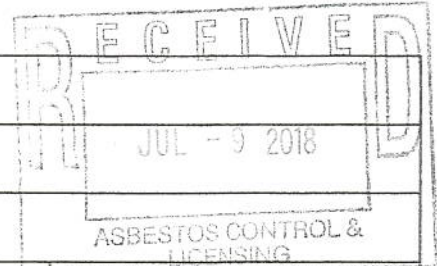


PAID

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

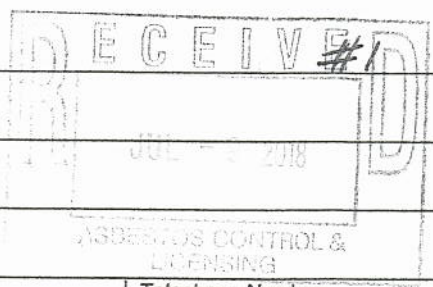


Date of Notification (1) 06-30-18		Name of Building Owner/Operator (2) IBN Construction Corp							
Agencies Notified	Type Notification	Street Address 49 Hermon St.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07105							
		Name of Contact Nelson Espinosa	Telephone Number (973) 344-4568						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home / Residence # 1		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	# of Floors						
City (5) Piscataway		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) <i>Environmental Connection</i>		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address <i>120 North Warren St.</i>		Street Address 522 7th St.							
City, State, Zip Code <i>TRENTON, NJ 08608</i>		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm <i>Dominic Dercole</i>		Telephone No. <i>609 392-4200</i>	License No. 01206						
Start Date (10) 07-10-18	Scheduled Completion Date (11) 08-10-18	Name of OSHA Monitor Delfa Contracting 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 522 7th St. City, State, Zip Code Union City NJ 07087							
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 type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT+Mastic	100 SF	X			
Basement		X		Pipe Insulation	87 LF	X			
Basement		X		Boiler Insulation	30 LF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 356240		Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Union City, NJ				Disposal Date 07-23-18	City, State Tullytown, PA				
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 06-30-18		

OK 1659

PAID

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



Date of Notification (1) 06-30-18		Name of Building Owner/Operator (2) IBN Construction Corp	
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 49 Hermon St.	
		City, State, Zip Code Newark, NJ 07105	
		Name of Contact Nelson Espinosa	Telephone Number (973) 344-4568

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private Home / Residence # 3		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	# of Floors
City (5) Piscataway		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) <i>Environmental Connection</i>		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.
Street Address <i>120 North Warren St.</i>		Street Address 522 7th St.	
City, State, Zip Code <i>TRENTON, NJ 08608</i>		City, State, Zip Code Union City NJ 07087	
Project Manager for Monitoring Firm <i>Dominic Dencale</i>		Telephone No. <i>609 392-4200</i>	License No. 01206
Start Date (10) 07-10-18	Scheduled Completion Date (11) 08-10-18	Name of OSHA Monitor Delfa Contracting 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 522 7th St.	
		City, State, Zip Code Union City NJ 07087	

Scope of Work (Check All That Apply)			
<input checked="" 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 type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

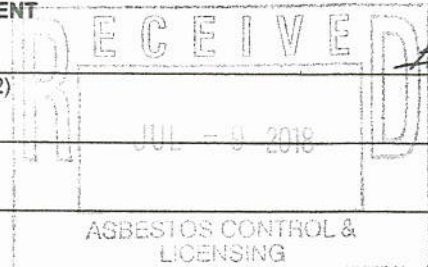
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Rope Boiler Insulation	30 LF	x			
Throughout House		X		Joint Compound	12,000 SF	x			
Throughout House		X		VAT	4,600 SF	x			
Throughout House		x		Radiator Backing Insulation	400 SF	x			

Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 356240	Cubic Yards of Waste	Name of Registered Landfill Tullytown Resource Recovery Facility	
City, State Union City, NJ		Disposal Date 07-23-18	City, State Tullytown, PA		
Completed by Jaime Delgado		Title Proj. Manager.	Signature 		Date 06-30-18

OK 1659

PAID

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



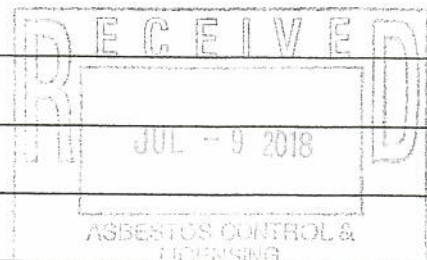
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Date of Notification (1) 06-30-18		Name of Building Owner/Operator (2) IBN Construction Corp							
Agencies Notified	Type Notification	Street Address 49 Hermon St.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" 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 Newark, NJ 07105							
		Name of Contact Nelson Espinosa	Telephone Number (973) 344-4568						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home / Residence # 3		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) Piscataway		Square Feet	# of Floors 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) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address 120 North Warren St.		Street Address 522 7th St.							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm Dominic Dercole		Telephone No. 609 392-4200	License No. 01206						
Start Date (10) 07-10-18	Scheduled Completion Date (11) 08-10-18	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.							
<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 City NJ 07087							
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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Walls		X		Tar Paper and Mastic	4,000 SF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 356240	Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ			Disposal Date 07-23-18	City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.	Signature 			Date 06-30-18			

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

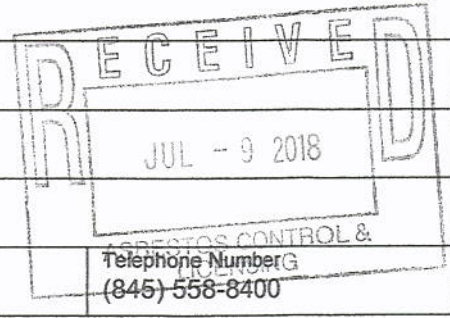


Date of Notification (1) 06-30-18		Name of Building Owner/Operator (2) IBN Construction Corp							
Agencies Notified	Type Notification	Street Address 49 Hermon St.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Newark, NJ 07105							
		Name of Contact Nelson Espinosa	Telephone Number (973) 344-4568						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Farm Building / Slaughter House		Type of Facility (4)							
Street Address 1707 South Washington Ave.		<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) Piscataway		Square Feet	# of Floors						
County (6) Middlesex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <i>Environmental Connection</i>		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address <i>120 North Warren St.</i>		Street Address 522 7th St.							
City, State, Zip Code <i>TRENTON, NJ 08608</i>		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm <i>Dominic Dercole</i>		Telephone No. <i>609 392-4200</i>	License No. 01206						
Start Date (10) 07-10-18	Scheduled Completion Date (11) 08-10-18	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.							
<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 City NJ 07087							
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 / Interior windows		x		Window Glazing	350 LF	x			
1st Floor Rm / Entrance		x		Cement Boards	700 SF	x			
Exterior Door Caulking		x		Caulking	150 LF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 356240		Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Union City, NJ				Disposal Date 07-23-18	City, State Tullytown, PA				
Completed by Jaime Delgado		Title Proj. Manager.		Signature 		Date 06-30-18			

OK 11/11/1

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

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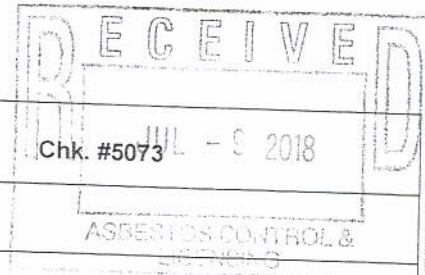


Date of Notification (1) 07-02-18		Name of Building Owner/Operator (2) Concord States							
Agencies Notified	Type Notification	Street Address 217 Brook Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Passaic, NJ 07055							
		Name of Contact Joseph Muller	Telephone Number (845) 558-8400						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Property / Building C		Type of Facility (4)							
Street Address 217 Brook Ave		<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) Passaic		Square Feet	# of Floors						
County (6) Passaic		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		201 216-9603	01206						
Start Date (10) 07-12-18	Scheduled Completion Date (11) 07-17-18	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 Am - 5:00 Pm		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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 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
3rd Floor		x		Pipe Insulation	640 LF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 07-18-18		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 07-02-18		

OK 5073

PAID

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




Date of Notification (1) 6 / 29 / 18		Name of Building Owner/Operator (2) NJTA / Job #1710-2243		Chk. #5073	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1 Turnpike Plaza City, State, Zip Code Woodbridge, NJ 07095	
Name of Contact Robert Womelsdorf				Telephone Number 732-442-8600	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) NJTA MUB - E - Hightstown				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 Milepost 67 S - NJ Turnpike				Square Feet 20,000	
City (5) East Windsor/Hightstown				# of Floors 1	
County (6) Mercer				Bldg. Age unknown	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Office & Shops	
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCN No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address PO Box 316		City, State, Zip Code Thorofare, NJ 08086		Street Address 3859 Sylon Boulevard	
Project Manager for Monitoring Firm Dave or Steve Flanagan		Telephone No. 856-848-0800		City, State, Zip Code Hainesport, NJ 08036	
Start Date (10) 6 / 27 / 18		Scheduled Completion Date (11) 7 / 18 / 18		Telephone No. 609-702-0400	
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		Name of OSHA Monitor EMSL Analytical, Inc.		License No. 00862	
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		Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	
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)	
SEE ATTACHED SCOPE SHEET		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Amount (Specify SF or LF)	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Abatement Type Removal Repair Encapsulate Enclosure	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	
City, State Lafayette, NJ		Name of Registered Landfill Grand Central		Disposal Date 7/18/18	
Completed By (Print or Type) Joann Mullarkey		Title Office Coordinator		Signature Joann Mullarkey	
				Date 6-29-18	

no ok

Print Form

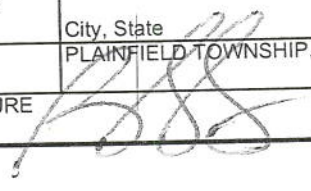
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check 17737

Date of Notification (1) 7/2/18		Name of Building Owner/Operator (2) James & Sheila Kelly							
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 checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus NJ							
		Name of Contact Joshua Marks	Telephone Number [REDACTED]						
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 2100	# of Floors 2						
City (5) Paramus		Bldg. Age 68							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
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) 6/30/18	Scheduled Completion Date (11) 7/24/18	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: attic		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 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
attic			x	vermiculite	750 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold NJ			Disposal Date TBD	City, State Birdsboro PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 7/2/18			

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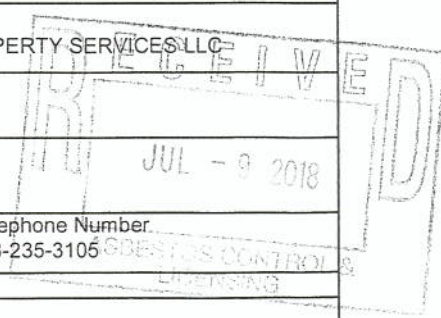
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 7 / 5 / 2018		Name of Building Owner/Operator (2) PB NUTCLIF MASTER LLC/PRISM PROPERTY SERVICES 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 type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION							
Street Address 340 KINGSLAND STREET		City, State, Zip Code NUTLEY, NEW JERSEY 07110							
Name of Contact RICK MARGERISON		Telephone Number 973-235-3105							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) HACKENSACK MERIDAIAN BLDG. 102		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)							
Street Address 340 KINGSLAND STREET		Square Feet 125,000	# of Floors 5						
City (5) NUTLEY		County (6) ESSEX	County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIRONMENTAL		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION						
Street Address 280 HUYLER STREET		Street Address 313 SPOOK ROCK ROAD							
City, State, Zip Code S. HACKENSACK, NEW JERSEY 07606		City, State, Zip Code SUFFERN, NEW YORK 10901							
Project Manager for Monitoring Firm ANTON REZIN		Telephone Number 201-489-8700	Telephone Number 845-369-7500						
Expected State Date (10) 7 / 6 / 18		Sched. Completion Date (11) 7 / 29 / 18							
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: MONDAY-FRIDAY 7AM-3:30 PM		Name of OSHA Monitor OMEGA #10504							
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure							
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
4TH FLOOR ROOM C403			X	PIPE INSULATION	6 LF	X			
4TH FLOOR ROOM A403			X	PIPE INSULATION	6 LF	X			
NEWARK CARTING INC. 369 RAYMON BLVD. City, State NEWARK, NEW JERSEY 07105		Hauler ID No. 913	CUBIC YARDS OF WASTE : 2 Disposal Date 6/29-7/29/18	GRAND CENTRAL SANITARY LANDFILL City, State PLAINFIELD TOWNSHIP, PA					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		SIGNATURE 		DATE 7/5/18			

