						
County (6) Ocean		Bldg. Age							
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 08701							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-668-9078						
Start Date (10) 07/14/19		Scheduled Completion Date (11) 07/17/19	License No. 1200						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor AAA LEAD PROFESSIONALS							
<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 08701							
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 SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				SIDING	1500SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 7	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 07/17/19		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 07/03/19			

INV# 12403
CK 10387
PAID

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



Date of Notification (1) 7 / 1 / 19		Name of Building Owner/Operator (2) Robert Pohlman							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code Fair Lawn NJ 07410							
		Name of Contact Robert Pohlman	Telephone Number 1						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Same		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 Same									
City (5) SAME		Square Feet 2500	# of Floors 2						
County (6) Bergen		Bldg. Age 67							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) A.E.S.L.		ASCM No. 0021	Name of Abatement Contractor (9) CPR Environmental Service						
Street Address 2200 Patterson Plank Rd. Unit 7		Street Address 8421 Hegerman St							
City, State, Zip Code North Bergen NJ 07047		City, State, Zip Code Philadelphia PA 19136							
Project Manager for Monitoring Firm Carmelo Altamonte		Telephone No. 201 8646563	License No. 01328						
Start Date (10) 7 / 2 / 19	Scheduled Completion Date (11) 7 / 3 / 19	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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address SAME							
		City, State, Zip Code SAME							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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
BASEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	830SF	<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 Asbestos Transportation Company		NJDEP Waste Hauler ID No. S24310	Cubic Yards of Waste	Name of Registered Landfill Minerva Enterprises LLC					
City, State Yaphank NY		Disposal Date		City, State Waynesburg OH					
Completed By (Print or Type) Anthony Jones		Title Project Manager		Signature <i>Anthony Jones</i>		Date 7.1.19			

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

Inv #12620
CK 19027 PAID

Check 19027

DECEIVED
JUL - 8 2019
PHONE NUMBER CONTROL & INSURING
908-361-0885

Date of Notification (1) 7/3/19		Name of Building Owner/Operator (2) NJ Abaters							
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 PO Box 643		City, State, Zip Code Middlesex NJ 08846							
Name of Contact Raphael Rodrigues		Telephone Number 908-361-0885							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1900							
City (5) New Brunswick		# of Floors 1							
County (6) Middlesex		Bldg. Age 73							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276							
Start Date (10) 7/13/19		License No. 703							
Scheduled Completion Date (11) 7/26/19		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>		Street Address							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			X	pipe insulation	200 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl PA					
Completed by A. Scott Higgins		Title President		Signature 		Date 7/3/19			

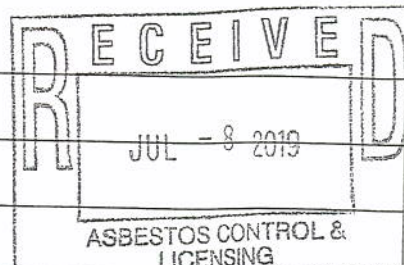
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Inv # 12508 PAID

Check 19037

Date of Notification (1) 7/3/19		Name of Building Owner/Operator (2) Jennifer Benigno		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL - 8 2019 NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION & </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"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Morris Plains NJ 07950 Name of Contact Jennifer Benigno			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home				Type of Facility (4)					
Street Address				<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) Morris Plains				Square Feet 1800	# of Floors 1				
County (6) Morris				County Code (7) (STATE USE ONLY)	Bldg. Age 70				
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) 7/17/19		Scheduled Completion Date (11) 7/26/19		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: basement				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	60 LF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark, NJ				Disposal Date TBD	City, State Pen Argyl PA				
Completed by A. Scott Higgins		Title President		Signature		Date 7/3/19			

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



Inv #12610
CK 17727 PAID

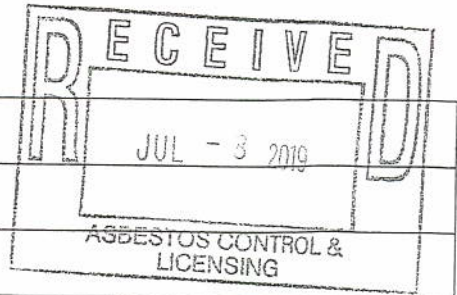
Date of Notification (1) 07/03/2019		Name of Building Owner/Operator (2) Carmela Cannist							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Orange, NJ 07050							
		Name of Contact Carmela Cannist							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		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) Orange		Square Feet N/A	# of Floors N/A						
County (6) Essex		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) D&S Abatement, Inc.							
City, State, Zip Code		Street Address 11 Rosengren Avenue							
Project Manager for Monitoring Firm		City, State, Zip Code Totowa, NJ 0712							
Telephone No.		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 07/17/2019	Scheduled Completion Date (11) 07/18/2019	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<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: Occupied		City, State, Zip Code Totowa, NJ 07512							
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)	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	180 LF	X			
1st floor		X		Pipe nsulation	15 LF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central				
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature		Date 07/03/2019			

