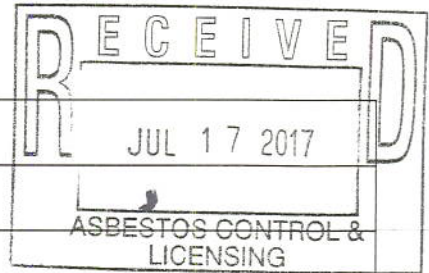


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 07/11/2017		Name of Building Owner/Operator (2) Residence	
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code High Bridge, N.J. 08829	
		Name of Contact Mark Bogart	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 3,287	# of Floors 3
City (5) High Bridge		Bldg. Age 175	
County (6) Hunterdon	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No. _____	
Street Address PO Box 354		Name of Abatement Contractor (9) Brinks Tank Services	
City, State, Zip Code South Orange, NJ 07079		Street Address 1256 Liberty Avenue	
Project Manager for Monitoring Firm Sarah Calandra		City, State, Zip Code Hillside, NJ 07205	Telephone No. 844-462-7465
Start Date (10) 07/25/2017	Scheduled Completion Date (11) 08/03/2017	License No. 01316	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor A. Seine Lighthouse Solutions	
		Street Address PO Box 354	
		City, State, Zip Code South Orange, NJ 07079	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		pipe wrap	300 LF	X			

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill	
City, State East Orange, NJ			Disposal Date	City, State Penn Argyle, PA	
Completed by Alison Lamers		Title Office Manager	Signature <i>Alamers</i>	Date 07/11/2017	

Date of Notification (1) 07/10/17		Name of Building Owner/Operator (2) North Hunterdon - Voorhees R.H.S.D.		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 17 2017 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified	Type Notification	Street Address 1445 Rt. 31 S.		
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	City, State, Zip Code Annandale, NJ 08801		
		Name of Contact William Mowery, Facilities Director		
		Telephone Number		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) North Hunterdon Regional High School			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 1445 Rt. 31 S.			Square Feet # of Floors Bldg. Age 50,000 2 50		
City (5) Annandale, NJ 08801	County (6) Hunterdon	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School Building		
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates.		ASCM No. 004	Name of Abatement Contractor (9) Four Strong Builders, Inc.		
Street Address 3 Crosswicks St.			Street Address 180 Sargeant Avenue		
City, State, Zip Code Bordentown, NJ 08505			City, State, Zip Code Clifton, NJ 07013-1935		
Project Manager for Monitoring Firm Michael Hoodak, EPA Project Designer		Telephone Number 609-298-5520	Telephone Number 973-614-0377		License Number 00807
Scheduled Start Date (10) 07/22/17		Sched. Completion Date (11) 07/25/17	Name of OSHA Monitor Four Strong Builders, 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: <input type="checkbox"/> Other - Describe:		Street Address 180 Sargeant Avenue			
		City, State, Zip Code Clifton, NJ 07013			

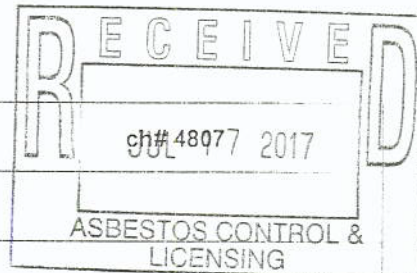
Scope of Work (Check all that apply)

☐ 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) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C I S U R E	
Room 110 & Guidance Hallway	X	Fitting Insulation	6 LF	X				

Name of Registered Waste Hauler Four Strong Builders, Inc.		NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.	
City, State Clifton, NJ			Disposal Date	City, State Tullytown, PA	
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator	Signature 		Date 7/10/17

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



Date of Notification (1) 07/10/2017		Name of Building Owner/Operator (2) Craig Stugart						
Agencies Notified	Type Notification	Street Address						
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[Redacted] City, State, Zip Code Paterson, NJ 07502 Name of Contact Craig Stugart						
		Telephone Number _____						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 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) Paterson		Square Feet	# of Floors					
County (6) Passaic		Bldg. Age						
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) residence						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation					
Street Address		Street Address 606 McBride Ave						
City, State, Zip Code		City, State, Zip Code Woodland Park, NJ 07424						
Project Manager for Monitoring Firm		Telephone No. 201-569-6708	Telephone No. 973-225-8400					
Start Date (10) 07-24-2017		Scheduled Completion Date (11) 07-25-2017	License No. 01104					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Iris Environmental Laboratories, 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 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 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
Basement area		X		Pipe insulation	160 LF	X		
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill GROWS, Landfill				
City, State Woodland Park, New Jersey			Disposal Date	City, State Morrisville, PA				
Completed by Momo Glavatovic		Title Project manager	Signature 	Date 07/10/2017				

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

check # 12773

GAC Project # 610-2017

Date of Notification (1) July 07, 2017		Name of Building Owner/Operator (2) DONNA & AJAY VIJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification #1 Consultant address change <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address [REDACTED]		City, State, Zip Code UNION CITY, NJ 07086	
Name of Contact MR. AJAY VIJ		Telephone Number [REDACTED]	

RECEIVED
 JUL 17 2017
 ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		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.) Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years	
Street Address [REDACTED]		Current Use (prior if being demolished): RESIDENCE	
City (5) WEEHAWKEN	County (6) HUDSON	County Code (7) (State Use Only)	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Name of Monitoring Firm Hired by Bldg. Owner (8) ENVIROVISION, INC.		ASCM No. 00079	Street Address 511 MAIN STREET
Street Address 20-21 WARGARAW ROAD		City, State, Zip Code BUTLER, NJ 07405	
City, State, Zip Code FAIRLAWN, NJ	Project Manager for Monitoring Firm FRED LARSON	Telephone Number 973-636-9145	Telephone Number 973-492-0477
Scheduled Start Date (10) 07/10/2017		License Number 00840	
Scheduled Completion Date (11) 07/11/2017		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 - Describe <input checked="" type="checkbox"/> Facility UnOccupied During Entire Period of Abatement NOT SUB 8 - SHIFT HOURS 8:00 AM - 5 PM (24 hours as needed)		Street Address 20-21 WARGARAW ROAD	
Source 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	
City, State, Zip Code FAIRLAWN, NJ		Amount (Specify SF or LF) 130 LF	
Abatement Type Remove Repair Encap Enclose		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Location of Asbestos-Containing Material (ACM) in Facility (13) Basement		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) PIPE FITTING INSULATION		Amount (Specify SF or LF) 2 SF	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) FLU PACKING		Amount (Specify SF or LF) 2 SF	
Name of Reg. Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID # NJ DEP # 4509	
Cubic Yards of Waste: 10 CY		Name of Registered Landfill G.R.O.W.S. North Landfill	
Disposal Date July 11, 2017		City, State 100 New Ford Mill Rd. Morrisville, Pa 19067	
Notes: None		City, State 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	
Signature <i>Raymond C. Pedalino</i>		Date July 7, 2017	

From: GREENWOOD ABATEMENT

15734920133

07/07/2017 11:57

#304 P.002/004

State of New Jersey - Notification of Asbestos Abatement

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

GAC Project # 610-2017

Date of Notification (1)

July 07, 2017

Agencies Notified

- ☐ EPA
☐ DCA
☐ DOL
☒ DEP- No Longer REQUIRED
☒ DOH

Notification Type

- ☐ Initial Notification
☐ Amended Certification #1
☐ Consultant address change
☒ Emergency (Including Justification)
☐ Cancelled

Name of Building Owner/Operator (2)

DONNA & AJAY VIJ

Street Address

[REDACTED]

City, State, Zip Code

UNION CITY, NJ 07086

Name of Contact

MR. AJAY VIJ

Telephone Number

Name of Facility Where Abatement is Taking Place (3)

RESIDENCE

Street Address

[REDACTED]

City (5)

WEEHAWKEN

County (6)

HUDSON

County Code (7)

(State Use Only)

Name of Monitoring Firm Hired by Bldg. Owner (8)

ENVIROVISION, INC.

ASCM No.

00079

Street Address

20-21 WARGARAW ROAD

City, State, Zip Code

FAIRLAWN, NJ

Project Manager for Monitoring Firm

FRED LARSON

Telephone Number

973-638-5145

Scheduled Start Date (10)

07/10/2017

Scheduled Completion Date (11)

07/11/2017

Occupancy Status During Abatement (Check only one)

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

☒ Facility Unoccupied During Entire Period of Abatement
 NOT SUB 8 - SHIFT HOURS 8:00 AM - 5 PM (24 hours as needed)

Source of Work (Check all that apply)

- ☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 280 lf

- ☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) in Facility (13)

Basement

Basement

Is Location Normally Used Solely by Maint./Custodial Staff? (12)

YES NO NA

[X] [] []

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscell.)