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

CK 32374

Date of Notification (1) 7 / 3 / 2018		Name of Building Owner/Operator (2) PB NUTCLIF MASTER LLC/PRISM PROPERTY SERVICES 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		Street Address 340 KINGSLAND STREET	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code NUTLEY, NEW JERSEY 07110	
		Name of Contact RICK MARGERISON	Telephone Number 973-235-3105



Name of Facility Where Abatement is Taking Place (3) HACKENSACK MERIDAIAN BLDG. 102			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 340 KINGSLAND STREET			Square Feet 125,000	# of Floors 5	Bldg. Age 50
City (5) NUTLEY	County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pharm. Lab. COMMERCIAL		
Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIRONMENTAL			ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 280 HUYLER STREET			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code S. HACKENSACK, NEW JERSEY 07606			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm ANTON REZIN		Telephone Number 201-489-8700	Telephone Number 845-369-7500	License Number 1101	

Expected State Date (10) 7 / 6 / 18 Month Day Year	Sched. Completion Date (11) 7 / 29 / 18 Month Day Year	Name of OSHA Monitor OMEGA #10504
--	--	--------------------------------------

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: MONDAY-FRIDAY 7AM-3:30 PM	Street Address 280 HUYLER STREET
	City, State, Zip Code S. HACKENSACK, NJ 07606

Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure
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Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
4TH FLOOR ROOM C403			X	PIPE INSULATION	6 LF	X			
4TH FLOOR ROOM A403			X	PIPE INSULATION	6 LF	X			

NEWARK CARTING INC. 369 RAYMON BLVD. City, State NEWARK, NEW JERSEY 07105	Hauler ID No. 913	CUBIC YARDS OF WASTE : 2 Disposal Date 6/29-7/29/18	GRAND CENTRAL SANITARY LANDFILL City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	SIGNATURE 	DATE 7/3/18

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

Date of Notification (1)

6 / 28 / 2018

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #1
☐ Cancellation
☒ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

PB NUTCLIF MASTER LLC/PRISM PROPERTY SERVICES LLC

Street Address

340 KINGSLAND STREET

City, State, Zip Code

NUTLEY, NEW JERSEY 07110

Name of Contact

RICK MARGERISON

Telephone Number

973-235-3105

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

HACKENSACK MERIDIAN BLDG. 102

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

340 KINGSLAND STREET

Square Feet

125,000

of Floors

5

Bldg. Age

50

City (5)

NUTLEY

County (6)

ESSEX

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished) Pharm. Lab.
COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)

OMEGA ENVIRONMENTAL

ASCM No.

17

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

280 HUYLER STREET

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

S. HACKENSACK, NEW JERSEY 07606

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

ANTON REZIN

Telephone Number

201-489-8700

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

6 / 29 / 18

Sched. Completion Date (11)

7 / 29 / 18

Month Day Year Month Day Year

Name of OSHA Monitor

OMEGA #10504

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM

Street Address

280 HUYLER STREET

City, State, Zip Code

S. HACKENSACK, NJ 07606

Scope of Work (Check all that apply)

☐ Demolition
☒ >3SF OR LF
☐ >160 SF OR 260 LF


☒ Renovation

☐ Full Containment with Negative Pressure

☐ Mini-Enclo.

☒ Glovebag Procedure

☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
4TH FLOOR ROOM C403			X	PIPE INSULATION	6 LF	X			
4TH FLOOR ROOM A403			X	PIPE INSULATION	6 LF	X			
NEWARK CARTING INC. 369 RAYMON BLVD. City, State				Hauler ID No. 913	CUBIC YARDS OF WASTE : 2				
NEWARK, NEW JERSEY 07105				Disposal Date 6/29-7/29/18					
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS			SIGNATURE 		DATE 6/28/18			

GRAND CENTRAL SANITARY LANDFILL

City, State

PLAINFIELD TOWNSHIP, PA

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

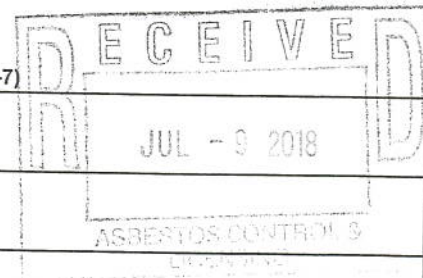
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Date of Notification (1) 6 / 18 /2018		Name of Building Owner/Operator (2) PB NUTCLIF MASTER LLC/PRISM PROPERTY SERVICES LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 340 KINGSLAND STREET City, State, Zip Code NUTLEY, NEW JERSEY 07110 Name of Contact RICK MARGERISON Telephone Number 973-235-3105	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) HACKENSACK MERIDAIAAN BLDG. 102 Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 340 KINGSLAND STREET		Square Feet 125,000	# of Floors 5
City (5) NUTLEY	County (6) ESSEX	County Code (7) (STATE USE ONLY)	Bldg. Age 50
Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIRONMENTAL		ASCM No. 17	Current Use (Prior if being demolished) Pharm. Lab. COMMERCIAL
Street Address 280 HUYLER STREET		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code S. HACKENSACK, NEW JERSEY 07606		Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm ANTON REZIN		Telephone Number 201-489-8700	City, State, Zip Code SUFFERN, NEW YORK 10901
Expected State Date (10) 6 / 29 /18		Sched. Completion Date (11) 7 / 29 /18	Telephone Number 845-369-7500
Month Day Year		Month Day Year	License Number 1101
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: MONDAY-FRIDAY 7AM-3:30 PM		Name of OSHA Monitor OMEGA #10504	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		Street Address 280 HUYLER STREET City, State, Zip Code S. HACKENSACK, NJ 07606	
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo , <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure			
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
4TH FLOOR ROOM C403	X	PIPE INSULATION	6 LF
4TH FLOOR ROOM A403	X	PIPE INSULATION	6 LF
NEWARK CARTING INC. 369 RAYMON BLVD. City, State NEWARK, NEW JERSEY 07105	Hauler ID No. 913	CUBIC YARDS OF WASTE : 2 Disposal Date 6/29-7/29/18	Abatement Type REMOVAL REPAIR ENCAPSUL ENCLOSUR GRAND CENTRAL SANITARY LANDFILL City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	SIGNATURE 	DATE 6/18/18

OK 40625

PAID

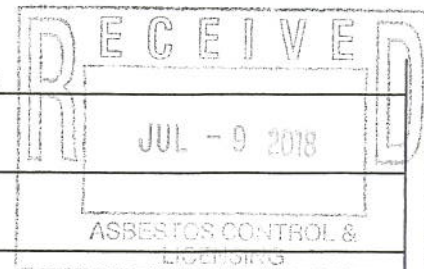
Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)



Date of Notification 0 7 0 2 1 8			Name of Building Owner/Operator MACY'S CORPORATE SERVICES (FEDERATED)		
Agencies Notified X USEPA X DEP X DCA/DOL X DOH		Type of Notification X Initial Amended Cancellation	Street Address 7 WEST SEVENTH STREET		
			City, State, Zip Code CINCINNATI, OHIO 45202		
			Name of Contact Ralph Copolla		Telephone Number 973-265-9763
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place MACY'S WOODBRIDGE CENTER MALL			Type of Facility () School (K-12) () Sub-Chapter 8 (Other than K-12) (X) Other (I.e. private & Commercial buildings, homes, etc.)		
Street Address ROUTE 1			SF of Bldg. 1 MILLION +SF		
City WOODBRIDGE	County UNION	County Code State use Only	# Floor 3	Age of Bldg. 50+	
Name of Monitoring Firm Hired by Building Owner PENNONI ASSOCIATES			Name of Abatement Contractor ACM CONSULTING CORP.		
Street Address 24 COMMERCE ST - SUITE 300			Street Address 2150 STANLEY TERRACE		
City, State, Zip Code NEWARK, NJ 07102			City, State, Zip Code UNION, NJ 07083		
Project Manager for Monitoring Firm TO BE DETERMINED		Telephone No. TO BE DETERMINED	Telephone Number 908-687-1008		License Number 00575
Scheduled Start Date 7 9 2018		Scheduled Completion Date 8 16 2018		Name of OSHA Monitor EMSL ANALYTICAL	
Occupancy Status During Abatement (Check Only One) X Facility Closed/Vacated During Entire Period of Abatement X Abatement Outside Normal Facility Hours Describe: 9:30PM TO 6:30AM Other - Describe: _____			Street Address 307 WEST 38TH STREET		
			City, State, Zip Code NEW YORK, NY 10118		
Scope of Work (Check Only One) X Demolition >3sf or >3lf ≥ 160sf or ≥ 260lf Renovation			Abatement Method X Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Friable Procedure		
Location of ACM Facility		Is Location Normally Used by Custodial Staff Yes NO N/A	Description of ACM to be Removed	Amount to be Removed (Specify SF/LF)	Abatement Type Rem. Rep. Enc. Encl.
1st Level			VAT & Mastic	180SF	X
1st Level Escalator			Tar Underside	400SF	X
2nd Level Escalator			Tar Underside	400SF	X
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste ID No. SW1896	Cubic Yds waste TBD	Name of Registered Landfill MINERVA ENTERPRISES, INC	
City, State BRONX, NY		Disposal Date TBD	City, State of Registered Landfill WAYNESBURG, OHIO		
Completed By (Print or Type) ANITA SMOLAR		Title GENERAL MANAGER	Signature <i>Anita Smolar</i>		Date 7/2/2018

work

Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

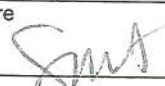


Date of Notification 0 6 2 8 1 8		Name of Building Owner/Operator MACY'S CORPORATE SERVICES (FEDERATED)	
Agencies Notified X USEPA X DEP X DCA/DOL X DOH		Type of Notification X Initial Notification Amended Cancellation	
Street Address 7 WEST SEVENTH STREET		City, State, Zip Code CINCINNATI, OHIO 45202	
Name of Contact Ralph Copolla		Telephone Number 973-265-9763	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place MACY'S WOODBRIDGE CENTER MALL		Type of Facility () School (K-12) () Sub-Chapter 8 (Other than K-12) (X) Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address ROUTE 1		SF of Bldg. # Floor Age of Bldg. 1 MILLION +SF 3 50+	
City WOODBIDGE		County UNION	
County Code State use Only		Current Use (prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner PENNONI ASSOCIATES		ASCM No.	
Street Address 24 COMMERCE ST - SUITE 300		Name of Abatement Contractor ACM CONSULTING CORP.	
City, State, Zip Code NEWARK, NJ 07102		Street Address 2150 STANLEY TERRACE	
Project Manager for Monitoring Firm TO BE DETERMINED		Telephone Number 908-687-1008	
Telephone No. TO BE DETERMINED		License Number 00575	
Scheduled Start Date 7 16 2018		Name of OSHA Monitor EMSL ANALYTICAL	
Scheduled Completion Date 8 16 2018		Street Address 307 WEST 38TH STREET	
Occupancy Status During Abatement (Check Only One) X Facility Closed/Vacated During Entire Period of Abatement X Abatement Outside Normal Facility Hours Describe: 9:30PM TO 6:30AM Other - Describe:		City, State, Zip Code NEW YORK, NY 10118	
Scope of Work (Check Only One) Demolition X >3sf or >3lf ≥ 160sf or ≥ 260lf Renovation		Abatement Method Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure X Non-Friable Procedure	
Location of ACM Facility		Is Location Normally Used by Custodial Staff Yes NO N/A	
Description of ACM to be Removed		Amount to be Removed (Specify SF/LF)	
Abatement Type		Rem. Rep. Enc. Encl.	
1st Level		VAT & Mastic 180SF X	
1st Level Escalator		Tar Underside 400SF X	
2nd Level Escalator		Tar Underside 400SF X	
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste ID No. SW1896	
City, State BRONX, NY		Cubic Yds waste TBD	
Disposal Date TBD		Name of Registered Landfill MINERVA ENTERPRISES, INC	
Completed By (Print or Type) ANITA SMOLAR		City, State of Registered Landfill WAYNESBURG, OHIO	
Title GENERAL MANAGER		Signature <i>Anita Smolar</i>	
		Date 6/28/2018	