Inv #12609

UK 2500

PAID

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



Date of Notification (1) 07/03/2019		Name of Building Owner/Operator (2) Barbara Kieser							
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 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 Metuchen, NJ 08840 Name of Contact Barbara Kieser							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address		<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) Metuchen		Square Feet N/A	# of Floors N/A						
County (6) Middlesex		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 0712							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 07/18/2019	Scheduled Completion Date (11) 07/19/2019	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<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: Occupied		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3rd floor bathroom		X		VAT	50 SF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central					
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature			Date 07/03/2019		

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

Date of Notification (1)

7/2/2019

Name of Building Owner/Operator (2)

Frank Markey

Street Address

City, State, Zip Code

Caldwell, NJ, 07006

Name of Contact

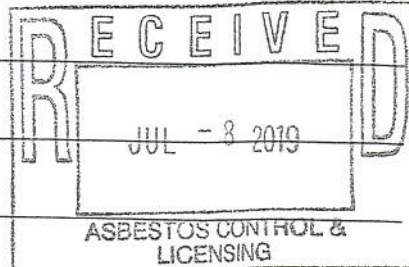
Frank Markey

Telephone Number

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial Notification☐ Amended Notification☐ EMERGENCY☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Frank Markey

Street Address

City

Caldwell

County

Essex

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

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone Number

N/A

Scheduled Start Date (10)

07 29 19

Month Day Year

Sched. Completion Date (11)

07 31 19

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»☐ Other - Describe: «Other Occupancy Descript»

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Telephone Number

(973) 744-8800

License Number

00371

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf☐ >160 sf or >260 lf☒ Renovation☐ Demolition☐ Full Containment with Negative Pressure☒ Mini-Enclosure☒ Glovebag Procedure☐ Non-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	ENCLOSURE	ENCLOSURE	ENCLOSURE
Basement			X	Pipe Insulation	130 LF	X				

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste

Hauler ID No.
17040Cubic Yards
of Waste 1.5

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

07/31/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Date

7/2/2019

57 Crane St.

Emergency

Inv-
1252-7
NOTIFICATION OF RE
(Pursuant to NIA

RECEIVED
JAN 10 1979
FBI - NEW YORK
JAN 10 1979
JAN 10 1979

Check
ODAY# 10729

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 17:27 and 17:28)

- 8 2019

A58-41 (R-CL-05)

* Do not use this form for substance abuse exempted activities.

CH1158

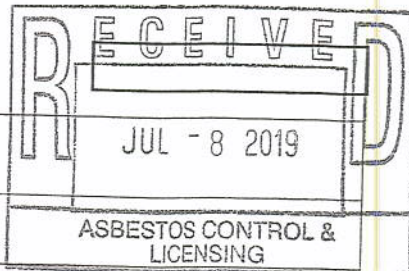
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED	Print Form
	ck# 1158
JUL - 8 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 6/28/2019 INV-12570		Name of Building Owner/Operator (2) Private Property					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 Branchville NJ 07826					
Name of Contact Tim Myhren		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet 12000					
City (5) Branchville NJ		# of Floors 1					
County (6) Sussex County		Bldg. Age +50					
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					
Street Address N/A		Name of Abatement Contractor (9) ACM Solutions Services LLC					
City, State, Zip Code N/A		Street Address 1435 51st Street					
Project Manager for Monitoring Firm N/A		City, State, Zip Code North Bergen NJ 07047					
Telephone No.		Telephone No. 201-552-9685					
Start Date (10) 7/9/2019		License No. 01384					
Scheduled Completion Date (11) 7/13/2019		Name of OSHA Monitor Iris Environmental Laboratories					
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: 7:00 AM to 4:00 PM		Street Address 2333 Route 22 West					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Union NJ 07803					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Exterior		Shingles siding	1200 SF	x			
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 Applebiter Rd Bethlehem PA		Date 6/28/2019	
Completed by Galo Zumba		Title Principal		Signature 		Date 6/28/2019	