PIPE FITTING INSULATION

FLU PACKING

Amount (Specify SF or LF)

130 LF

2 SF

Abatement Type

Remove, Repair, Enclose, Enclose

Name of Reg. Waste Hauler

Newark Carting, Inc.

Newark, NJ 04509

NJ DEP Waste Hauler ID #

NJ DEP # 4508

Cubic Yards of Waste:

10 CY

Name of Registered Landfill

G.R.O.W.S. North Landfill

Notes: None

Disposal Date

July 11, 2017

City, State

100 New Ford MW Rd.
Monteville, Pa 19067
215-738-1700

Completed by (Print or Type)

RAYMOND C. PEDALINO

Title

SENIOR PROJECT
MANAGER

Signature

Raymond C. Pedalino

Date

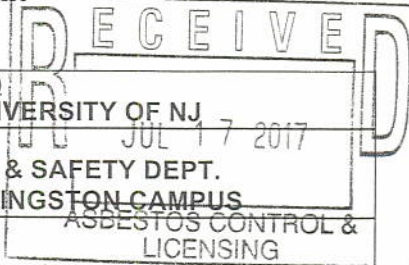
July 7, 2017

Copies To: EnviroVision Inc., Attn: Fred Larson

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

Check # 12778

GAC Project # 060-17

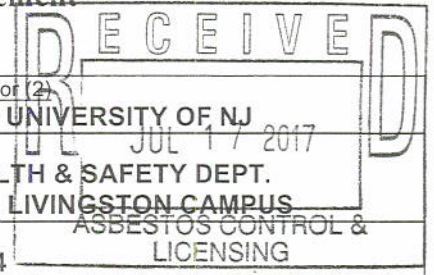


Date of Notification (1) July 10, 2017			Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
				City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone 	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) NEWELL CENTRAL HEATING, BLDG# 6280			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 COOK CAMPUS			Sq. Feet: N/A # of Floors: 1 Bldg. Age: 60+ years		
City (5) NEW BRUNSWICK	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. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Street Address 3 TERRI LANE			Street Address 268 MAIN STREET		
City, State, Zip Code BURLINGTON, NJ 08016			City State, Zip Code BUTLER, NJ 07405		
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	Telephone Number 973-492-0477		License Number 00840
Scheduled Start Date (10) 07/21/17		Scheduled Completion Date (11) 07/24/17		Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Schedule: 3PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)			Street Address 20-21 WARGARAW ROAD		
			City, State, Zip Code FAIRLAWN, 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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)		Amount (Specify SF or LF)	Abatement Type <u>Remove</u> <u>Repair</u> <u>Encap</u> <u>Enclose</u>
Boiler Room	<input checked="" type="checkbox"/>	TSI		~9 LF	<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 07/24/2017	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 July 10, 2017

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)

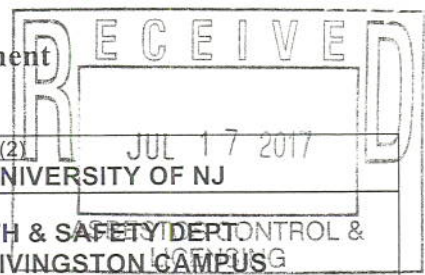
Check # 12777



GAC Project # 060-17

Date of Notification (1) July 7, 2017		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 - add work area, material & quantity <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PHARMACY, BLDG# 3750		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 6 Bldg. Age: 60+ years	
Street Address BUSCH CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 0098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 07/07/17		Scheduled Completion Date (11) 07/10/17	
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: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		Name of OSHA Monitor 1 ENVIROVISION, INC.	
		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
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"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Room 001 Suite	<input checked="" type="checkbox"/>	Bench Tops/Transite Panels	140 SF
Corridor 020	<input checked="" type="checkbox"/>	VAT (including Mastic)	220 SF
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 NJ DEP # 4509		Name of Registered Landfill G.R.O.W.S. North Landfill	
Disposal Date 07/10/2017		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 July 7, 2017

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



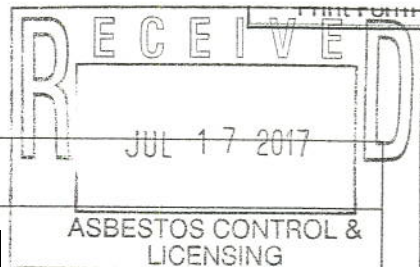
GAC Project # 060-17

Date of Notification (1) June 26, 2017		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PHARMACY, BLDG# 3750		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 6 Bldg. Age: 60+ years	
Street Address BUSCH CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 0098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	License Number 00840
Scheduled Start Date (10) 07/07/17		Scheduled Completion Date (11) 07/10/17	
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: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		Name of OSHA Monitor 1 ENVIROVISION, INC.	
Street Address 20-21 WARGARAW ROAD		City, State, Zip Code FAIRLAWN, NJ	
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"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) Room 001 Suite	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.) Bench Tops/Transite Panels	Amount (Specify SF or LF) 140 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: 15 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 NJDEP # 4509		Disposal Date 07/10/2017	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 26, 2017

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

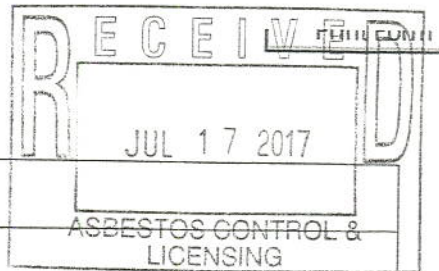
CK1084

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

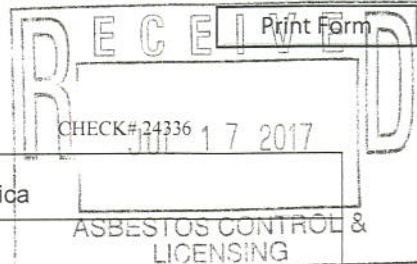


Date of Notification (1) 07/08/2017		Name of Building Owner/Operator (2) PANKAJ V. PATEL							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code EDISON NJ. 08820							
		Name of Contact PANKAJ V. PATEL	Telephone Number						
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) EDISON NJ. 08820		Square Feet 1.700	# of Floors 2						
		Bldg. Age 72							
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) YES							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.						
Street Address		Street Address 1126 - 51 ST.							
City, State, Zip Code		City, State, Zip Code NORTH BERGEN NJ. 07047							
Project Manager for Monitoring Firm		Telephone No. 201 776.0642	License No. 01300						
Start Date (10) 07/11/2017	Scheduled Completion Date (11) 07/12/2017	Name of OSHA Monitor ENVIRO PROBE LAB							
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. 08840							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
KITCHEN		X		FLOOR LINOLEUM	120 SF.	X			
Name of Registered Waste Hauler TRI STATE ASSOC. INC		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.					
City, State BRONX NEW YORK		Disposal Date TBD		City, State WAYNESBURG, OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 	Date 07/08/2017					

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



Date of Notification (1) 07/10/2017		Name of Building Owner/Operator (2) JOAN BASH							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ENGLEWOOD NJ. 07631							
		Name of Contact JOAN	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1800	# of Floors 2						
City (5) ENGLEWOOD NJ		Bldg. Age 87							
County (6) BERGEN	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.							
Street Address		Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC							
City, State, Zip Code		Street Address 1126 51. STREET							
Project Manager for Monitoring Firm		City, State, Zip Code NORTH BERGEN. NJ. 07047							
Telephone No.		Telephone No. 201-776-0642	License No. 1300						
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor ENVIRO-PROBE LAB							
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.08840							
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 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
ATTIC		X		VERMICULATE INSULATION	1,500 SF.	X			
Name of Registered Waste Hauler TRI.STATE ASSOC. 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 07/10/2017					



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

Date of Notification (1) 07-10-17		Name of Building Owner/Operator (2) The Prudential Insurance Company of America							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 751 Broad Street City, State, Zip Code Newark, NJ 07102 Name of Contact William Barrett Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 751 Broad Street		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark		Square Feet 647,506	# of Floors 29 Bldg. Age 57 yrs.						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address		Street Address 200 Broad Street							
City, State, Zip Code		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm		Telephone No. 201-939-6565	License No. 00756						
Start Date (10) 07-11-17(1) Job on Hold	Scheduled Completion Date (11) 08-25-17	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 307 West 38th Street City, State, Zip Code New York, NY 10018							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		OSHA Class II <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
12th Floor			x	VAT/Mastic	15,000SF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY			Disposal Date TBD	City, State Waynesburg, OH 44688					
Completed by Kevin Moriarty		Title Project Manager		Signature 		Date 07-10-17			

Project #

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

Check # 3867

Date of Notification (1)

07/09/2017

Name of Building Owner/Operator (2)

Wayne BOE

Agencies Notified

☐ EPA
☐ DEP
☒ DOL

☒ DOH
☐ DCA

Type Notification

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

Street Address

50 Nellis Drive

City, State, Zip Code

Wayne, NJ 07470

Name of Contact

John Maso

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Packanack School

Street Address

190 Oakwood Drive

City (5)

Wayne, NJ

County (6)

Passaic County

County Code (7)

(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

RAMM

ASCM No.