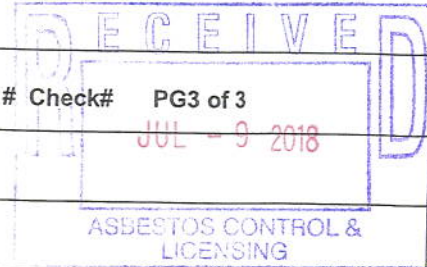
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 6 / 29 / 18		Name of Building Owner/Operator (2) Verizon Communications / Check # PG1 of 3							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #7 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Greenwood Avenue City, State, Zip Code Jenkintown, PA 19046 Name of Contact Alex Baylor Telephone Number 301-583-0048							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Market CO		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 95 William Street		Square Feet							
City (5) Newark		# of Floors							
County (6) Essex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Offices							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.							
Street Address 8436 Enterprise Ave.		Name of Abatement Contractor (9) AbateTech, Inc.							
City, State, Zip Code Philadelphia, PA 19153		Street Address 30 Maple Ave. PO Box 25							
Project Manager for Monitoring Firm Mark Jenkins		City, State, Zip Code Lumberton, NJ 08048							
Telephone No. 215-365-5810		Telephone No. 609-265-2107							
Start Date (10) 8 / 25 / 17		License No. 00529							
Scheduled Completion Date (11) 7 / 31 / 18		Name of OSHA Monitor EMSL Analytical							
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: 7AM-3:30PM/5PM-2AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <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
Please see attached	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Please see attached	Please see attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tank Insulation	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	25 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st to 3rd Floor Pipe Chase	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	45 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 7/31/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gwendolyn Trumbetti</i>		Date 6/29/18			

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 / 29 / 18</div>		Name of Building Owner/Operator (2) Verizon Communications / Job # Check # PG2 of 3							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>7</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Greenwood Avenue City, State, Zip Code Jenkintown, PA 19046 Name of Contact Alex Baylor							
		Telephone Number 301-583-0048							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Market CO		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 95 William Street		Square Feet							
City (5) Newark		# of Floors							
County (6) Essex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Offices							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.							
Street Address 8436 Enterprise Ave.		Name of Abatement Contractor (9) AbateTech, Inc.							
City, State, Zip Code Philadelphia, PA 19153		Street Address 30 Maple Ave. PO Box 25							
Project Manager for Monitoring Firm Mark Jenkins		City, State, Zip Code Lumberton, NJ 08048							
Telephone No. 215-365-5810		Telephone No. 609-265-2107							
Start Date (10) 8 / 25 / 17		License No. 00529							
Scheduled Completion Date (11) 7 / 31 / 18		Name of OSHA Monitor EMSL Analytical							
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: 7AM-3:30PM/5PM-2AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Mechanical Loft	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	10 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 th Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exterior brick façade/black mastic	2,569 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 th Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting Insulation	88 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 th Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Caulking and Glazing	3 windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 7/31/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 6/29/18			

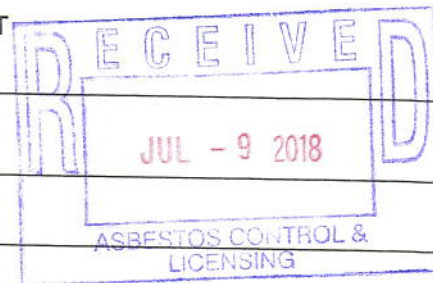
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <div style="text-align: center;">6 / 29 / 18</div>		Name of Building Owner/Operator (2) Verizon Communications / Job # Check# PG3 of 3							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 7 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Greenwood Avenue City, State, Zip Code Jenkintown, PA 19046 Name of Contact Alex Baylor Telephone Number 301-583-0048							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Market CO		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 95 William Street		Square Feet # of Floors Bldg. Age							
City (5) Newark		County (6) Essex County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 8436 Enterprise Ave.		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810							
Start Date (10) <div style="text-align: center;">8 / 25 / 17</div>		Scheduled Completion Date (11) <div style="text-align: center;">7 / 31 / 18</div>							
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: 7AM-3:30PM/5PM-2AM		Name of OSHA Monitor EMSL Analytical							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
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
4 th Floor Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe/ Fitting Insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 th Floor Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Flashing	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 7/31/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 6/29/18		

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



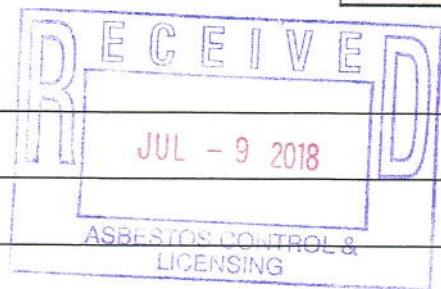
Date of Notification (1) <div style="text-align: center;">6 / 29 / 18</div>		Name of Building Owner/Operator (2) NJ DOT / Job #1707-5182 Check #							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 600							
		City, State, Zip Code Trenton, NJ 08625-0600							
		Name of Contact Matt Kolar	Telephone Number 609-586-5005						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJ DOT Paterson Plank Rd. Bridge		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 Route 495 & Route 1 & 9		Square Feet	# of Floors						
City (5) North Bergen, NJ		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Bridge							
Name of Monitoring Firm Hired by Building Owner (8) M.E.C.S.	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address PO Box 341		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm William Weisgarber	Telephone No. 609-915-1140	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) <div style="text-align: center;">3 / 5 / 18</div>	Scheduled Completion Date (11) <div style="text-align: center;">7 / 31 / 18</div>	Name of OSHA Monitor EMSL Analytical							
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: _____ 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 type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Piping	5,200 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 7/31/18	City, State Tullytown, PA						
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 6/29/18						

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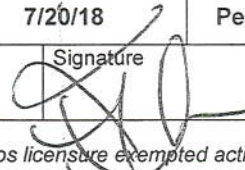
Print Form

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



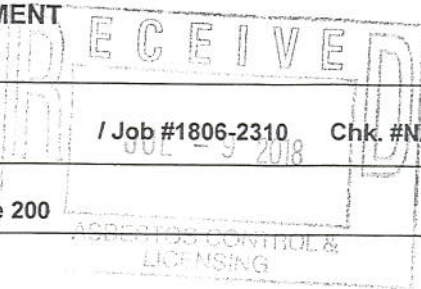
Date of Notification (1) 7/3/18		Name of Building Owner/Operator (2) Port Authority of NY & NJ							
Agencies Notified	Type Notification	Street Address 241 Erie Street, Room 236							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 Jersey City, NJ 07310							
		Name of Contact Uday Mehta	Telephone Number (201) 595-4881						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Marine Operations Building		Type of Facility (4)							
Street Address APM Terminals		<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) Elizabeth		Square Feet	# of Floors 2						
County (6) Union		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) offices							
Name of Monitoring Firm Hired by Building Owner (8) T&M Associates		ASCM No. 00145	Name of Abatement Contractor (9) Pow/R/Save Inc.						
Street Address 11 Tindall Road		Street Address 15 Somerset Place							
City, State, Zip Code Middleton, NJ 07748		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Kevin Burns		Telephone No. (732) 671-6400	License No. 00357						
Start Date (10) 7/23/18	Scheduled Completion Date (11) 9/28/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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 & stairwell			x	VAT & mastic	6,125 sf	x			
1st & 2nd floors			x	window sill composite	310 sf	x			
boiler room			x	flue insulation and packing	120 sf + 1/2 cy	x			
roof				roofing material & flashing	4,100 sf	x			
Name of Registered Waste Hauler Waste Mangement		NJDEP Waste Hauler ID No. A-901		Cubic Yards of Waste	Name of Registered Landfill Grows North				
City, State Newark, NJ		Disposal Date		City, State Morrisville, PA					
Completed by Sharon Hendee		Title President		Signature 		Date 7/3/18			

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

Date of Notification (1) <u>7</u> / <u>5</u> / <u>18</u>		Name of Building Owner/Operator (2) Robbinsville Township		Job #1806,2315 Chk. #5076 JUL 19 2018					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2298 Route 33		ASBESTOS CONTROL & LICENSING				
			City, State, Zip Code Robbinsville, NJ 08691						
			Name of Contact Roer Fort, Construction Official			Telephone Number 609-552-5563			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Windsor School				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 16 School Drive									
City (5) Windsor, NJ		Square Feet 5438	# of Floors 2	Bldg. Age					
County (6) Mercer		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address PO Box 316		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Steve Flanigan		Telephone No. 856-848-0800	Telephone No. 609-702-0400	License No. 00862					
Start Date (10) <u>7</u> / <u>16</u> / <u>18</u>	Scheduled Completion Date (11) <u>7</u> / <u>20</u> / <u>18</u>		Name of OSHA Monitor EMSL Analytical, Inc.						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 200 U.S. Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Bathrooms, Rm 203 & Rm 202S	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheet Flooring	710 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rms 103,104,202,203	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Panels	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Breeching Insulation	16 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 Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Lafayette, NJ			Disposal Date 7/20/18	City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator	Signature 			Date 7-5-18			

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**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 / 1 / 18</div>		Name of Building Owner/Operator (2) HealthSouth Corporation		/ Job #1806-2310 Chk. #NA					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 3360 Grandview Parkway, Suite 200						
			City, State, Zip Code Birmingham, AL						
			Name of Contact Elizabeth Mann		Telephone Number 205-970-7850				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) HealthSouth - 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 and commercial buildings, homes, etc.)						
Street Address 30 Oliver Street									
City (5) Toms River			Square Feet 2500	# of Floors 2	Bldg. Age				
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) Horizon		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address PO Box 316		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Dave or Steve Flanigan		Telephone No. 856-848-0800	Telephone No. 609-702-0400	License No. 00862					
Start Date (10) <div style="text-align: center;">6 / 11 / 18</div>	Scheduled Completion Date (11) <div style="text-align: center;">7 / 6 / 18</div>		Name of OSHA Monitor EMSL Analytical, Inc.						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 200 U.S. Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" 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					
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
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shingles & Tar Paper	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Siding	2000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Bathroom & bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Textured Coating	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chimney & Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing & Joint Compound	3 SF & 400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Lafayette, NJ			Disposal Date 7/6/18	City, State Penn Argyle, PA					
Completed By (Print or Type) Joann Mullarkey		Title Admin.	Signature <i>Joann Mullarkey</i>		Date 6-29-18				

NOTICE
Courtesy Notif.

