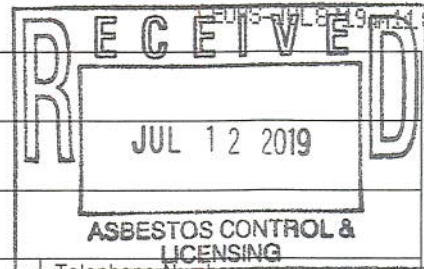


Inv # 12409
OK 5982
PAID

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

Check No. 5982



Date of Notification (1) July 08, 2019		Name of Building Owner/Operator (2) PATH	
Agency Notified	Type Notification	Street Address One PATH Plaza	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP Not required per State Reg. 10:27-04 <input checked="" type="checkbox"/> DOL	<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 07306	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact 201-216-6203	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Newark Penn Station		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1 Raymond Plaza West		Square Feet 100,000	# of Floors 3
City (5) Newark, NJ 07102-5405		Bldg. Age 83	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Business/Train Station	

Name of Monitoring Firm Hired by Building Owner (8) PA of NY & NJ		ASCM No. N/A	Name of Abatement Contractor (9) B&N&K Restoration Co. Inc.	
Street Address 241 Erie Street, Room 236		Street Address 223 Randolph Avenue		
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Clifton, NJ 07011		
Project Manager for Monitoring Firm Uday Mehta	Telephone No. 201-595-4881	Telephone No. 973-478-4681	License No. 00120	

Start Date (10) July 08, 2019	Scheduled Completion Date (11) September 30, 2019	Name of OSHA Monitor The Saban Engineering Group, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 201 Stuyvesant Avenue	
		City, State, Zip Code Lyndhurst, NJ 07071-1704	

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

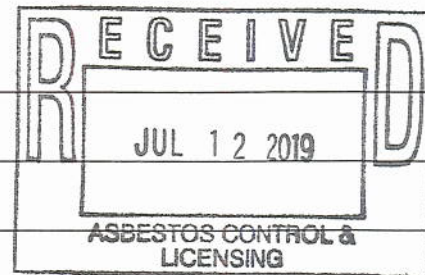
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input checked="" type="checkbox"/>			Roof Material	18 sq ft	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Jimmy Byrne Trucking		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste < 5	Name of Registered Landfill Cumberland County Landfill / Minerva Enterprises, Inc.	
City, State Bronx, NY		Disposal Date To be Determined	City, State Newburg / Waynesburg		
Completed by G. Roger Woodman	Title Project Manager	Signature 		Date 6/27/2019	

Inw #12510
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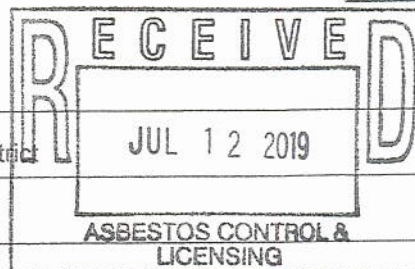
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 07/03/2019		Name of Building Owner/Operator (2) Raoul Jesus Guzman							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Ferry NJ 07643							
		Name of Contact Raoul Jesus Guzman							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N/A		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) Little Ferry		Square Feet 1800	# of Floors 2						
		Bldg. Age 115 Years							
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant						
Name of Monitoring Firm Hired by Building Owner (8) Done Right Industries LLC		ASCM No. 13VH09963500	Name of Abatement Contractor (9) NorthEast Management LLC						
Street Address 8 - 09 Fern St		Street Address 41 Madison Ave							
City, State, Zip Code Fair Lawn NJ 07410		City, State, Zip Code Rochelle Park NJ 07662							
Project Manager for Monitoring Firm Steven Scoles		Telephone No. 908 - 377 - 8382	Telephone No. 201 - 577 - 1381						
		License No. 02008							
Start Date (10) 07/13/2019		Scheduled Completion Date (11) 07/14/2019							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor NorthEast Management LLC							
<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 41 Madison Ave							
		City, State, Zip Code Rochelle Park NJ 07662							
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
Basement			X	Pipe Insulation	73 LF	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. SW - 24310	Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY			Disposal Date TBD	City, State Waynesburg, OH					
Completed by Sonja Dimovska		Title Owner	Signature <i>S. Dimovska</i>	Date 07/03/2019					

Inv #12713
CK 4669 PAID

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



Date of Notification (1) 07/09/19		Name of Building Owner/Operator (2) Allamuchy Township School District							
Agencies Notified	Type Notification	Street Address 20 Johnsonburg Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Allamuchy, NJ 07820							
		Name of Contact Jim Schlessinger	Telephone Number 908 852 1894						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Allamuchy Township 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 20 Johnsonburg Road		Square Feet 70,000	# of Floors 1						
City (5) Allamuchy		Bldg. Age 100							
County (6) Warren	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental Analysis, Inc.		ASCM No. 00090	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.						
Street Address 401 St. James Avenue		Street Address 265 Route 46 Suite 3D							
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Patrick D. McGuinness		Telephone No. 908 454 6316	Telephone No. 973 256 7010						
License No. 00666									
Start Date (10) 07/23/19	Scheduled Completion Date (11) 07/26/19	Name of OSHA Monitor Bako Construction & Restoration, 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 265 Route 46 Suite 3D							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Original Bldg. Side Hallway		x		Pipe Insulation	190 LF	x			
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Hills Waste Management					
City, State Totowa, NJ		Disposal Date 7/26/19		City, State Morrisville, PA					
Completed by Goran Kojic		Title Project Manager		Signature <i>Goran Kojic</i>		Date 07/09/19			

INV# 12715
CK 1273 PAID

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

RECEIVED	Check # 1273
	JUL 12 2019

Date of Notification (1) 7/10/19		Name of Building Owner/Operator (2) 34 BANK STREET URBAN RENEWAL, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address ONE GATEHALL DRIVE, SUITE 201	
		City, State, Zip Code PARSIIPANY, NJ 07054	
		Name of Contact DON RASMUSSEN	Telephone Number 973-552-4114

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) COMMERCIAL BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 34 BANK STREET		Square Feet 50,000	# of Floors 1
City (5) NETCONG		Bldg. Age 60	
County (6) MORRIS	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) WAREHOUSE / OFFICE / DEMO	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.	
Street Address		Street Address 185 Vreeland Ave.	
City, State, Zip Code		City, State, Zip Code Midland Park, NJ 07432	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-262-5841	License No. 00156

Start Date (10) 7/22/19	Scheduled Completion Date (11) 9/22/19	Name of OSHA Monitor Omega Environmental Servicer Inc.
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Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____	Street Address 280 Huyler Street
	City, State, Zip Code Hackensack, NJ 07606

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

Location of Asbestos-Containing Material (ACM) 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
OUTSIDE			X	ROOFING	4,800 SF	X			

Name of Registered Waste Hauler Newark Carting Inc.	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 60	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Newark, NJ 07105		Disposal Date 7/22/19 ON	City, State Pen Argyl, PA 08072
Completed by R. McDonald	Title President	Signature R. McDonald	Date 7/10/19