Name of Abatement Contractor (9)

Nick Restoration LLC

Street Address

77 Nottingham Rd

Street Address

72 Brookside Rd

City, State, Zip Code

Fair Lawn

City, State, Zip Code

Randolph NJ 07869

Project Manager for Monitoring Firm

Rodger Headrick

Telephone No.

(201)475-9880

Telephone No.

973-933-2550

License No.

01133

Start Date (10)

07/20/2017

Scheduled Completion Date (11)

07/22/2017

Name of OSHA Monitor

IRIS

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

2333 RT 22

City, State, Zip Code

Union, NJ 07083

Scope of Work (Check All That Apply)

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

☒ Renovation
☐ Demolition

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

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

Is Location
Normally
Used Solely by
Maintenance/
Custodial Staff?
(12)

Yes No N/A

Description of
Asbestos Containing Material (ACM)
(i.e. thermal systems insulation,
surfacing, VAT, or
other miscellaneous)

Amount
(Specify
SF or LF)

Abatement Type

Removal Repair Encapsulate Enclosure

Boys & Girls Bathroom

X

TSI

8 elbows

X

Name of Registered Waste Hauler

Nick Restoration LLC

NJDEP Waste
Hauler ID No.
33782

Cubic Yards
of Waste
TBD

Name of Registered Landfill

G.R.O.W.S

City, State

Randolph, NJ 07869

Disposal Date

TBD

City, State

Tullytown, PA

Completed by

Elvira Mrda

Title

President

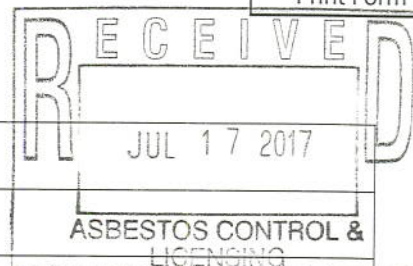
Signature

Elvira Mrda

Date

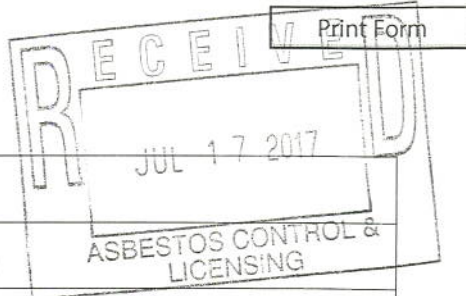
07/9/2017

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



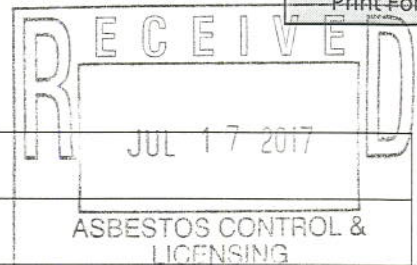
Date of Notification (1) 7/11/2017		Name of Building Owner/Operator (2) ARCHDIOCESE OF NEWARK							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	171 CLIFTON AVENUE, PO BOX 9500							
		City, State, Zip Code NEWARK, NJ 07104-0500							
		Name of Contact YVES AUGOURG	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) OUR LADY OF ASSUMPTION SCHOOL		Type of Facility (4)							
Street Address 92 WEST 23RD STREET		<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) BAYONNE		Square Feet	# of Floors						
County (6) HUDSON		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ENVIROVISION CONSULTANTS, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 20-21 WAGARAW ROAD, BUILDING 35E		Street Address 11 VREELAND AVENUE							
City, State, Zip Code FAIR LAWN, NJ 07410		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm FRED LARSON		Telephone No. 973-636-9145	License No. 00494						
Start Date (10) 7/26/2017	Scheduled Completion Date (11) 8/28/2017	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/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
MAIN BOILER ROOM	X			Pipe Insulation	60 LF	X			
				Exterior Boiler Insulation	420 SF	X			
				Breeching/Duct Insulation	423 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 20	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 8/14/2017		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 7/11/2017					

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



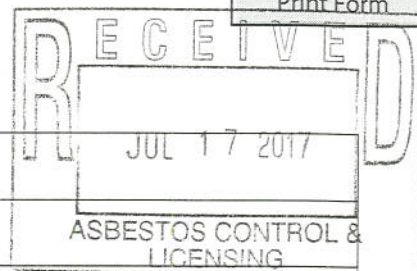
Date of Notification (1) 7/11/2017		Name of Building Owner/Operator (2) ARCHDIOCES OF NEWARK							
Agencies Notified	Type Notification	Street Address 171 CLIFTON AVENUE, PO BOX 9500							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NEWARK, NJ 07104-0500							
		Name of Contact YVES AUGOURG	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) OUR LADY OF ASSUMPTION 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 92 WEST 23RD STREET		Square Feet	# of Floors						
City (5) BAYONNE		Bldg. Age							
County (6) HUDSON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ENVIROVISION CONSULTANTS, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 20-21 WAGARAW ROAD, BUILDING 35E		Street Address 11 VREELAND AVENUE							
City, State, Zip Code FAIR LAWN, NJ 07410		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm FRED LARSON		Telephone No. 973-636-9145	License No. 00494						
Start Date (10) 7/26/2017	Scheduled Completion Date (11) 8/28/2017	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
GYMNASIUM & AUDITORIUM		X		POPCORN CEILING COATING	9,425	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 40	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 8/14/2017		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>			Date 7/11/2017			

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



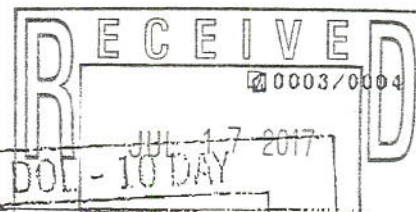
Date of Notification (1) 07/10/2017		Name of Building Owner/Operator (2) Jacquelin Schrage							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" 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 Mainesburg, PA, 16932							
		Name of Contact Jacquelin Schrage	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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 [REDACTED]									
City (5) West Orange		Square Feet N/A	# of Floors N/A						
		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____							
		Name of Abatement Contractor (9) D&S Abatement, Inc.							
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ, 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 07/20/2017	Scheduled Completion Date (11) 07/21/2017	Name of OSHA Monitor D&S Abatement, 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>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	160 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 			Date 07/10/2017		

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



Date of Notification (1) 07/10/2017		Name of Building Owner/Operator (2) 21st Mortgage Corporation							
Agencies Notified	Type Notification	Street Address 620 Market Street							
<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	City, State, Zip Code Knoxville, TN 37902							
		Name of Contact Jessica Lane	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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 [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Asbury Park		Bldg. Age N/A							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ, 07512							
Project Manager for Monitoring Firm		Telephone No. _____	License No. _____						
Start Date (10) 07/21/2017		Scheduled Completion Date (11) 07/22/2017	Name of OSHA Monitor D&S Abatement, 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 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/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	120 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 07/10/2017			

07/11/2017 18:08 FAX



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

Date of Notification (1) 07-11-2017		Name of Building Owner/Operator (2) Montclair Kimberly Academy	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 201 Valley Road		City, State, Zip Code Montclair, NJ 07042	
Name of Contact Mark Dombroski		Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 201 Valley Road		Square Feet	# of Floors
City (5) Montclair		Bldg. Age	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) school	
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 300 Grand Ave		Street Address 606 McBride Ave	
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-569-6708	Telephone No. 973-225-8400
Start Date (10) 07-17-2017		Scheduled Completion Date (11) 07-19-2017	License No. 01104
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 Other - Describe: _____		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, NJ 07083	

Scope of Work (Check All That Apply)