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

Government Owned

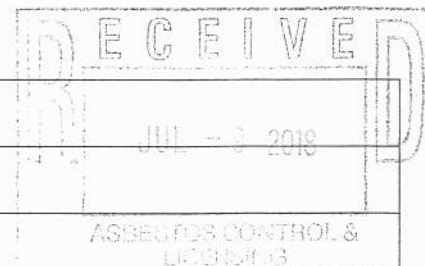
Date of Notification (1) <div style="text-align: center;">6 / 25 / 18</div>		Name of Building Owner/Operator (2) US Dept. of VA, Network Contracting Office / Job #1806-2316 CK. N/A							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> 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 130 West Kingsbridge Rd.,							
		City, State, Zip Code Bronx, NY 10468							
		Name of Contact Phillip Kang Contract Specialist	Telephone Number 718-584-9000 Ext.4344						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Dept. of VA Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 38 Tremont Ave., Bldg. 1, 3rd Floor, Room 3-101 & B Level		Square Feet	# of Floors 3						
City (5) East Orange, NJ		Bldg. Age 65+-							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VA Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Consulting Group		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 71 Arch St.,		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Paterson, NJ 07522		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Fernando Villa	Telephone No. 973-418-4036	Telephone No. 609-702-0400	License No. 00862						
Start Date (10) <div style="text-align: center;">6 / 27 / 18</div>	Scheduled Completion Date (11) <div style="text-align: center;">7 / 11 / 18</div>	Name of OSHA Monitor EMSL Analytical, 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: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 U.S. Route 130 North							
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		City, State, Zip Code Cinnaminson, NJ 08077							
		<input checked="" 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
Electric Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	230 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auditorium (Around Perimeter)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thin Set, FT & Mastic	625 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Lafayette, NJ		Disposal Date 7.13.18		City, State Penn Argyle, PA					
Completed By (Print or Type) Joann Mullarkey		Title Office Coordinator		Signature <i>Joann Mullarkey</i>		Date 6-26-18			

CK 1087

Print Form

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



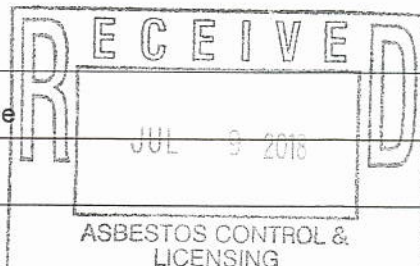
Date of Notification (1) 7/1/2018		Name of Building Owner/Operator (2) Dominic Branca							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <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 River Edge NJ 07661							
		Name of Contact Dominic Branca	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Dominic Banca's Residence		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) River Edge		Square Feet	# of Floors 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)		ASCM No.	Name of Abatement Contractor (9) MKD Property Maintenance LLC						
Street Address		Street Address 105 Van Riper Avenue							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-899-9008 License No. 01336						
Start Date (10) 7/16/2018	Scheduled Completion Date (11) 8/20/2018	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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
1st Floor		x		Popcorn ceiling	470 SF	x			
Name of Registered Waste Hauler TBD		NJDEP Waste Hauler ID No. TBD	Cubic Yards of Waste 1 YD	Name of Registered Landfill 110 Sand Company					
City, State			Disposal Date	City, State Melville, NY 11747					
Completed by Darko Raloski		Title Project Manager		Signature			Date 7/1/2018		

CK 6848

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

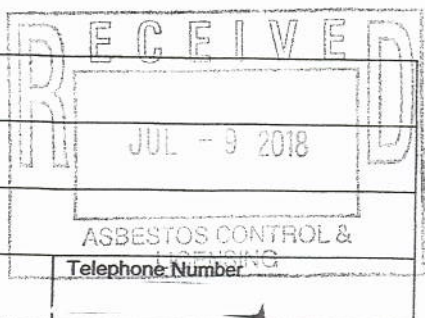
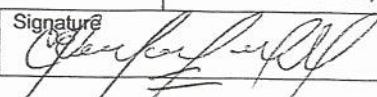


Date of Notification (1) 7/2/18		Name of Building Owner/Operator (2) Andrew Ciavardone Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" 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 Gloucester City NJ 08030							
		Name of Contact Andrew	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Andrew Ciavardone Private 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 1000+	# of Floors 2						
City (5) Gloucester City NJ 08030		Bldg. Age 35+							
County (6) Gloucester	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) 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) 7/12/18	Scheduled Completion Date (11) 7/20/18	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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement				Duct work	10 LF	x			
				wet wrap cut					
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 7/20/18		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 4/23/18		

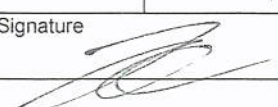
OK 1237

Print Form

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) MARK ARAMBURA							
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 GLEN ROCK NJ. 07452							
		Name of Contact MARK ARAMBURA							
<div style="text-align: right;">  </div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		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) GLEN ROCK NJ.		Square Feet 2,700 SF.	# of Floors 2						
County (6)		Bldg. Age 96							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) N/A							
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 1126 51 ST.							
City, State, Zip Code		City, State, Zip Code NORTH BERGEN NJ. 07047							
Project Manager for Monitoring Firm N/A		Telephone No. 201 - 776 - 0642	License No. 01300						
Start Date (10) 07/06/2018	Scheduled Completion Date (11) 07/06/2018	Name of OSHA Monitor ENVIRO PROBE INC.							
Occupancy Status During Abatement (Check Only One)		Street Address 108 LIBERTY ST.							
<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 METUCHEN NJ.							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		BRICK INSULATION	80 SF	X			
Name of Registered Waste Hauler TRI STATE ASSOCC INC		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC					
City, State BRONX NY.			Disposal Date TBD	City, State WAYNESBURG, OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 	Date 06/27/2018					

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

Date of Notification (1) 07/03/2018		Name of Building Owner/Operator (2) Justin Pollack							
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Livingston, NJ 07039 Name of Contact Justin Pollack							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Residence		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) Livingston		Square Feet 2900	# of Floors 2						
County (6) Essex		Bldg. Age 50+							
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) Nari Construction, LLC						
Street Address		Street Address 63 Leather Stocking Path							
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 862-264-9463						
			License No. 01306						
Start Date (10) 07/14/2018	Scheduled Completion Date (11) 07/14/2018	Name of OSHA Monitor Nari Construction, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 63 Leather Stocking Path							
<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 Lincoln Park							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	VAT	900 SF	x		x	
Name of Registered Waste Hauler Nari Construction, LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 10 CY	Name of Registered Landfill G.R.O.W.S					
City, State Lincoln Park, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Igor Jezdimirovic		Title P. Manager	Signature 			Date 07/03/2018			

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

Check 17805

Date of Notification (1) 7/5/18		Name of Building Owner/Operator (2) Gwen Eegloff							
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 Scotch Plains, NJ 07076							
		Name of Contact Gwen	Telephone Number [REDACTED]						
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) Scotch Plains		Square Feet 2350	# of Floors 2						
County (6) Union		Bldg. Age 72							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) house							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address			ABS Environmental Services, LLC						
City, State, Zip Code			Street Address PO Box 483, 4 E Gate Drive						
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code Glenwood, NJ 07418						
Start Date (10) 7/14/18		Scheduled Completion Date (11)	Telephone No. 703						
Occupancy Status During Abatement (Check Only One)		License No. 973-764-2276							
<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>		Name of OSHA Monitor							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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	75 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 7/5/18			

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

Date of Notification (1) 07 / 05 / 18		Name of Building Owner/Operator (2) Fred Truex	
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 checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="border: 2px solid blue; padding: 5px; display: inline-block; text-align: center;"> RECEIVED JUL - 9 2018 ASBESTOS CONTROL & LICENSING </div>	
		Street Address [REDACTED]	
		City, State, Zip Code Brielle, NJ 08730	
		Name of Contact Fred Truex	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Brielle		Square Feet 3500	# of Floors 2
		Bldg. Age 60	
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone No. 732-349-9932	License No. 00624
Start Date (10) 06 / 22 / 18	Scheduled Completion Date (11) 07 / 20 / 18	Name of OSHA Monitor E.M.S.L. Analytical	
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 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

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) <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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos containing texture ceiling	675 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 Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 15	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 07/20/18		City, State Tullytown, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 			Date 7/5/18

Deck 17805

RECEIVED
JUL - 9 2018
Telephone Number
S CONTROL &
LICENSING

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

Date of Notification (1) 7/5/2018		Name of Building Owner/Operator (2) Divita Mehta		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUL - 9 2018 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code Millburn, NJ, 07041		
		Name of Contact Divita Mehta	Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Divita Mehta			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 # of Floors Bldg. Age		
City Millburn	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 07 - 18 - 18 Month Day Year		Sched. Completion Date (11) 07 - 20 - 18 Month Day Year		Name of OSHA Monitor N/A	
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: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>			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

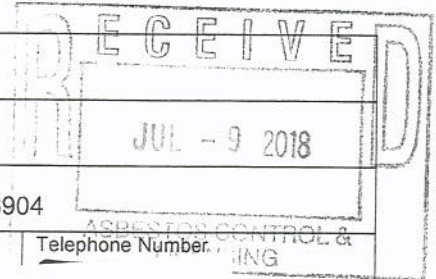
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	95 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.0	Name of Registered Landfill Tri- State	
City, State Montclair, NJ 07042			Disposal Date 07/23/18	City, State Bronx, NY, 10474	
Completed By (Print or Type) Constantine Vivian		Title President	Signature <i>Constantine Vivian</i>		Date 7/5/2018

PAID

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

Check # 25633



Date of Notification (1) 7/5/2018		Name of Building Owner/Operator (2) Pearlman							
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 Highland Park, NJ 08904							
		Name of Contact Martin Pearlman	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Highland Park, NJ 08904		Square Feet 1800	# of Floors 2						
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age 85+/-						
Name of Monitoring Firm Hired by Building Owner (8) MECS		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	License No. 00493						
Start Date (10) 7/23/2018	Scheduled Completion Date (11) 8/3/2018	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input 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 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		Thermal Pipe Insulation	120 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2 cu	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ 08501			Disposal Date 8/3/18	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager	Signature	Date 7/6/18					

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

Check # 25629

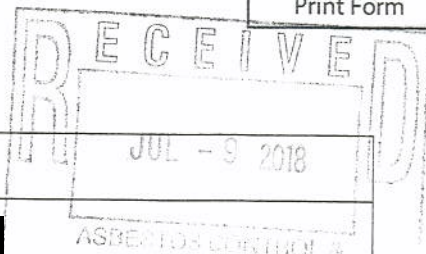
Date of Notification (1) 7/5/2018		Name of Building Owner/Operator (2) Speck							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> 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 Hamilton Twp., NJ 08610							
		Name of Contact John Speck	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hamilton Twp., NJ 08610		Square Feet 1500	# of Floors 2						
County (6) Mercer		County Code (7) (STATE USE ONLY)	Bldg. Age 75+/-						
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	License No. 00493						
Start Date (10) 7/19/2018	Scheduled Completion Date (11) 7/23/2018	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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		Duct Insulation	35 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1 cu	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ 08501			Disposal Date 7/23/18	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager	Signature	Date 7/5/18					