Check#3382

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



Date of Notification (1)
 07 / 03 / 19

Name of Building Owner/Operator (2)

David Brook

Street Address

City, State, Zip Code

Piscataway, NJ 08854

Name of Contact

David Brook

Telephone Number

Agencies Notified

☒ EPA☒ DOLWD☒ DHSS☐ DCA

(NJAC 5:23-8)

Type Notification

☒ Initial☐ Amended

Amendment # _____

☐ Emergency (including justification)☐ Cancellation**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

Private house

Street Address

City (5)

Piscataway, NJ 08854

County (6)

Middlesex

County Code (7) (STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)☐ Subchapter 8 (Other than K-1 2)☒ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

Street Address

576 Valley Rd #283

City, State, Zip Code

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

973-638-1777

01127

Start Date (10)

07 / 14 / 19

Scheduled Completion Date (11)

07 / 15 / 19

Name of OSHA Monitor

Envirovision Consultants, Inc

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: _____ AM- _____ PM/ _____ PM _____ AM

Street Address

20-21 Wagaraw Road, Bldg. # 35E

City, State, Zip Code

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf☒ > 160 sf or >260 lf☒ Renovation☐ Demolition
☐ Clean up and decontamination with negative pressure
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure ☐ Tent with Negative Pressure
☐ 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Storage room-1st floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct insulation	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct-wrap&cut	150 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

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Gr Tech LLC

0033785

TBD

T.R.R.F. Inc

City, State

Disposal Date

City, State

Wayne, NJ 07470

TBD

Tullytown, PA

Completed By (Print or Type)

Title

Signature

Date

N.Jevtic

Owner

N.Jevtic

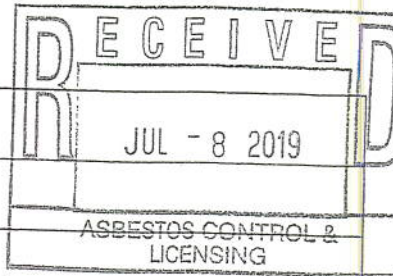
07/3/19

ASB-41

MAY 11

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

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



Date of Notification (1) 7-1-2019 <i>JHV-12580</i>		Name of Building Owner/Operator (2) The Jasco Companies, LLC										
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 47 Mill Road City, State, Zip Code Jersey City, NJ 07302 Name of Contact Cathy Hurwitz Telephone Number 201-469-0513										
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 type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)										
Street Address [REDACTED]		Square Feet 20000										
City (5) Jersey City, NJ 07306		# of Floors 4	Bldg. Age 75+									
County (6) Hudson	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) 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) 7-11-2019		Scheduled Completion Date (11) 7-25-2019	License No. 01174									
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 Green Environmental Services, LLC										
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 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		Street Address 235 Virginia Avenue City, State, Zip Code Jersey City, NJ 07304										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width:100%; text-align: center;"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> <tr> <td></td> <td>X</td> <td></td> </tr> <tr> <td></td> <td>X</td> <td></td> </tr> </table>	Yes	No	N/A		X			X		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										
	X											
	X											
Roof		Roofing Material	7000									
Roof		Flashing	1860 SF									
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 40									
City, State 235 Virginia Avenue		Name of Registered Landfill Fairless Landfill										
Disposal Date 7-25-2019		City, State Morrisville, PA										
Completed by Liliana Serrano	Title Office Manager	Signature <i>Liliana Serrano</i>	Date 7-1-2019									

INV-12578

Proj. #: 19-137

CK 1036

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

PAID

RECEIVED
JUL - 8 2019

Date of Notification (1) 10/7/10 3/1/19		Name of Building Owner/Operator (2) Max Roberts	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Bernardsville, NJ 07924	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Coleen DiFaglia	
<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) 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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 2,000		
City (5) Bernardsville, NJ 07924			# of Floors 02		
County (6) Somerset			Bldg. Age 90		
County Code (7) (State use only)			Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLOMAX, LLC		
Street Address			Street Address 309 W. End Ave		
City, State, Zip Code			City, State, Zip Code Hopatcong, NJ 07843		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 833-455-6629		
Start Date (10) 07/22/19		Sched. Completion Date (11) 07/25/2019	License Number 02007		
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 KLOMAX, LLC		
			Street Address 309 W. End Ave		
			City, State, Zip Code Hopatcong, NJ 07843		