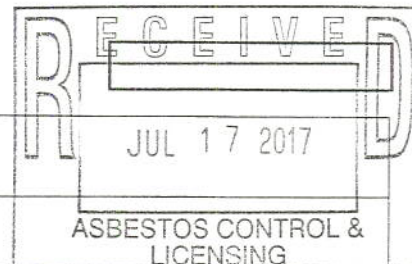
- ☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 150 sf or ≥ 250 lf
☒ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) to be Abated in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Room # 312		x		wall plaster	100 SF		x	
		x						
		x						
		x						

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill GROWS Landfill	
City, State Woodland Park, New Jersey			Disposal Date	City, State Morrisville, PA	
Completed by Adriana Olejarova		Title president	Signature 	Date 07/11/2017	

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

Check#2825



Date of Notification (1) 07 / 12 / 17		Name of Building Owner/Operator (2) Judith Giancola	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Cliffside Park, NJ 07010 Name of Contact Judith Giancola Telephone Number 	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Cliffside Park, NJ 07010 County (6) Bergen		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)
County Code (7) (STATE USE ONLY) Bergen	Square Feet	# of Floors
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code	ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470
Project Manager for Monitoring Firm	Telephone No.	License No. 901127
Start Date (10) 07 / 21 / 17	Scheduled Completion Date (11) 07 / 23 / 17	Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg # 35E City, State, Zip Code Fair Lawn, NJ 07410
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		

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination with negative pressure
<input type="checkbox"/> ≥ 160 sf or ≥260 lf	<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"/> Tent with Negative Pressure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

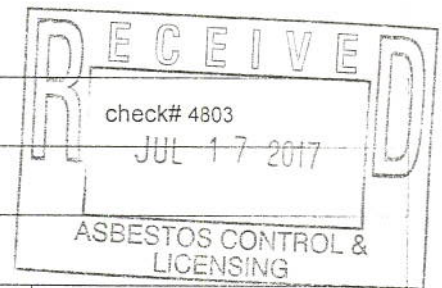
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	80 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 Gr Tech LLC City, State Wayne, NJ 07470	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N.Jevtic</i>	Date 07/12/17

fill as initial

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

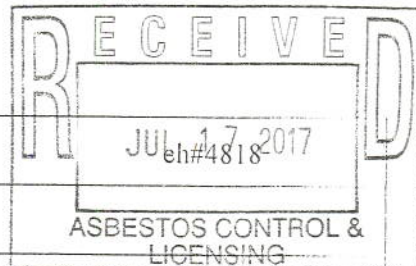
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 07/12/2017		Name of Building Owner/Operator (2) Westfield Board of Education							
Agencies Notified	Type Notification	Street Address 302 Elm Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including Justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westfield, NJ 07090							
		Name of Contact Michael Morris							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Roosevelt school		Type of Facility (4)							
Street Address 301 Clark Street		<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) Westfield		Square Feet	# of Floors						
		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) school							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 300 Grand Ave		Street Address 606 McBride Ave							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Woodland Park, New Jersey							
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-569-6078	Telephone No. 973-225-8400						
		License No. 01104							
Start Date (10) 07-28-2017	Scheduled Completion Date (11) 07-31-2017	Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>start 3 pm unoccupied</u>		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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			TSI-Boiler breeching	420 SF	x			
Boiler room	x			TSI-Pipe insulation w.fiberglass	540 LF	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey			Disposal Date	City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President	Signature 			Date 07/12/2017			

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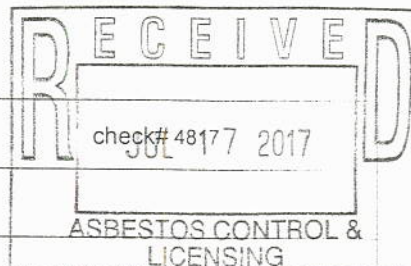
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 07-12-2017		Name of Building Owner/Operator (2) Wayne Board of Education							
Agencies Notified	Type Notification	Street Address 50 Nellis Drive							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code Wayne, NJ 07470							
		Name of Contact John Maso	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Wayne Hills High school		Type of Facility (4)							
Street Address 272 Berdan Ave		<input checked="" type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Wayne	County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Square Feet						
			# of Floors						
			Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants, Inc		ASCM No. 0057	Name of Abatement Contractor (9) Lilich Corporation						
Street Address POB 385		Street Address 606 McBride Ave							
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	License No. 01104						
Start Date (10) 07-28-2017	Scheduled Completion Date (11) 07-30-2017	Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>unoccupied</u>		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
auditorium stage sub-floor			x	soft crete	35 SF	x			
auditorium stage sub-floor			x	mastic	35 SF	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill GROWS Landfill					
City, State Woodland Park, NJ		Disposal Date		City, State Morrisville, PA					
Completed by Adriana Olejarova		Title president		Signature 			Date 07-12-2017		

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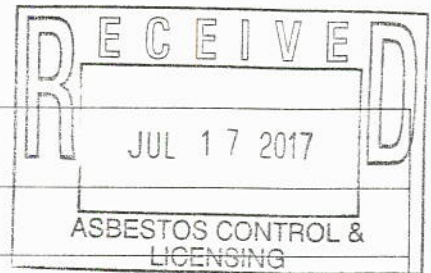
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 07/12/2017		Name of Building Owner/Operator (2) Fort Lee Borough Hall							
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"/> Amended Amendment # _____ Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 309 Main Street City, State, Zip Code Fort Lee, NJ 07024 Name of Contact Anthony Lione							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Borough Hall		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 309 Main Street		Square Feet	# of Floors						
City (5) Fort Lee		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Town building							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 300 Grand Ave		Street Address 606 McBride Ave							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Woodland Park, New Jersey							
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-569-6078	Telephone No. 973-225-8400						
Start Date (10) 07-29-2017		Scheduled Completion Date (11) 07-31-2017	License No. 01104						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>unoccupied</u>		Name of OSHA Monitor Iris Environmental Laboratories, LLC							
		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure/ <u>Limited Containment</u> <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			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
1st floor lobby		x		TSI-Pipe insulation	24 LF	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey			Disposal Date	City, State Morrisville, PA					
Completed by Adriana Olejarova		Title president	Signature 	Date 07-12-2017					

Ch4123

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



Date of Notification (1) 7 / 11 / 17		Name of Building Owner/Operator (2) Glassboro Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3 Williams Street City, State, Zip Code Glassboro, NJ 08028 Name of Contact Newport Construction Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) J. Harvey Rodgers 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 301 Georgetown Road		Square Feet 20,000							
City (5) Glassboro		# of Floors 2	Bldg. Age 80						
County (6) Gloucester	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design, Inc.		ASCM No. 0095	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 5434 King Avenue		Street Address 623 Cutler Avenue							
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Tim Gromen		Telephone No. 856-616-9516	License No. 00842						
Start Date (10) 07 / 20 / 17	Scheduled Completion Date (11) 07 / 28 / 17	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 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
Hallways	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Roof Decking	<25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill GROWS North Landfill					
City, State Freehold, NJ		Disposal Date 07/28/2017		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 7/11/17			

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

CK 31056

Date of Notification (1)

7 / 7 / 17

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 TRUSTEES OF STEVENS INSTITUTE OF TECHNOLOGY

Street Address

CASTLE POINT ON HUDSON

City, State, Zip Code

HOBOKEN, NEW JERSEY 07030

Name of Contact

DAVID FERNANDEZ

Telephone Number

RECEIVED
JUL 17 2017

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

STEVENS INSTITUTE OF TECHNOLOGY - LIEB BUILDING

Type of Facility (4)

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

Square Feet
11,249

of Floors
3

Bldg. Age
100

Street Address

531 HUDSON STREET

City (5)

HOBOKEN

County (6)

HUDSON

County Code (7)
(STATE USE ONLY)

ASCM No.
99

Current Use (Prior if being demolished) Pharm. Lab.
COLLEGE/UNIVERSITY

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Name of Monitoring Firm Hired by Building Owner (8)

LANGAN ENGINEERING

Street Address

300 KIMBALL DRIVE

City, State, Zip Code

PARSIPPANY, NEW JERSEY 07054

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number
1101

Name of OSHA Monitor

QUALITY ENVIRONMENTL

Street Address
1376 ROUTE 9

City, State, Zip Code

WAPPINGERS FALLS, NY 12590

Project Manager for Monitoring Firm

VIJAY PATEL

Telephone Number

201-398-4544

Expected State Date (10)

Month 7 / Day 24 Year 17

Sched. Completion Date (11)