Ch. 26-2.1

Print Form

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

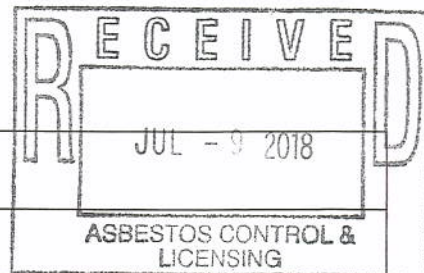
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Date of Notification (1) 7/5/2018		Name of Building Owner/Operator (2) Bajczyk							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Collingswood, NJ 08108							
		Name of Contact Karen Bajczyk	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 (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Collingswood, NJ 08108		Square Feet 2000	# of Floors 2						
		Bldg. Age 85+/-							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No. _____	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	License No. 00493						
Start Date (10) 7/27/2018	Scheduled Completion Date (11) 8/3/2018	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 am to 4 pm		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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		X		Duct Insulation	15 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 11 cu	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ 08501		Disposal Date 8/3/18		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature 		Date 7/5/18			

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



Date of Notification (1) 07 / 05 / 18		Name of Building Owner/Operator (2) Maria Del Carmen Blanco							
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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Carteret, NJ 07008							
		Name of Contact Alex Abdalla	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		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 34 Atlantic Street									
City (5) Carteret	Square Feet	# of Floors	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) Bio Terra Solutions	ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No. 1188						
Start Date (10) 07 / 06 / 18	Scheduled Completion Date (11) 07 / 20 / 18	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026							
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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wet Demo		<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 Weigle Trucking, LLC		NJDEP Waste Hauler ID No. PA-589	Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises					
City, State Linden, PA		Disposal Date TBD		City, State Waynesburg, OH					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 7/5/18			

RECEIVED
JUL - 9 2018
ASBESTOS CONTROL & LICENSING

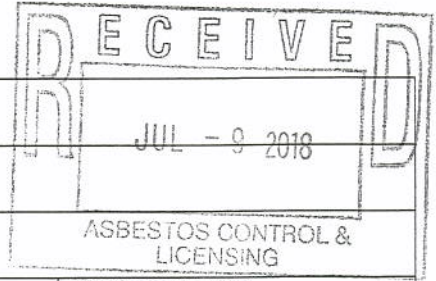
Date of Notification (1) <div style="display: flex; justify-content: space-around; width: 100%;"> 06 / 22 / 18 </div>		Name of Building Owner/Operator (2) Maria Del Carmen Blanco		JUL - 9 2018					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input 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]		ASBESTOS CONTROL & LICENSING				
			City, State, Zip Code Carteret, NJ 07008						
			Name of Contact Alex Abdalla			Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial			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 34 Atlantic Street									
City (5) Carteret			Square Feet	# of Floors	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) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No. 1188					
Start Date (10) 06 / 25 / 18		Scheduled Completion Date (11) 07 / 13 / 18		Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address 27 Outwater Lane						
			City, State, Zip Code Garfield, NJ 07026						
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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wet Demo		<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 Weigle Trucking, LLC		NJDEP Waste Hauler ID No. PA-589	Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises					
City, State Linden, PA			Disposal Date TBD	City, State Waynesburg, OH					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>			Date 6/22/18		

CK 3210

Print Form

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

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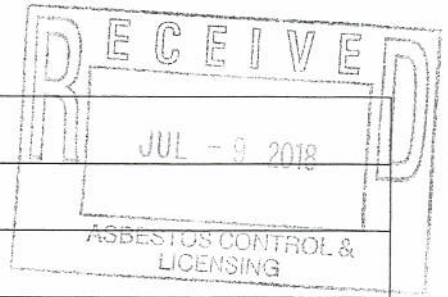
Date of Notification (1) 07/05/18		Check # 3210		Name of Building Owner/Operator (2) Immaculate Conception High School	
Agencies Notified		Type Notification		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		33 Cottage Place	
				City, State, Zip Code Montclair, NJ 07042	
				Name of Contact Chris	
				Telephone Number 551-655-0644	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Immaculate Conception High School				Type of Facility (4)	
Street Address 33 Cottage Place				<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) Montclair				Square Feet 20,000+	# of Floors 3
				Bldg. Age 50+	
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) EA Services	
Street Address N/A				Street Address 426 69th st	
City, State, Zip Code N/A				City, State, Zip Code Guttenberg, NJ, 07022	
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 201-295-1700	License No. 01074
Start Date (10) 07/16/18		Scheduled Completion Date (11) 07/17/18		Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check Only One)				Street Address N/A	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 8am				City, State, Zip Code N/A	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Boiler Room		X		Asbestos Pipe Insulation	4 LF
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprise
City, State Bronx, NY				Disposal Date TBD	City, State Waynesburg, OH
Completed by Gina Betances		Title Office Manager		Signature 	Date 07/05/18

OK 6847

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



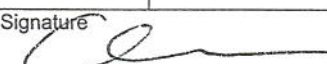
Date of Notification (1) 7/2/18		Name of Building Owner/Operator (2) Egg Harbor Township School District							
Agencies Notified	Type Notification	Street Address 13 Swift Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 Egg Harbor Township NJ 08234							
		Name of Contact Timothy J Brunetta	Telephone Number 609-501-9013						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Eagle Academy		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 3517 Bargaintown Rd.									
City (5) Egg Harbor Twp. NJ 08234		Square Feet 1000+	# of Floors 2						
County (6) Atlantic		County Code (7) (STATE USE ONLY) _____	Bldg. Age 35+						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address 125 N Church Street		Street Address PO Box 329							
City, State, Zip Code Moorestown NJ 08057		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm James Guilardi		Telephone No. 856-840-8800	License No. 00727						
Start Date (10) 7/16/18	Scheduled Completion Date (11) 7/27/18	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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Floor Tile & Mastic	1276 SF	x			
Name of Registered Waste Hauler Transformation		NJDEP Waste Hauler ID No. 18952	Cubic Yards of Waste 10	Name of Registered Landfill Atlantic County Landfill					
City, State Egg Harbor NJ		Disposal Date 7/27/18		City, State Egg Harbor twp. NJ 08234					
Completed by Anthony T Perna		Title President	Signature 			Date 7/2/18			

PAID*Emergency*

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

CK 6845

Date of Notification (1) 6/29/18		Name of Building Owner/Operator (2) West Deptford Township Board of Education							
Agencies Notified	Type Notification	Street Address 675 Grove Rd. Suite 804							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Deptford NJ 08066							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Myron Hall	Telephone Number 856-848-4300 x 3217						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Oakview Elm 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 350 Dubois Ave.									
City (5) Woodbury NJ 08096		Square Feet 1000+	# of Floors 1						
County (6) Gloucester		Bldg. Age 35+							
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) 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) 7/2/18	Scheduled Completion Date (11) 7/6/18	Name of OSHA Monitor Same							
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: After 2 PM		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Rooms 5&6 1 work area			x	Floor Tile & mastic	1600 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 6	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 7/6/18		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 6/29/18		

noek

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18

Date of Notification (1) June 22, 2018		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification # 3 – Postponed until DCA approval New Start & Completion Dates To Be Determined <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY		Telephone Number 848-445-2550	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RWJMS RESEARCH TOWER, BLDG# 3688		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address RBHS PISCATAWAY CAMPUS		Sq. Feet: N/A # of Floors: 8 Bldg. Age: 60+ years	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 00098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm BRIAN R. KEARNEY		Telephone Number 609-386-8800	License Number 00840
Scheduled Start Date (10) TBD		Scheduled Completion Date (11) TBD	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – 7am -3pm Describe: Schedule: 3PM – 5AM (24 HRS. & WEEKENDS AS NEEDED) <input checked="" type="checkbox"/> Facility Occupied During Abatement <input type="checkbox"/> Other- Describe:		Name of OSHA Monitor ENVIROVISION, INC.	
		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
		City, State, Zip Code FAIRLAWN, NJ 07410	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or >3 If <input type="checkbox"/> ≥ 160 sf or ≥ 260 If		<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"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) R-B66	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.) TSI	Amount (Specify SF or LF) 80 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 CY
Name of Registered Landfill G.R.O.W.S. North Landfill			
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date TBD	City, State 100 New Ford Mill Rd. 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 June 22, 2018

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

work

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

GAC Project # 060-18

Date of Notification (1) June 15, 2018		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification # 2 – New Start & Completion Dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY	Telephone Number 848-445-1550
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RWJMS RESEARCH TOWER, BLDG# 3688		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter B (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address RBHS PISCATAWAY CAMPUS		Sq. Feet: N/A # of Floors: 8 Bldg. Age: 60+ years	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 00098	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 R. KEARNEY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 06/22/18	Scheduled Completion Date (11) 07/9/18	Name of OSHA Monitor ENVIROVISION, 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 – 7am -3pm Describe: Schedule: 3PM – 5AM (24 HRS. & WEEKENDS AS NEEDED) <input checked="" type="checkbox"/> Facility Occupied During Abatement <input type="checkbox"/> Other- Describe:		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
		City, State, Zip Code FAIRLAWN, NJ 07410	
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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) R-B66	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI	Amount (Specify SF or LF) 80 SF
			Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 CY
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Disposal Date 07/9/2018	Name of Registered Landfill G.R.O.W.S. North Landfill
City, State 100 New Ford Mill Rd. 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 June 15, 2018

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

work

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

GAC Project # 060-18

Date of Notification (1) June 8, 2018		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification # 1 - New Start & Completion Dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY		Telephone Number 848-445-2550	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RWJMS RESEARCH TOWER, BLDG# 3688		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address RBHS PISCATAWAY CAMPUS		Sq. Feet: N/A # of Floors: 8 Bldg. Age: 60+ years	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 00098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm BRIAN R. KEARNEY		City, State, Zip Code BUTLER, NJ 07405	
Telephone Number 609-386-8800		Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 06/15/18		Scheduled Completion Date (11) 06/27/18	
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 - 7am -3pm Describe: Schedule: 3PM - 5AM (24 HRS. & WEEKENDS AS NEEDED) <input checked="" type="checkbox"/> Facility Occupied During Abatement <input type="checkbox"/> Other- Describe:		Name of OSHA Monitor ENVIROVISION, INC.	
Street Address 20-21 WARGARAW ROAD, BLDG# 35E		City, State, Zip Code FAIRLAWN, NJ 07410	
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 with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) R-B66	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI	Amount (Specify SF or LF) 80 SF
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	
Cubic Yards of Waste: 10 CY		Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12361		Disposal Date 06/27/2018	
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		City, State 100 New Ford Mill Rd. 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 June 8, 2018

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

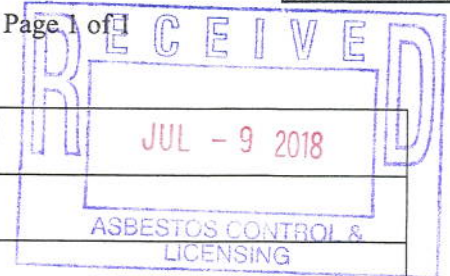
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EDS18-083

Boiler Rm

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

Page 1 of 1



Date of Notification (1) 07/03/2018		Name of Building Owner/Operator (2) Ft. LEE SCHOOL DISTRICT							
Agencies Notified	Type Notification	Street Address 2175 Lemoine 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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code Fort Lee, NJ							
		Name of Contact Jack DeNichilo	Telephone Number 201-585-4612						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Fort Lee Elementary School #1		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 250 Hoym Street		Square Feet 40,000 +	# of Floors 2						
City (5) FORT LEE		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 00127	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 307 North Walnut Street		Street Address 140 Hamburg Tpke							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Bloomington, NJ 07403							
Project Manager for Monitoring Firm Philip Conteh		Telephone No. 610-431-7545	License No. 01084						
Start Date (10) 07-27-2018	Scheduled Completion Date (11) 08/01/2018	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 140 Hamburg Tpke							
		City, State, Zip Code Bloomington, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Boiler Room		X		Pipe Fitting Insulation	20-25LF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva					
City, State Bloomington, NJ		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>			Date 07/03/2018		