Scope of Work (check all that apply)

☒ >3 sf or >3 lf☒ Renovation☐ ≥160 sf or ≥260 lf☐ Demolition☐ Full Containment w/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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
1st Floor		X		Pipe Insulation	45 LF	X			

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 1 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Hopatcong, NJ 07843	Disposal Date TBD	City, State TULLYTOWN, PA	
Completed by (Print or Type) Bois Boulon	Title	Signature [Signature]	Date

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

Date of Notification (1)

7/3/2019

Name of Building Owner/Operator (2)

Miguel Perez

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial

Notification

☐ Amended

Notification

☐ EMERGENCY☐ Cancellation

Street Address

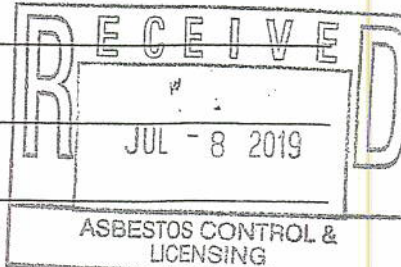
City, State, Zip Code

Vauxhall, NJ, 07088

Name of Contact

Miguel Perez

Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Miguel Perez

Street Address

City

Vauxhall

County

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

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone Number

N/A

Scheduled Start Date (10)

07 12 19

Month Day Year

Sched. Completion Date (11)

07 14 19

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»☐ Other - Describe: «Other Occupancy Descript»

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Telephone Number

(973) 744-8800

License Number

00371

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf☐ ≥160 sf or ≥260 lf☒ Renovation☐ Demolition☐ Full Containment with Negative Pressure☒ Mini-Enclosure☒ Glovebag Procedure☐ Non-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	ENCLOSURE	ENCLOSURE
Basement			X	Pipe Insulation	40 LF	X			

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste

Hauler ID No.
17040Cubic Yards
of Waste 1.0

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

07/15/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

Date

7/3/2019

9 Maple Ave

INV-12573
 Proj. #: 19-134
 CK1037

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

RECEIVED	
JUL - 8 2019	
ASBESTOS CONTROL & TESTING	

Date of Notification (1) 10/6/12/18/1/19/1		Name of Building Owner/Operator (2) Bridget Seifert	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Verona, NJ 07044	
		Name of Contact Bridget Seifert	Telephone Number

FACILITY INFORMATION

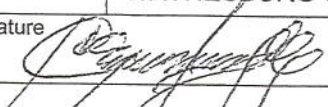
Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age 1,200 02 70		
City (5) Verona, NJ 07044	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLOMAX, LLC	
Street Address			Street Address 309 W. End Ave	
City, State, Zip Code			City, State, Zip Code Hopatcong, NJ 07843	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 833-455-6629	License Number 02007
Start Date (10) 07/15/19	Sched. Completion Date (11) 07/19/2019	Name of OSHA Monitor KLOMAX, LLC		
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		Street Address 309 W. End Ave		
		City, State, Zip Code Hopatcong, NJ 07843		

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input checked="" type="checkbox"/> Full Containment w/negative pressure <input checked="" 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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		X		Elbows	60 EA	X			

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 038241	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Hopatcong, NJ 07843	Disposal Date TBD	City, State TULLYTOWN, PA	
Completed by (Print or Type) Paige Rowan	Title	Signature	Date

RECEIVED
 JUL 8 2019
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/27/2019 INV-12407		Name of Building Owner/Operator (2) HOBERT BUILDERS, 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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 260 MEHRHOF RD.		City, State, Zip Code LITTLE FERRY 07643							
Name of Contact FRANK TROBIANO		Telephone Number 201- 951- 6302							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		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 100 EAST BROADWAY (UNIT 3)		Square Feet 3,000 SF.							
City (5) (RT. 4) Elmwood Park NJ		# of Floors 1							
County (6)		Bldg. Age 60							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) CNS ENVIRONMENTAL		ASCM No.							
Street Address 208 NEWTOWN RD,		Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.							
City, State, Zip Code PLAINVIEW NEW YORK		Street Address 4919 BERGENLINE AVE.							
Project Manager for Monitoring Firm		City, State, Zip Code WEST NEW YORK NJ. 07093							
Telephone No.		Telephone No. 201 776 -0642							
Start Date (10) 06/29/2019		License No. 01300							
Scheduled Completion Date (11) 07/05/2019		Name of OSHA Monitor CNS ENVIRONMENTAL							
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 208 NEWTOWN RD,							
		City, State, Zip Code PLAINVIEW NEW YORK.							
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 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
First Floor.		X		FLOOR TILE AND MASTIC	2,650. SF.	X			
Name of Registered Waste Hauler TRI STATE ASSOCC		NJDEP Waste Hauler ID No. 19951		Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC				
City, State BRONX N.Y.		Disposal Date TBD		City, State WAYNESBURG OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER		Signature 		Date 06/27/2019			