Month 7 / Day 15 Year 18

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

Scope of Work (Check all that apply)

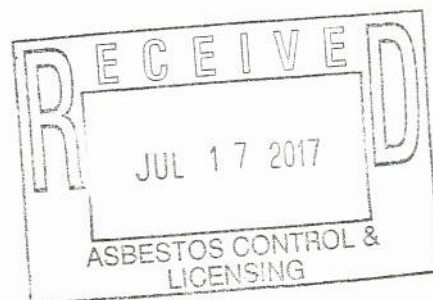
☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF

☒ Renovation

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

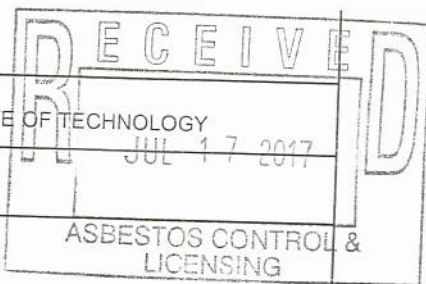
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR ROOM 120 & 122 HALL			X	PIPE INSULATION	45 LF	X			
1ST FLOOR ROOM 103, 122, 120			X	PIPE FITTINGS	50 LF	X			
1 ST FL ACTIVE SENSING LAB & HALL			X	VAT	730 SF	X			
1ST FLOOR BATHROOMS			X	MIRROR GLUE	20 SF	X			
1ST FLOOR ROOM 122			X	CHALK BOARD GLUE	60 SF	X			
1ST FLOOR THROUGHOUT CCC			X	PIPE INSULATION/ FITTINGS	550 LF	X			
2ND FLOOR THROUGHOUT CONCEALED			X	PIPE INSULATION/ FITTINGS	550 LF	X			
2ND FLOOR BATHROOMS			X	MIRROR GLUE	20 SF	X			
3RD FLOOR THROUGHOUT			X	VAT	4,800 SF	X			
3RD FLOOR THROUGHOUT CONCEALED			X	PIPE INSULATION/ FITTINGS	250 LF	X			
3RD FLOOR BATHROOMS			X	MIRROR GLUE	20 LF	X			
EXTERIOR - 1ST FLOOR			X	WINDOW CAULK	50 SF	X			
EXTERIOR - 2ND FLOOR			X	WINDOW CAULK	57 SF	X			
EXTERIOR -3RD FLOOR			X	WINDOW CAULK	57 SF	X			

EXTERIOR ROOF		<input checked="" type="checkbox"/>		BUILT UP ROOFING	6,000 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD City, State NEWARK, NEW JERSEY 07105		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 160	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Disposal Date 7/24/17-7/15/18	Signature <i>[Signature]</i>		City, State PLAINFIELD TOWNSHIP PA Date 7/27/17	



CX31055

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



Date of Notification (1)

7 / 7 /17

Name of Building Owner/Operator (2)

THE TRUSTEES OF STEVENS INSTITUTE OF TECHNOLOGY

Street Address

CASTLE POINT ON HUDSON

City, State, Zip Code

HOBOKEN, NEW JERSEY 07030

Name of Contact

DAVID FERNANDEZ

Telephone Number

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

STEVENS INSTITUTE OF TECHNOLOGY

Type of Facility (4)

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

Square Feet

20,000

of Floors

1

Bldg. Age

60

Current Use (Prior if being demolished) Pharm. Lab. COLLEGE/UNIVERSITY

Street Address

1 CASTLE POINT TERRACE

City (5)

HOBOKEN

County (6)

HUDSON

County Code (7)

(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

LANGAN ENGINEERING

ASCM No.

99

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

300 KIMBALL DRIVE

City, State, Zip Code

PARSIPPANY, NEW JERSEY 07054

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

VIJAY PATEL

Telephone Number

201-398-4544

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

7 / 24 /17
Month Day Year

Sched. Completion Date (11)

7 / 15 /18
Month Day Year

Name of OSHA Monitor

QUALITY ENVIRONMENTL

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

1376 ROUTE 9

City, State, Zip Code

WAPPINGERS FALLS, NY 12590

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
☐ Wrap and Cut

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	ENCAPSULE	ENCLOSURE
1ST FL. POWERHOUSE			X	BOILER BREECHING	2,100 SF	X			
1ST FL. POWERHOUSE			X	PIPE INSULATION	165 LF	X			
1ST FL. POWERHOUSE			X	PIPE FITTING	100 LF	X			
1ST FL. POWERHOUSE			X	TANK INSULATION	510 SF	X			
1ST FL. POWERHOUSE			X	PIPE FLANGE GASKET	25 SF	X			
EXTERIOR POWERHOUSE			X	BOILER BREECHING	200 SF	X			
TRENCH-EXTERIOR POWERHOUSE			X	PIPE INSULATION	150 SF	X			
ROOF -POWERHOUSE			X	BUILT UP ROOFING	650 SF	X			
ROOF -POWERHOUSE			X	ROOF MASTIC	600 SF	X			
POWERHOUSE EXTERIOR WALL			X	FOUNDATION SEAM CAULK	45 LF	X			
POWERHOUSE -THROUGHOUT			X	PIPE INSULATION	35 LF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill			
NEWARK CARTING		913		160		GRAND CENTRAL SANITARY LANDFILL			
369 RAYMOND BLVD									
City, State				Disposal Date		City, State			

NEWARK, NEW JERSEY 07105

7/24/17-7/15/18

PLAINFIELD TOWNSHIP PA

Completed by (Print or Type)

BENJAMIN SANCHEZ

Title

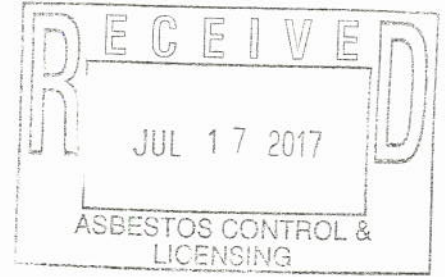
DIRECTOR OF OPERATIONS

Signature

[Handwritten Signature]

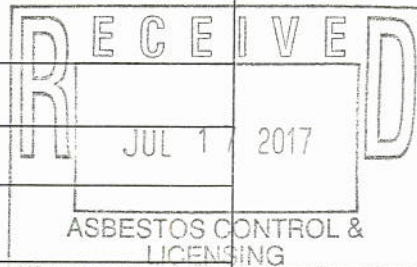
Date

7/7/17



no ok

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



Date of Notification (1) 7 / 7 / 17		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 400 SOUTH ORANGE AVENUE	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #6 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079	
		Name of Contact VICTORIA PIVOVARNICK	
		Telephone Number	

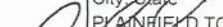
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 400 SOUTH ORANGE AVENUE		Square Feet N/A	# of Floors N/A
City (5) SOUTH ORANGE		County (6) ESSEX	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) TTI		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 1253 NORTH CHURCH STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MOORESTOWN, NEW JERSEY 08057		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm JEFF SEAMAN		Telephone Number 856-869-5182	License Number 1101
Expected State Date (10) 07 / 03 / 17 Month Day Year	Sched. Completion Date (11) 7 / 7 / 17 Month Day Year	Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30PM 4 PM -12 am		Street Address 1376 ROUTE 9	
		City, State, Zip Code WAPPINGERS FALLS, NY 12590	

Scope of Work (Check all that apply)		Full Containment with Negative Pressure	
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Mini Enclo.	
<input type="checkbox"/> >3SF OR LF		<input type="checkbox"/> Glovebag Procedure (WRAP AND CUT)	
<input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			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	ENCAPSULE	ENCLOSURE
GROUND-DINING ROOM AREA			X	VAT & MASTIC	11,300 SF	X			COMPLETE
EXTERIOR- DINING ROOM STORE FRONT			X	WINDOW CAULK	90 SF	X			COMPLETE
EXTERIOR -DINING ROOM STORE FRONT			X	FIRE PROOFING	150 SF	X			COMPLETE
OVERHANG									

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 80	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY	Disposal Date 5/22-8/30/17	City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>BSS</i>	Date 7/7/17

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ASBESTOS CONTROL & LICENSING

City, State PLAINFIELD TOWNSHIP, PA	
Signature 	Date 7/5/17

RECEIVED
JUL 17 2017

ASBESTOS CONTROL &
LICENSING

DM

Date _____

City/State	PLAINFIELD TOWNSHIP, PA
Date	6/28/17

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JUL 17 2017
ASBESTOS CONTROL & LICENSING