OK 3938

Print Form

EDS18-083

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

Page 1 of 1

Check 3938

Date of Notification (1) 07/03/2018		Name of Building Owner/Operator (2) Ft. LEE SCHOOL DISTRICT							
Agencies Notified	Type Notification	Street Address 2175 Lemoine 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fort Lee, NJ							
		Name of Contact Jack DeNichilo	Telephone Number 201-585-4612						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Fort Lee ES #1		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 250 Hoym Street		Square Feet 40,000 +	# of Floors 2						
City (5) FORT LEE		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 00127	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 307 North Walnut Street		Street Address 140 Hamburg Tpke							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Bloomington, NJ 07403							
Project Manager for Monitoring Firm Philip Conteh		Telephone No. 610-431-7545	Telephone No. (201)710-9725						
Start Date (10) 07/16/2018		Scheduled Completion Date (11) 07/23/2018	License No. 01084						
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 GL Group, Inc							
		Street Address 140 Hamburg Tpke							
		City, State, Zip Code Bloomington, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
Boiler Room		X		Tank	150 SF	X			
Boiler Room		X		Pipe Fitting Insulation	56 LF	X			
Name of Registered Waste Hauler GL Group, Inc / Red Technologies LLC		NJDEP Waste Hauler ID No. 0033034/36163	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva					
City, State Bloomington, NJ / Bloomfield, CT			Disposal Date TBD	City, State Waynesburg, OH					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 07/03/2018			

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

Date of Notification (1) 6 / 29 / 18		Name of Building Owner/Operator (2) Millville Public Schools / Job #1707-5179 Check #							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 101 North 3 rd Street City, State, Zip Code Millville, NJ 08332 Name of Contact Bob Ryan							
		Telephone Number 609-858-5395							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Millville Senior High 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 200 North Wade Blvd.									
City (5) Millville		Square Feet 200,000	# of Floors 2						
		Bldg. Age 50+							
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Education							
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services, Inc.	ASCM No. 00100	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 1805 Atlantic Avenue		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Manasquan, NJ 08736		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Gary W. Fleming	Telephone No. 732-223-2225	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 4 / 2 / 18	Scheduled Completion Date (11) 7 / 31 / 18	Name of OSHA Monitor EMSL Analytical							
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: 7AM-3:30PM/3:30PM-12AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> 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
See Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See Attached	See Attached	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 7/31/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gwendolyn Trumbetti</i>		Date 6/29/18			

hock

GAC Project # 060-18

Date of Notification (1) May 29, 2018		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY	Telephone Number 848-445-2550
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RWJMS RESEARCH TOWER, BLDG# 3688		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter B (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address RBHS PISCATAWAY CAMPUS		Sq. Feet: N/A # of Floors: 8 Bldg. Age: 60+ years	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 00098	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 R. KEARNEY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 06/08/18	Scheduled Completion Date (11) 06/20/18	Name of OSHA Monitor ENVIROVISION, 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 - 7am -3pm Describe: Schedule: 3PM - 5AM (24 HRS. & WEEKENDS AS NEEDED) <input checked="" type="checkbox"/> Facility Occupied During Abatement <input type="checkbox"/> Other- Describe:		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
		City, State, Zip Code FAIRLAWN, NJ 07410	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or >3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) R-B66	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI	Amount (Specify SF or LF) 80 SF
		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #2) Newark Carting, Inc., Newark, NJ 04309 NJ DEP # 4509		Disposal Date 06/20/2018	City, State 100 New Ford Mill Rd. 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 May 29, 2018

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

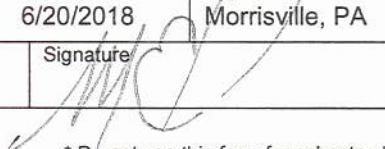
RECEIVED
Check#
JUL - 3 2018
ASBESTOS CONTROL &
Telephone Number

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

PAID

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

Check # 25607

Date of Notification (1) 6/18/2018		Name of Building Owner/Operator (2) The Lawrenceville School							
Agencies Notified	Type Notification	Street Address 2500 Main Street							
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lawrenceville, NJ 08648							
		Name of Contact Fred Montferrat	Telephone Number (609) 613-7339						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kinnan 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 2500 Main Street									
City (5) Lawrenceville, NJ 08648		Square Feet 3000	# of Floors 2						
County (6) Mercer		County Code (7) (STATE USE ONLY) _____	Bldg. Age 110+/-						
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	Telephone No. 609 259-9688						
License No. 00493									
Start Date (10) 6/19/2018	Scheduled Completion Date (11) 6/20/2018	Name of OSHA Monitor MECS							
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: 5 pm tp 11 pm		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
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 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
1st Floor Bathrooms		X		Thermal Pipe Insulation	8 lf	X			
1st Floor Bathrooms		X		Thermal Pipe Insulation	32 lf	X			
				(Wrap And Cut)					
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ		Disposal Date 6/20/2018		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature 		Date 6/18/18			

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Print Form

Check # 25607

DOL-10 DAY V E

WAIVER APPROVED

Telephone Number
(609) 613-7339

Date of Notification (1)
8/18/2018

Agencies Notified
☒ EPA
☒ DEP
☒ DOL
☒ DOH
☒ DCA
Type Notification
☒ Initial
☒ Amended
☒ Emergency (Including Justification)
☐ Cancellation

Name of Building Owner/Operator (2)
The Lawrenceville School
Street Address
2500 Main Street
City, State, Zip Code
Lawrenceville, NJ 08648
Name of Contact
Fred Montferrat

Name of Facility Where Abatement is Taking Place (3)
Kinnan House

Street Address
2500 Main Street

City (5)
Lawrenceville, NJ 08648

County (6)
Mercer

County Code (7)
STATE USE ONLY

Type of Facility (4)
☐ School (K-12)
☐ Subchapter S (Other than K-12)
☒ Other (i.e., private & commercial buildings, homes, etc.)
Square Feet
3000
of Floors
2
Bldg. Age
110+/-
Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
MECS

ASCM No.

Name of Abatement Contractor (9)
Stevens Environmental Services, Inc.

Street Address
PO Box 341

Street Address
PO Box 322

City, State, Zip Code
Chesterfield, NJ 08515

City, State, Zip Code
Allentown, NJ 08501

Project Manager for Monitoring Firm
Bill Weisgarber

Telephone No.
609 288-4070

Telephone No.
609 269-9888

License No.
00493

Start Date (10)
6/19/2018

Scheduled Completion Date (11)
8/20/2018

Name of OSHA Monitor
MECS

Occupancy Status During Abatement (Check Only One)

Street Address
PO Box 341

City, State, Zip Code
Chesterfield, NJ 08515

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: 8 pm to 11 pm

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM)
TO BE ABATED
In Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
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)
8 lf
32 lf
Abatement Type
Removal
Repair
Encapsulate
Enclosure

1st Floor Bathrooms

X

Thermal Pipe Insulation

8 lf

X

1st Floor Bathrooms

X

Thermal Pipe Insulation

32 lf

X

(Wrap And Cut)

Name of Registered Waste Hauler
Stevens Environmental Services

NJDEP Waste Hauler ID No.
18292

Cubic Yards of Waste
1

Name of Registered Landfill
Fairless Landfill

City, State
Allentown, NJ

Disposal Date
6/20/2018

City, State
Monroeville, PA

Completed by
Mahon E. Stevens

Title
Project Manager

Signature

Date
6/18/18

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18

<u>Date of Notification (1)</u> June 25, 2018		<u>Name of Building Owner/Operator (2)</u> RUTGERS, THE STATE UNIVERSITY OF NJ	
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		<u>Notification Type</u> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification # 1 – extended completion date <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
<u>Street Address</u> ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS		<u>City, State, Zip Code</u> PISCATAWAY, NJ 08854	
<u>Name of Contact</u> MICHAEL F. SMITH, ENV. HEALTH & SAFETY		<u>Telephone Number</u> 2018 848-445-2550	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> BUSCH CENTRAL HEATING, BLDG# 3540		<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) <u>Sq. Feet:</u> N/A <u># of Floors:</u> 3 <u>Bldg. Age:</u> 80+ years	
<u>Street Address</u> 582 TITSWORTH PLACE, BUSCH CAMPUS		<u>Current Use (prior if being demolished):</u> HEATING PLANT	
<u>City (5)</u> PISCATAWAY	<u>County (6)</u> MIDDLESEX	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ATC		<u>ASCM No.</u> 00098	
<u>Street Address</u> 3 TERRI LANE		<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.	
<u>City, State, Zip Code</u> BURLINGTON, NJ 08016		<u>Street Address</u> 511 MAIN STREET	
<u>Project Manager for Monitoring Firm</u> BRIAN R. KEARNEY		<u>Telephone Number</u> 609-386-8800	<u>License Number</u> 00840
<u>Scheduled Start Date (10)</u> 06/06/18		<u>Scheduled Completion Date (11)</u> 07/30/18	
<u>Occupancy Status During Abatement (Check only one)</u> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – 7am -3pm Describe: Schedule: 3PM – 5AM (24 HRS. & WEEKENDS AS NEEDED) <input checked="" type="checkbox"/> Facility Occupied During Abatement <input type="checkbox"/> Other- Describe:		<u>Name of OSHA Monitor</u> ENVIROVISION, INC.	
<u>Street Address</u> 20-21 WARGARAW ROAD, BLDG# 35E		<u>City, State, Zip Code</u> FAIRLAWN, NJ 07410	
<u>Scope of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or >3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> MEZZANINE	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA <input checked="" type="checkbox"/>	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> TSI – BOILER BREECHING	<u>Amount (Specify SF or LF)</u> 200 SF
<u>Abatement Type</u> <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose			
<u>Name of Reg. Waste Hauler</u> See Hauler Below #1 & 2		<u>NJDEP Waste Hauler ID #</u> See Below	<u>Cubic Yards of Waste:</u> 20 CY
<u>Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405</u> NJDEP # 12561 <u>Hauler #2) Newark Carting, Inc., Newark, NJ 04509</u> NJ DEP # 4509		<u>Disposal Date</u> 07/30/2018	<u>City, State</u> 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
<u>Completed by (Print or Type)</u> RAYMOND C. PEDALINO	<u>Title</u> SENIOR PROJECT MANAGER	<u>Signature</u> <i>Raymond C. Pedalino</i>	<u>Date</u> June 25, 2018

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18

Date of Notification (1) May 25, 2018		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY		Telephone Number 848-445-2550	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) BUSCH CENTRAL HEATING, BLDG# 3540		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 3 Bldg. Age: 80+ years	
Street Address 582 TITSWORTH PLACE, BUSCH CAMPUS		Current Use (prior if being demolished): HEATING PLANT	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCN No. 00098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm BRIAN R. KEARNEY		City, State, Zip Code BUTLER, NJ 07405	
Telephone Number 609-386-8800		Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 06/06/18		Scheduled Completion Date (11) 06/25/18	
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 - 7am -3pm Describe: Schedule: 3PM - 5AM (24 HRS. & WEEKENDS AS NEEDED) <input checked="" type="checkbox"/> Facility Occupied During Abatement <input type="checkbox"/> Other- Describe:		Name of OSHA Monitor ENVIROVISION, INC.	
		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
		City, State, Zip Code FAIRLAWN, NJ 07410	
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"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) MEZZANINE	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI - BOILER BREECHING	Amount (Specify SF or LF) 200 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: 20 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Name of Registered Landfill G.R.O.W.S. North Landfill	
Disposal Date 06/25/2018		City, State 100 New Ford Mill Rd. 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 May 25, 2018

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

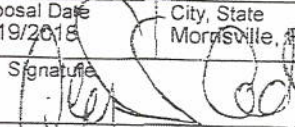
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

ASB-41 (R-06-08)

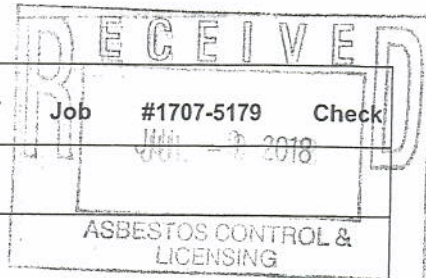
* Do not use this form for asbestos licensure exempted activities.