Check No. 1557

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

PAID

RECEIVED

Date of Notification (1) 07/02/2019		Name of Building Owner/Operator (2) Maple Shade Board of Education		Check No. 1557 JUL 8 2019				
Agencies Notified <input 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 checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation		Street Address 170 Frederick Avenue City, State, Zip Code Maple Shade, New Jersey 08052 Name of Contact Beth Norcia Telephone Number 863-778-1760				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Howard Yocum Elementary 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 748 North Forkland Road				Square Feet 20,000				
City (5) Maple Shade, New Jersey 08052				# of Floors 2				
County (6) Bergen				Bldg. Age 50+				
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Elementary School				
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.				ASCM No.				
Street Address 5434 King Avenue				Name of Abatement Contractor (9) Lilich Corporation				
City, State, Zip Code Pennsauken, New Jersey 08109				Street Address 245 Union Boulevard				
Project Manager for Monitoring Firm Tom Pruno				City, State, Zip Code Totowa, New Jersey 07512				
Telephone No. 856-618-9516				Telephone No. 973-225-6400				
License No. 01104				Name of OSHA Monitor Iris Environmental Laboratories, LLC				
Start Date (10) 07/03/2019				Scheduled Completion Date (11) 07/06/2019				
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 type="checkbox"/> Other - Describe:								
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> 3 sf or ≥ 3 lf								
<input type="checkbox"/> ≥ 160 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"/> Glove Bag Procedure / Limited Containment & Tent								
<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
Exterior Soffit			X	Transite Panels	140 SF	X		
Name of Registered Waste Hauler Lilich Corporation				NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill		
City, State Totowa, New Jersey				Disposal Date 07/06/2019	City, State Morristown, PA			
Completed by Adriana Otejerova				Title President	Signature 		Date 07/03/2019	

ASB-41 (R-05-08)

Do not use this form for asbestos licensure exempted activities.

JUL 8 2019

Check NO. 1558

PAID

Date of Notification (1) 07/02/2019		State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60 and 12:120		Check No. 1558	
Name of Building Owner/Operator (2) Maple Shade Board of Education		Street Address 170 Frederick Avenue		City, State, Zip Code Maple Shade, New Jersey 08052	
Name of Contact Beth Norcia		Telephone Number 866-738-1750		DOL - 10 DAY ASBESTOS CONTROL & LICENSING	
Agencies Notified <input 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		WAIVER APPROVED	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Ralph J Steinhauer Elementary 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 25 North Fellowship Road			Square Feet 20,000	# of Floors 2	Bldg. Age 50+
City (5) Maple Shade, New Jersey 08052			Current Use (Prior if being demolished) Elementary School		
County (6) Bergen			County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.			ASCM No.		
Street Address 5434 King Avenue			Name of Abatement Contractor (9) Lilich Corporation		
City, State, Zip Code Pennsauken, New Jersey 08109			Street Address 246 Union Boulevard		
Project Manager for Monitoring Firm Tom Pruno			City, State, Zip Code Totowa, New Jersey 07512		
Telephone No. 868-318-9516			Telephone No. 973-225-8400		
License No. 01104			Name of OSHA Monitor Iris Environmental Laboratories, LLC		
Start Date (10) 07/03/2019			Scheduled Completion Date (11) 07/06/2019		
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 type="checkbox"/> Other - Describe:					
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 23 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <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)
	Yes	No	N/A		
Exterior Soffit			X	Transite Panels	160 SF
Name of Registered Waste Hauler Lilich Corporation			NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill
City, State Totowa, New Jersey			Disposal Date 07/08/2019		
City, State Morrisville, PA			Date 07/03/2019		
Completed by Adriana Olejarcova			Title President		