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

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JUL 17 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5 / 25 / 17		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY							
Agencies Notified		Street Address 400 SOUTH ORANGE AVENUE							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		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 SOUTH ORANGE, NEW JERSEY 07079							
		Name of Contact VICTORIA PIVOVARNIK							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)							
Street Address 400 SOUTH ORANGE AVENUE		Square Feet N/A	# of Floors N/A						
City (5) SOUTH ORANGE		Bldg. Age N/A							
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY							
Name of Monitoring Firm Hired by Building Owner (8) TTI		ASCM No. 3	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION						
Street Address 1253 NORTH CHURCH STREET		Street Address 313 SPOOK ROCK ROAD							
City, State, Zip Code MOORESTOWN, NEW JERSEY B08057		City, State, Zip Code SUFFERN, NEW YORK 10901							
Project Manager for Monitoring Firm JEFF SEAMAN		Telephone Number 856-869-5182	License Number 1101						
Expected State Date (10) 5 / 22 / 17 Month Day Year		Sched. Completion Date (11) 8 / 30 / 17 Month Day Year							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30PM		Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.							
		Street Address 1376 ROUTE 9							
		City, State, Zip Code WAPPINGERS FALLS, NY 12590							
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Enclo. <input checked="" type="checkbox"/> Glovebag Procedure (WRAP AND CUT) <input checked="" type="checkbox"/> Non-Friable Procedure							
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			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	ENCAPSULE	ENCLOSURE
GROUND-DINING ROOM AREA			X	VAT & MASTIC	11,300 SF	X			
EXTERIOR- DINING ROOM STORE FRONT			X	WINDOW CAULK	90 SF	X			
EXTERIOR-DINING ROOM STORE FRONT			X	FIRE PROOFING	150 SF	X			
OVERHANG									
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No: 913			Cubic Yards of Waste 80	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
City, State NEWARK, NEW JERSEY				Disposal Date 5/22-8/30/17	City, State PLAINFIELD TOWNSHIP, PA				
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 	Date 5/25/17				

RECEIVED
JUL 17 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5 / 19 /17		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY		JUL 17	
Agencies Notified EPA DEP X DOL X DOH DCA		Type Notification Initial Notification Amended Notification Cancellation X On Hold #1 EMERGENCY NOTIFICATION		Street Address 400 SOUTH ORANGE AVENUE City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079 Name of Contact VICTORIA PIVOVARNIK Telephone Number	
ASBESTOS C LICENS					
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) X Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 400 SOUTH ORANGE AVENUE			Square Feet N/A	# of Floors N/A	Bldg. Age N/A
City (5) SOUTH ORANGE	County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY		
Name of Monitoring Firm Hired by Building Owner (8) TTI		ASCM No. 3	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
Street Address 1253 NORTH CHURCH STREET			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MOORESTOWN, NEW JERSEY 08057			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm JEFF SEAMAN		Telephone Number 856-869-5182	Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 5 / 22 /17 Month Day Year		Sched. Completion Date (11) 8 / 30 /17 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.	
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: X Other - Describe: MONDAY - FRIDAY 7AM-3:30PM				Street Address 1376 ROUTE 9 City, State, Zip Code WAPPINGERS FALLS, NY 12590	
Scope of Work (Check all that apply) Demolition X Renovation X >3SF OR LF X >160 SF OR 260 LF				Full Containment with Negative Pressure X Mini Enclo. Glovebag Procedure (WRAP AND CUT) X Non-Friable Procedure	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type REMOVAL REPAIR ENCAPSULE ENCLOSURE
GROUND-DINING ROOM AREA		X	VAT & MASTIC	11,300 SF	X
EXTERIOR- DINING ROOM STORE FRONT		X	WINDOW CAULK	90 SF	X
EXTERIOR -DINING ROOM STORE FRONT		X	FIRE PROOFING	150 SF	X
OVERHANG					
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 80	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature [Signature]	Date 5/19/17	

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

OK 30867

Date of Notification (1)

5 / 9 /17

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

Name of Building Owner/Operator (2)
SETON HALL UNIVERSITY

Street Address

400 SOUTH ORANGE AVENUE

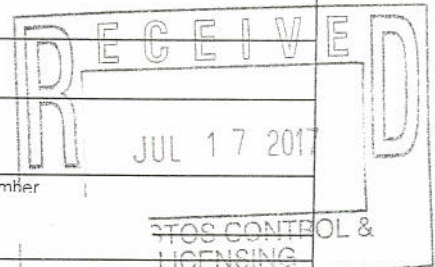
City, State, Zip Code

SOUTH ORANGE, NEW JERSEY 07079

Name of Contact

VICTORIA PIVOVARNICK

Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

SETON HALL UNIVERSITY

Type of Facility (4)

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

Street Address

400 SOUTH ORANGE AVENUE

Square Feet

N/A

of Floors

N/A

Bldg. Age

N/A

City (5)

SOUTH ORANGE

County (6)

ESSEX

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)

UNIVERSITY

Name of Monitoring Firm Hired by Building Owner (8)

TTI

ASCM No.

3

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

1253 NORTH CHURCH STREET

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

MOORESTOWN, NEW JERSEY 08057

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

JEFF SEAMAN

Telephone Number

856-869-5182

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

5 / 22 /17
Month Day Year

Sched. Completion Date (11)

8 / 30 /17
Month Day Year

Name of OSHA Monitor

QUALITY ENVIRONMENTAL SOLUTIONS & TECH.

Occupancy Status During Abatement (Check only one)

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

Street Address

1376 ROUTE 9

City, State, Zip Code

WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

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

☒ Renovation

☐ Full Containment with Negative Pressure
☒ Mini Endo.
☐ Glovebag Procedure (WRAP AND CUT)
☒ 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	ENCAPSULE	ENCLOSURE
GROUND-DINING ROOM AREA		X		VAT & MASTIC	11,300 SF	X			
EXTERIOR- DINING ROOM STORE FRONT		X		WINDOW CAULK	90 SF	X			
EXTERIOR -DINING ROOM STORE FRONT		X		FIRE PROOFING	150 SF	X			
OVERHANG									

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
80

Disposal Date
5/22-8/30/17

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

City, State
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date

5-9-17

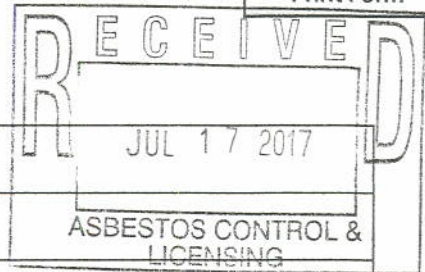
CK4743

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

RECEIVED	JUL 17 2017
	ASBESTOS CONTROL & LICENSING

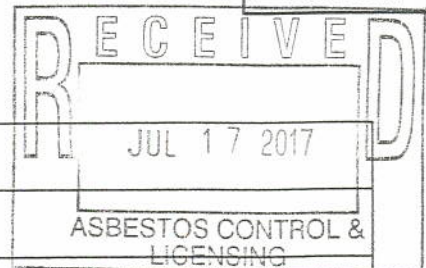
Date of Notification (1) 06/30/17		Name of Building Owner/Operator (2) Voyager Trucking Corp							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 451 Frelinghuysen Ave							
		City, State, Zip Code Newark, NJ 07114							
		Name of Contact Alex	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 50 Washington Ave		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Milltown	Square Feet 52000	# of Floors 1	Bldg. Age 70						
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Warehouse / Office							
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental Inc		Name of Abatement Contractor (9) Ami Joe Abatement Demolition LLC							
Street Address 617 Stokes Road Suite 4-318		Street Address 1212 Burlington Ave							
City, State, Zip Code Medford NJ 08055		City, State, Zip Code Delanco NJ 08055							
Project Manager for Monitoring Firm Mark		Telephone No. 888-715-2211	Telephone No. 609-346-0916						
Start Date (10) 07/01/17		Scheduled Completion Date (11) 07/07/17	License No. C1070						
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>closed</u>		Name of OSHA Monitor Finog Environmental Inc							
		Street Address 617 Stokes Road Suite 4-318							
		City, State, Zip Code Medford NJ 08055							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
outside				debris					
Name of Registered Waste Hauler Ami Joe LLC		NJDEP Waste Hauler ID No. 20547	Cubic Yards of Waste	Name of Registered Landfill WM of PA					
City, State Delanco NJ		Disposal Date TBD	City, State Middletown PA						
Completed by Joseph T Hill		Title V. President	Signature 		Date 07/20/17				