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

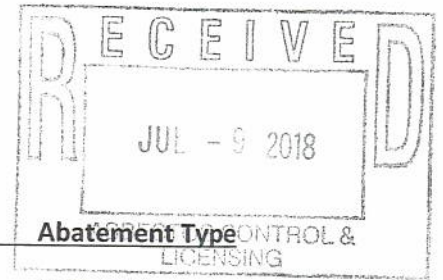
Date of Notification (1) 06/22/2018		Name of Building Owner/Operator (2) Glen Ridge Board of Education		Check No. 1148	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 12 High Street City, State, Zip Code Glen Ridge, New Jersey 07028 Name of Contact Peter Caprio	
Name of Facility Where Abatement is Taking Place (3) Ridgewood Avenue 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.)		Telephone Number 973-429-8300	
Street Address 235 Ridgewood Ave		Square Feet 10,000		# of Floors 2	
City (5) Glen Ridge, New Jersey 07028		Bldg. Age 50+			
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Educational Facility	
Name of Monitoring Firm Hired by Building Owner (8) T & M Associates		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation	
Street Address 40 Monmouth Park Highway, Suite 2		Street Address 606 McBride Ave			
City, State, Zip Code West Long Branch, New Jersey 07764		City, State, Zip Code Woodland Park, New Jersey			
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 732-676-4000		Telephone No. 973-225-8400	
License No. 01104		Start Date (10) 07/05/2018		Scheduled Completion Date (11) 07/19/2018	
Name of OSHA Monitor Iris Environmental Laboratories, LLC		Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input 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 ≥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"/> Glove Bag Procedure / Limited Containment & Tent <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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Basement; Girl's Toilet Room		X		Gray corrugated aircell pipe insulation/pipe fitting insulation	
Basement; Boy's Toilet Room		X		Gray corrugated aircell pipe insulation/pipe fitting insulation	
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 3	
City, State Woodland Park, New Jersey		Disposal Date 07/19/2018		Name of Registered Landfill Fairless Landfill	
City, State Morgantown, PA		Completed by Adriana Olejarova		Title President	
Signature 		Date 06/22/2018			

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



Date of Notification (1) <u>7</u> / <u>2</u> / <u>18</u>		Name of Building Owner/Operator (2) Millville Public Schools #10287 10288 10289 10290 10299		Job #1707-5179 Check					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 101 North 3rd Street City, State, Zip Code Millville, NJ 08332					
		Name of Contact Bob Ryan		Telephone Number 609-858-5395					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Millville Senior High 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 200 North Wade Blvd.									
City (5) Millville		Square Feet 200,000		# of Floors 2	Bldg. Age 50+				
County (6) Cumberland		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Education					
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services, Inc.		ASCM No. 00100		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 1805 Atlantic Avenue		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Manasquan, NJ 08736		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Gary W. Fleming		Telephone No. 732-223-2225		Telephone No. 609-265-2107	License No. 00529				
Start Date (10) <u>4</u> / <u>2</u> / <u>18</u>		Scheduled Completion Date (11) <u>7</u> / <u>31</u> / <u>18</u>		Name of OSHA Monitor EMSL Analytical					
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: <u>7AM-3:30PM/3:30PM-12AM</u>				Street Address 200 Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
See Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See Attached	See Attached	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 12	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 7/31/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 7/2/18			

Scope of Work



Location of ACM	Used for Maint.	Description of ACM	Amount	Abatement Type
Room D105	NO	Transite Panels	9 SF	Removal
Room D104	NO	Transite Panels	9 SF	Removal
Room D103	NO	Transite Panels	10 SF	Removal
Room D103	NO	Cove Base Mastic	8 LF	Removal
Room D101	NO	Transite Panels	10 SF	Removal
Room D101	NO	Cove Base Mastic	8 LF	Removal
Room D102	NO	Transite Panels	19 SF	Removal
Room D102	NO	Cove Base Mastic	7 LF	Removal
Room D113/114	NO	Transite Panels	60 SF	Removal
Room D113/114	NO	Chalkboards & Mastic	50 SF	Removal
Room D113/114	NO	Transite Door Panels	30 SF	Removal
(2) Storage Rms. & Hall	NO	Floor tile & Mastic	150 SF	Removal
Throughout	NO	Door Caulk	10 SF	Removal
Auditorium	NO	Cement Panels	500 SF	Removal
Auditorium	NO	Roof Drain Fitting	1 each	Removal
Cafeteria	NO	White window glazing	2,436 LF	Removal
Cafeteria	NO	Transom Panels	30 SF	Removal
Cafeteria	NO	Window sills	228 SF	Removal
Cafeteria	NO	Floor tile & Mastic	550 SF	Removal
Cafeteria	NO	Fire Stop	9 SF	Removal
Cafeteria	NO	Interior Door Caulking	668 LF	Removal
Cafeteria	NO	Black Pipe wrap	300 LF	Removal
Cafeteria	NO	Caulk on block wall	10 LF	Removal
Cafeteria	NO	Door Caulking	50 LF	Removal
Cafeteria	NO	White window glazing	420 LF	Removal

PAID

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

CK 32381

Date of Notification (1) 7 / 5 /2018		Name of Building Owner/Operator (2) THE VALLEY HOSPITAL	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 223 NORTH VAN DIEN AVENUE		City, State, Zip Code RIDGEWOOD, NEW JERSEY 07652	
Name of Contact GEORGE GANCOS		Telephone Number 201-447-8141	

RECEIVED
JUL - 9 2018
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) VALLEY HOSPITAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 640 WINTER AVENUE		Square Feet 50,000	# of Floors 1
City (5) PARAMUS		County (6) BERGEN	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) COLDEN CORPORATION		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 131 VARICK STREET, SUITE 1022		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code NEW YORK, NEW YORK 10013		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm JIM MIADES		Telephone Number 347-435-3561	License Number 1101
Expected State Date (10) 7 / 6 /18		Sched. Completion Date (11) 12 / 30 /18	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM		Street Address 307 WEST 38TH STREET	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		City, State, Zip Code NEW YORK, NEW YORK	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		Is Location normally used solely by Maint/Custodial Staff (12) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Abatement Type			
1ST FLOOR-THROUGHOUT		FLOOR MASTIC	
1ST FLOOR-PERIMETER		WINDOW GLAZING	
ADDITION TO SCOPE:			
1ST FLOOR-THROUGHOUT		CARPET TILE / FLOOR MASTIC	
ROOF OVERHANG		ROOF/FLASHING	
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD City, State NEWARK, NEW JERSEY		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 30
Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL		Disposal Date 07/06 - 12/30/18	City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature Date 7/5/18

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

Date of Notification (1)

5 / 25 /2018

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☐ Amended Notification
☐ Cancellation
☒ On Hold #1
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

THE VALLEY HOSPITAL

Street Address

223 NORTH VAN DIEN AVENUE

City, State, Zip Code

RIDGEWOOD, NEW JERSEY 07652

Name of Contact

GEORGE GANCOS

Telephone Number

201-447-8141

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

VALLEY HOSPITAL

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

640 WINTER AVENUE

Square Feet

50,000

of Floors

1

Bldg. Age

40+

City (5)

PARAMUS

County (6)

BERGEN

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

ABANDONED

Name of Monitoring Firm Hired by Building Owner (8)

COLDEN CORPORATION

ASCN No.

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

131 VARICK STREET, SUITE 1022

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

NEW YORK, NEW YORK 10013

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

JIM MIADES

Telephone Number

347-435-3561

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

5 / 29 /18
Month Day Year

Sched. Completion Date (11)

12 30 /18
Month Day Year

Name of OSHA Monitor

EMSL #11506

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM

Street Address

307 WEST 38TH STREET

City, State, Zip Code

NEW YORK, NEW YORK

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF
☒ Renovation

☐ Full Containment with Negative Pressure
☐ Mini Encl.
☐ Glovebag Procedure
☒ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1ST FLOOR-THROUGHOUT			X	FLOOR MASTIC	5,300 SF	X			
1ST FLOOR-PERIMETER				WINDOW GLAZING	60 SF	X			

Name of Registered Waste Hauler

NEWARK CARTING
369 RAYMOND BLVD

NJDEP Waste Hauler ID No.

913

Cubic Yards of Waste

30

Name of Registered Landfill

GRAND CENTRAL SANITARY LANDFILL

City, State

NEWARK, NEW JERSEY

Disposal Date

5/29/18 - 12/30/18

City, State

PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)

BENJAMIN SANCHEZ

Title

DIRECTOR OF OPERATIONS

Signature

[Signature]

Date

5/25/18

CK32381

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

Date of Notification (1)

5 / 9 / 2018

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☒ Initial Notification
☐ Amended Notification
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

THE VALLEY HOSPITAL

Street Address

223 NORTH VAN DIEN AVENUE

City, State, Zip Code

RIDGEWOOD, NEW JERSEY 07652

Name of Contact

GEORGE GANCOS

Telephone Number

201-447-8141

 RECEIVED
 JUL - 9 2018
 ASBESTOS CONTROL &
 LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

VALLEY HOSPITAL

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

640 WINTER AVENUE

Square Feet

50,000

of Floors

1

Bldg. Age

40+

City (5)

PARAMUS

County (6)

BERGEN

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

ABANDONED

Name of Monitoring Firm Hired by Building Owner (8)

COLDEN CORPORATION

ASCM No.

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

131 VARICK STREET, SUITE 1022

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

NEW YORK, NEW YORK 10013

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

JIM MIADES

Telephone Number

347-435-3561

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

5 / 29 / 18

Sched. Completion Date (11)

12 30 / 18

Name of OSHA Monitor

EMSL #11506

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM

Street Address

307 WEST 38TH STREET

City, State, Zip Code

NEW YORK, NEW YORK

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF
☒ Renovation

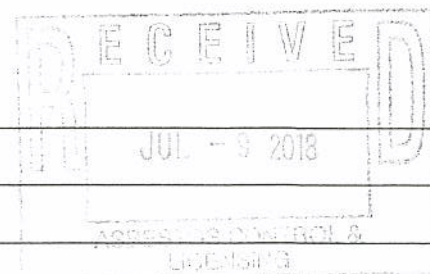
☐ Full Containment with Negative Pressure
☐ Mini Enclo.
☐ Glovebag Procedure
☒ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1ST FLOOR-THROUGHOUT			X	FLOOR MASTIC	5,300 SF	X			
1ST FLOOR-PERIMETER				WINDOW GLAZING	60 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD City, State NEWARK, NEW JERSEY	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 30	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Disposal Date 5/29/18 - 12/30/18	City, State PLAINFIELD TOWNSHIP, PA
Signature <i>[Signature]</i>		Date 5-9-18	

no ok

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



Date of Notification (1) 7/03/18		Name of Building Owner/Operator (2) Lyndhurst Board of Education	
Agencies Notified	Type Notification	Street Address 420 Fern Lane	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code Lyndhurst, NJ 07071	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	Name of Contact Scott Bisig	
<input checked="" type="checkbox"/> DOL	Amendment # <u>2</u>	Telephone Number 201-438-5683	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Lyndhurst High 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 400 Weart Avenue			
City (5) Lyndhurst	Square Feet 100,000+	# of Floors 2+	Bldg. Age 70+
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) High School	
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, L.L.C.		ASCM No. 00118	Name of Abatement Contractor (9) Unicorn Contracting Corp.
Street Address 464 Valley Brook Ave		Street Address 32 Willow Way	
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager from Monitoring Firm John Chiaviello		Telephone No. 201-438-4839	License No. 01331
Start Date (10) 6/21/18	Scheduled Completion Date (11) 7/09/18	Name of OSHA Monitor Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Sub 8 Occupied</u>		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
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		City, State, Zip Code Fair Lawn, NJ 07410	