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



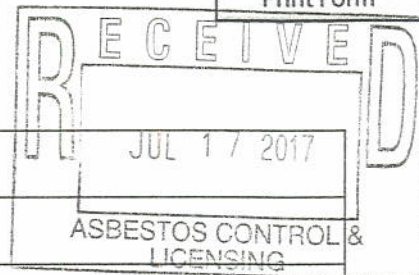
Date of Notification (1) 07-11-17		Name of Building Owner/Operator (2) Godby Realtors							
Agencies Notified	Type Notification	Street Address 29 Dehart St.							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Tyler Hill	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Morristown		Square Feet	# of Floors						
County (6) Morris		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) 07-21-17	Scheduled Completion Date (11) 07-24-17	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 checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	410 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ			Disposal Date 07-26-17	City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.	Signature 			Date 07-11-17			

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



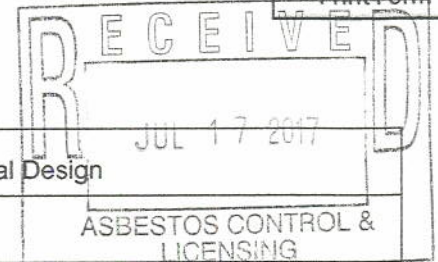
Date of Notification (1) 07-10-17		Name of Building Owner/Operator (2) Concord States						
Agencies Notified	Type Notification	Street Address 217 Brook Ave.						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Passaic, NJ 07055						
		Name of Contact Joseph Muller	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Commercial Property		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) 06-21-17	Scheduled Completion Date (11) 06-23-17	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: <u>7:00 Am - 5:00 Pm</u>		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 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
2ndFI Bldg. A North Side stair case		X	Pipe Insulation	150 LF	X			
2nd Floor Bldg A North Side		X	VAT	1400 SF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 15	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Union City, NJ			Disposal Date 06-26-17	City, State Tullytown, PA				
Completed by Jaime Delgado		Title Proj. Manager.	Signature 		Date 07-10-17			

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



Date of Notification (1) 07-07-17		Name of Building Owner/Operator (2) Caravella Demolition							
Agencies Notified	Type Notification	Street Address 40 Deforest Ave.							
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code East Hanover NJ 07936							
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Jhon Caravella							
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Telephone Number _____							
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)								
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation								
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12)							
		<input type="checkbox"/> Subchapter 8 (Other than K-12)							
		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Paterson		Square Feet	# of Floors						
		Bldg. Age							
County (6) Passaic	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. 201 216-9603	License No. 01206						
Start Date (10) 07-10-17	Scheduled Completion Date (11) 07-13-17	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		City, State, Zip Code Union City NJ 07087							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours									
<input type="checkbox"/> Other - Describe: _____									
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 checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure							
		<input type="checkbox"/> Mini-Enclosure							
		<input type="checkbox"/> Glovebag Procedure							
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entire Property		x		Demolition Asbestos Debris		x			
Name of Registered Waste Hauler Caravella Demolition Inc		NJDEP Waste Hauler ID No. 35685	Cubic Yards of Waste 80	Name of Registered Landfill IESI					
City, State E. Hanover, NJ 07936		Disposal Date 07-10-17		City, State Bethlehem, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 07-07-17		

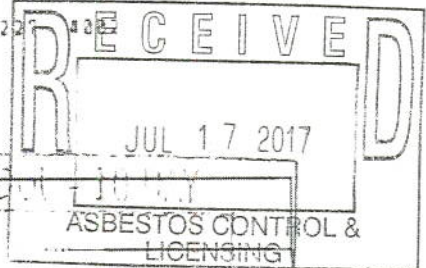
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 07-07-17		Name of Building Owner/Operator (2) Neighborhood Planning and Architectural Design							
Agencies Notified	Type Notification	Street Address 55 Madison Ave.	ASBESTOS CONTROL & LICENSING						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07962							
		Name of Contact Roland Whitley Jr.	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Martin P. Thomas Charter 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 308 9th Street		Square Feet	# of Floors						
City (5) Newark		Bldg. Age							
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) 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.	Telephone No. 201 216-9603	License No. 01206						
Start Date (10) 07-17-17	Scheduled Completion Date (11) 07-24-17	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 am - 5:00 pm		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"/> ≥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 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		x		Wall Plaster	2 SF	x			
2nd Floor		x		Wall Plaster	2 SF	x			
3rd Floor		x		Wall Plaster	2 SF	x			
4th Floor		X		Wall Plaster	2 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ			Disposal Date 07-21-17	City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 07-07-17		

07/12/2017 14:01

NO. 227-1332



CK4124

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:16)

Date of Notification (1) 7 / 12 / 17		Name of Building Owner/Operator (2) Glassboro Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 3 Williams Street		City, State, Zip Code Glassboro, NJ 08028							
Name of Contact Newport Construction		Telephone Number () _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Glassboro High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)							
Street Address 580 Joseph L. Bowe Boulevard		Square Feet 20,008	# of Floors 2						
City (5) Glassboro		Bldg. Age 80							
County (6) Gloucester		County Code (7) (STATE USE ONLY) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design, Inc.		Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 5434 King Avenue		Street Address 523 Cutler Avenue							
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Tim Gromen		Telephone No. 856-616-9818	Telephone No. 856-765-0098						
Start Date (10) 07 / 15 / 17		Scheduled Completion Date (11) 07 / 22 / 17							
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 _____ AM		Name of OSHA Monitor EMBL Analytical, Inc.							
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"/> ≥ 150 sf or ≥ 250 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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulation	Enclosure
Bathroom Pipe Chase	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Elbow/Fittings (Wrap & Cut)	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fan Coil Units in Hallways	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Elbow/Fittings (Wrap & Cut)	5 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. 15839		Cubic Yards of Waste 1		Name of Registered Landfill GROWS North Landfill			
City, State Freehold, NJ		Disposal Date 07/22/2017		City, State Morrisville, PA					
Completed By (Print or Type) Christine Lynch		Title Vice President of Operations		Signature 		Date 7/12/17			

ASB 41
JAN 13

* Do not use this form for asbestos licensure exempted activities

CL14976

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 AND 12:120)



Date of Notification (1) 7/11/17		Name of Building Owner/Operator (2) [Redacted]	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		County of Morris ASBESTOS CONTROL & LICENSING	
Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 10 Court St City, State, Zip Code Morristown, NJ 07963 Name of Contact Mr. David Endly	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Building #2 Street Address 540 W. Hanover Ave City (5) Morristown County (6) Morris County Code (7) (State Use Only)		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.)	
Name of Monitoring Firm Hired by Bldg. Owner (8) T&M Associates Street Address 11 Tindall Road City, State, Zip Code Middletown, NJ 07748		Name of Contractor (9) MTM Metro Corporation Street Address 135-137 McBride Ave City, State, Zip Code Paterson, NJ 07501	
Project Manager for Monitoring Firm Kevin Burns Telephone Number 732 671 6400		Telephone Number 973-742-5030 License Number 00809	
Scheduled Start Date (10) 7/24/2017		Scheduled Completion Date (11) 9/01/2017	
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: occupied		Name of OSHA Monitor MTM Metro Corporation Street Address 135-137 McBride Avenue City, State, Zip Code Paterson, NJ 07501	
Source 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"/> Non-Exempted(*) & Non-Friable Procedure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) 4,685 sf 4,611 lf 7,725 sf
		Abatement Type Rem. Rep. Encap. Enclose	
Basement, Throughout	X	plaster	X X
Basement, Throughout	X	pipe Insulation	X X
Basement, Throughout	X	Vat/Mastic	X X
Name of Reg. Waste Hauler MTM Metro Corporation		NJDEP Waste Hauler ID # 26552	Cubic Yards of Waste 50
City, State Paterson, NJ 07501		Disp. Date 9/01/17	Name of Reg. Landfill Tullytown, PA City, State Tullytown, PA
Completed by (Print or Type) Mike Damevski		Title Proj. Manager	Signature Mike Damevski Date 7/11/17