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		X			

Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 12	Name of Registered Landfill Fairless Hills Landfill	
City, State Woodland Park, New Jersey		Disposal Date TBD	City, State Morrisville, PA		
Completed by Dimo Golcev	Title General Manager	Signature 	Date 7/03/18		

State of New Jersey
Notification of Asbestos Abatement
Continuation Sheet

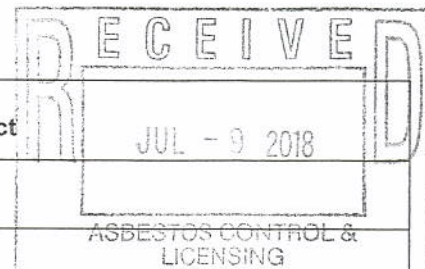


Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff: (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Library Office - Inwalls and Floors & Above Ceiling		X		Pipe Insulation	100 LF	X			
Library Office		X		Sink Undercoating	1 sink	X			
Rooms, 149, 150, 219, 220, 228, 228 A, 228 F, & 228 G		X		9" Floor Tiles & Mastic with plywood & carpet	6,200 SF	X			
Rooms, 149, 150, 219 & 220		X		Presumed Chalk/ Cork Board Mastic	800 SF	X			
Basement for Plumbing Connections	X			Pipe Insulation	3 LF	X			
Room 150, 233 & 235		X		3 Floor Core Locations in Floor Materials - 2" Diameter holes	1 SF	X			
Room 219, 220, & 228		X		3 Roof/ Ceiling Core Location - Roof/ Deck Materials - 2' x 2' each	12 SF	X			

OK 4859

PAID

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



Date of Notification (1) 07 / 05 / 18		Name of Building Owner/Operator (2) Hopewell Valley Regional School District							
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 425 South Main Street City, State, Zip Code Pennington, NJ 08534 Name of Contact Thomas Quinn Telephone Number 609-737-4002 x 2801							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Timberlane Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 51 S. Timberlane Drive		Square Feet 50,000							
City (5) Pennington		# of Floors 2	Bldg. Age 70						
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) PARS Environmental, Inc.		Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 500 Horizon Drive, Suite 540		Street Address 623 Cutler Avenue							
City, State, Zip Code Robbinsville, NJ 08691		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Julian Fernandez		Telephone No. 609-890-7277	License No. 00842						
Start Date (10) 07 / 21 / 18	Scheduled Completion Date (11) 07 / 23 / 18	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Gymnasium	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings (Wrap and Cut)	24 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnasium	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting Insulation (Glovebag)	8 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"/>
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 07/23/2018		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 7/5/18			

86/29/2018 15:21 9732539928

VMC COMPANY INC

PAGE 02/04

OK 2015 PAID

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

RECEIVED
JUL - 9 2018
DOL - 10 DAY
JUN 27 2018
9356-796-6700
WAIVER APPROVED

Date of Notification (1)
06/29/2018

Name of Building Owner/Operator (2)
VINELAND B.O.E.

Street Address
17 WEST LANDIS AVE

City, State, Zip Code
VINELAND, NJ 08360

Name of Contact
PAUL FARINACCIO

Telephone Number
9356-796-6700

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

Type Notification
☐ Initial
☐ Amended
☒ Emergency (Including justification)
☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
VINELAND HIGH SCHOOL SOUTH

Street Address
2880 CHESTNUT AVE

City (3)
VINELAND

County (3)
CUMBERLAND

County Code (7)
(STATE USE ONLY)

Type of Facility (4)
☒ School (K-12)
☐ Subchapter (Other than K-12)
☐ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
of Floors
Bldg. Age

Current Use (Prior to being demolished)
SCHOOL

Name of Monitoring Firm Hired by Building Owner (6)
EPC ENVIRONMENTAL SERVICES

ASCM No.

Name of Abatement Contractor (9)
VMC COMPANY, INC

Street Address
208 PIAGET AVENUE

City, State, Zip Code
CLIFTON, NJ 07011

Project Manager for Monitoring Firm
JIM EBERTS

Telephone No.
856-205-1077

Telephone No.
973 253 8828

License No.
00704

Start Date (10)
07/03/2018

Scheduled Completion Date (11)
07/05/2018

Name of OSHA Monitor

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)
☒ ≤ 6 sf or 23 lf
☒ ≥ 180 sf or 2260 lf
☒ Renovation
☐ Demolition
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☒ Non-Exempted ("") and Non-Fragile 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
GIRLS LOCKER ROOM		X		PIPE INSULATION WRAP & CUT	100 LF	X			

Name of Registered Waste Hauler
NEWARK CARTING, INC

NJDEP Waste Hauler ID No.
05409

Cubic Yards of Waste

Name of Registered Landfill
ITSI LANDFILL

City, State
NEWARK, NJ

Disposal Date

City, State
BETHLEHEM, PA

Completed by
VOYTEK ROSZKOWSKI

Title
PRESIDENT

Signature
V. Roszkowski

Date
06/29/2018

Date of Notification (1) 07/03/18		Name of Building Owner/Operator (2) Middle School Westwood Street Address 23 3rd Ave City, State, Zip Code Westwood, NJ 07675	
Agencies Notified	Type Notification	Name of Contact Mario Cofini	Telephone Number 551-245-4873
<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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Middle School Westwood Street Address 23 3rd Ave City (5) Westwood, NJ 07675		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age 30000 1 60 Current Use (Prior if being demolished) School Building	
County (6) Bergen		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental, LLC Street Address 307 North Walnut Street City, State, Zip Code West Chester, PA 19380		Name of Abatement Contractor (9) Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013-1935	
Project Manager for Monitoring Firm Matt Abraham Telephone Number 610-431-7545		Telephone Number 973-614-0377 License Number 00807	
Scheduled Start Date (10) 07/16/18 Month / Day / Year		Sched. Completion Date (11) 07/18/18 Month / Day / Year	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013	

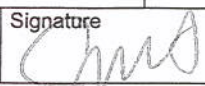
Scope of Work (Check all that apply)

☐ Demolition
☐ >3 sf or >3 lf
☒ >160 sf or >260 lf
☒ Renovation
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Friable Procedure

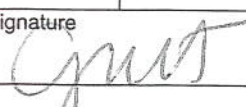
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C I T. O S U R E	
First floor class room		<input checked="" type="checkbox"/>		VAT & Mastic	850 SF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler Newark Carting, Co. City, State Newark, NJ		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill City, State Pen Argyl, PA 18072
Completed By (Print or Type) Maria Kitevska	Title Office Administrator	Signature <i>Maria Kitevska</i>		Date 7/3/18

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

Date of Notification (1) 7 / 3 / 18		Name of Building Owner/Operator (2) Millburn Board of Education / Job #1803-5282 Check #10300							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 434 Millburn Avenue							
		City, State, Zip Code Millburn, NJ 07041							
		Name of Contact Carlos Edmundo	Telephone Number 973-376-3600 ext. 145						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Deerfield ES		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 26 Troy Lane									
City (5) Short Hills, NJ 07078		Square Feet	# of Floors						
County (6) Essex		County Code (7)(STATE USE ONLY)							
		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Whitman Companies		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 7 Pleasant Hill Road		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Cranbury, NJ 08512		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	Telephone No. 609-265-2107						
		License No. 00529							
Start Date (10) 6 / 27 / 18	Scheduled Completion Date (11) 7 / 31 / 18	Name of OSHA Monitor EMSL Analytical							
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: _____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 type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> 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
2 Restrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	200-LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-12 Faculty Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	536 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 7/31/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator			Signature 	Date 7/3/18				

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

Date of Notification (1) 7 / 5 / 18		Name of Building Owner/Operator (2) Millville Public Schools / Job #1707-5179 Check #10301,10302						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 101 North 3rd Street						
		City, State, Zip Code Millville, NJ 08332						
		Name of Contact Bob Ryan	Telephone Number 609-858-5395					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Millville Senior High 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 200 North Wade Blvd.		Square Feet 200,000	# of Floors 2					
City (5) Millville		Bldg. Age 50+						
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Education						
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services, Inc.	ASCM No. 00100	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 1805 Atlantic Avenue		Street Address 30 Maple Ave. PO Box 25						
City, State, Zip Code Manasquan, NJ 08736		City, State, Zip Code Lumberton, NJ 08048						
Project Manager for Monitoring Firm Gary W. Fleming	Telephone No. 732-223-2225	Telephone No. 609-265-2107	License No. 00529					
Start Date (10) 4 / 2 / 18	Scheduled Completion Date (11) 7 / 31 / 18	Name of OSHA Monitor EMSL Analytical						
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: 7AM-3:30PM/3:30PM-12AM		Street Address 200 Route 130 North						
		City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> 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) <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
See Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See Attached	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 7/31/18		City, State Tullytown, PA				
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 			Date 7/5/18			

Scope of Work Cont.

<u>Location of ACM</u>	<u>Used for Maint.</u>	<u>Description of ACM</u>	<u>Amount</u>	<u>Abatement Type</u>
Room D105	NO	Transite Panels	9 SF	Removal
Room D104	NO	Transite Panels	9 SF	Removal
Room D103	NO	Transite Panels	10 SF	Removal
Room D103	NO	Cove Base Mastic	8 LF	Removal
Room D101	NO	Transite Panels	10 SF	Removal
Room D101	NO	Cove Base Mastic	8 LF	Removal
Room D102	NO	Transite Panels	19 SF	Removal
Room D102	NO	Cove Base Mastic	7 LF	Removal
Room D113/114	NO	Transite Panels	60 SF	Removal
Room D113/114	NO	Chalkboards & Mastic	50 SF	Removal
Room D113/114	NO	Transite Door Panels	30 SF	Removal
(2) Storage Rms. & Hall	NO	Floor tile & Mastic	150 SF	Removal
Throughout	NO	Door Caulk	10 SF	Removal
Auditorium	NO	Cement Panels	500 SF	Removal
Auditorium	NO	Roof Drain Fitting	1 each	Removal
Cafeteria	NO	White window glazing	2,436 LF	Removal
Cafeteria	NO	Transom Panels	30 SF	Removal
Cafeteria	NO	Window sills	228 SF	Removal
Cafeteria	NO	Floor tile & Mastic	550 SF	Removal
Cafeteria	NO	Fire Stop	9 SF	Removal
Cafeteria	NO	Interior Door Caulking	668 LF	Removal
Cafeteria	NO	Black Pipe wrap	300 LF	Removal
Cafeteria	NO	Caulk on block wall	10 LF	Removal
Cafeteria	NO	Door Caulking	50 LF	Removal
Cafeteria	NO	White window glazing	420 LF	Removal
D113/114	NO	Cove Base Mastic	640 LF	Removal

Scope of Work Cont.

<u>Location of ACM</u>	<u>Used for Maint.</u>	<u>Description of ACM</u>	<u>Amount</u>	<u>Abatement Type</u>
D113/114	NO	Door Caulk	576 LF	Removal
D113/114	NO	Wall Caulk	180 LF	Removal
Auditorium	NO	Door Caulk	350 SF	Removal