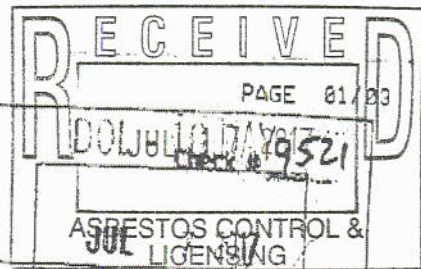
ASB-41

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

07/07/2017 14:00

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AMAC

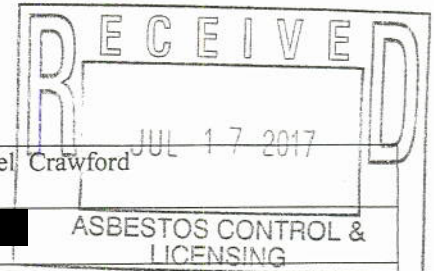


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

Date of Notification (1) 7/07/17		Name of Building Owner/Operator (2) Puro Clean					
Agencies Notified	Type Notification	Street Address 33 LINCOLN AVE					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ORANGE, N.J. 07050					
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact ADAM FORSTER					
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Telephone Number					
Street Address [REDACTED]		Type of Facility (4)					
City (5) MILBURN		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
County (6) ESSSEX		Square Feet 270	# of Floors 2				
County Code (7) (N.J. USE ONLY)		Bldg. Age +50					
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior to being demolished) RESIDENTIAL					
Street Address		Name of Abatement Contractor (9) A.M.A.C. Contracting Inc.					
City, State, Zip Code		Street Address 185 Vreeland Ave					
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, NJ 07432					
Telephone No.		Telephone No. (201)262-5841	License No. 00155				
Start Date (10) 7/07/17		Scheduled Completion Date (11) 7/15/17					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Omega Environmental Services Inc.					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe		Street Address 280 Huyler Street					
Scope of Work (Check All That Apply)		City, State, Zip Code Hackensack, NJ 07606					
<input checked="" type="checkbox"/> 23 of or 23 ft <input checked="" type="checkbox"/> 2150 of or 2200 ft		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclose
1ST FLOOR		VAT	276SF	<input checked="" type="checkbox"/>			
BATHROOM		SHEET ROCK + JOINT	29SF	<input checked="" type="checkbox"/>			
BASEMENT		PIPE INSULATION	168LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark, NJ 07105		Disposal Date 7/7/17 On		City, State Pen Argyl, PA 08702			
Completed by Joseph Vocaturo		Title Vice President	Signature [Signature]		Date 7/7/17		

CH2864

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

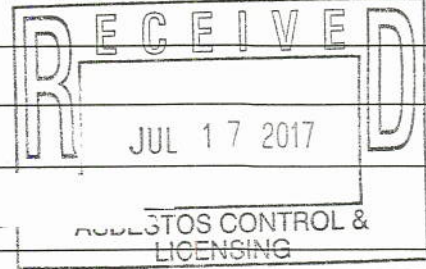


Date of Notification (1) 07/12/17			Name of Building Owner/Operator: Noel Crawford		
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA		Type Notification Initial <input checked="" type="checkbox"/> Amended Amended # Emergency (including Justification) Cancellation		Street Addresses: [REDACTED] City, State, Zip Mountainside NJ 07092 Name of Contact: Noel Crawford Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) House				Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial Buildings,	
Street Addresses [REDACTED]					
City(5) Mountainside NJ				Square Feet	# of Floors Bldg. Age
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) ebended	
Name of Monitoring Firm: (8)- IRIS Environmental laboratories			ASCM No.	Name of Abatement Contractor (9) Pezo Inc	
Street Address 2333 Route 22 West			Street Address: 4 Beaverbrook Rd., #150		
City, State, Zip Code Union NJ 07083			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Rick		Telephone No. 908-206-0073		Telephone No. 973-628-7829	License No 01141
Start Date (10) 07/13/17		Scheduled Completion Data (11) 07/13/17		Name of OSHA Monitor IRIS Environmental Laboratories	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other -Describe				Street Address 2333 Route 22 West City, State, Zip Code Union NJ 07083	
Scope of Work (Check all apply) > 3 sf or > 3 lf xx > 160 sf or > 260 lf				<input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable procedure	
Location of		Is Location Normally		Description of	
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)		Used Solely by Maintenance/ Custodial Staff? (12)		Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or Other miscellaneous)	
		Yes	No	N/A	
Mastic, Basement			x		Mastic 400 SF
Name of registered Waste Hauler Pezo Inc.		NJDEP Waste Huler CS 6224		Cubic Yards of Waste 6	Name of Registered Landfield Waste Management of Pennsylvania
City, State Lincoln Park, NJ 07035 # 150		Disposal Date		City, State Mortsville Pennsylvania	
Completed by: Ike Pezie		Title: President:		Signature <i>[Signature]</i>	Data: 07/12/17

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

CK #1814



Date of Notification (1) 7/12/17		Name of Building Owner/Operator (2) St. Joseph Regional Medical Center	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	703 Main Street	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Paterson, NJ 07503	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Kenneth Anderson	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) St. Joseph's Regional Medical Center (Xavier Building)		Type of Facility (4)	
Street Address 703 Main Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
City, State, Zip Code Paterson		Square Feet 30,000+	# of Floors 3+ 50+
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Hospital	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.
Street Address		Street Address 32 Willow Way	
City, State, Zip Code		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01331
Start Date (10) 7/22/17		Scheduled Completion Date (11) 7/24/17	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Envirovision Consultants, Inc.	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check All That Apply)

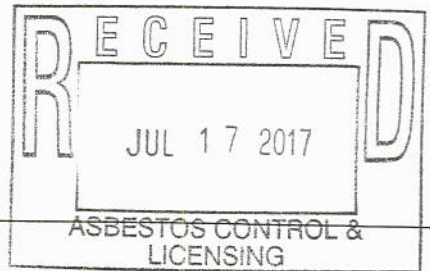
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
8th Floor Pipe Chase (Xavier Bldg)			XXX	Pipe Insulation	200 LF	XX			

Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 15+	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 7/12/17

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



Date of Notification (1) 7/11/17		Name of Building Owner/Operator (2) New Providence Board of Education	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	356 Elkwood Avenue	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # 2	New Providence, NJ 07974	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	James E. Testa, School Business Admin.	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Allen W. Roberts Elementary School		Type of Facility (4)	
Street Address 80 Jones Drive		<input checked="" type="checkbox"/> School (K-12)	
City (5) New Providence		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
County (6) Union		<input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
Name of Monitoring Firm Hired by Building Owner (8) Langan		Square Feet 76,000	# of Floors 1
County Code (7) (STATE USE ONLY)		Bldg. Age 55 yrs	
ASCM No. 00099		Current Use (Prior if being demolished) School	
Street Address 300 Kimball Drive, 4th Floor		Name of Abatement Contractor (9) Unicorn Contracting Corp.	
City, State, Zip Code Parsippany, NJ 07054		Street Address 32 Willow Way	
Project Manager for Monitoring Firm Darshan Desai		City, State, Zip Code Woodland Park, NJ 07424	
Telephone No. 973-560-4900		Telephone No. 973-333-9176	License No. 01331
Start Date (10) 7/12/2017	Scheduled Completion Date (11) 8/18/2017	Name of OSHA Monitor Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Fair Lawn, NJ 07410	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
<input type="checkbox"/> Other - Describe:			

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 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 CONTINUATION SHEET **				** SEE CONTINUATION SHEET **					

Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 20+	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 7/11/17

RECEIVED
JUL 17 2017
ASBESTOS CONTROL &
LICENSING

[illegible]

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

VIA U.S. MAIL
 CH# 4074

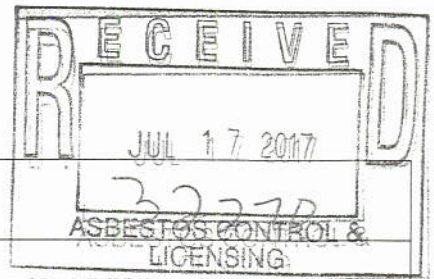
Date of Notification (1) 7/13/17		Name of Building Owner/Operator (2) GRUNWALD PROPERTIES						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 107 E CURTIS ST						
		City, State, Zip Code LINDEN N.J. 07036						
		Name of Contact MR JOHN NIEMCZYK						
Telephone Number <div style="border: 1px solid black; width: 100px; height: 20px; float: right; text-align: center;">JUL 17 2017</div>								
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <div style="background-color: black; width: 100%; height: 20px;"></div>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, etc.)						
Street Address <div style="background-color: black; width: 100%; height: 20px;"></div>		Square Feet 2,500	# of Floors 2					
City (5) CRANFORD N.J.		Bldg. Age 80						
County (6) UNION		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) NOVATECH INC					
Street Address		Street Address P.O. Box 814						
City, State, Zip Code		City, State, Zip Code Old Bridge N.J. 08857						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732 238-7500					
Start Date (10) 7/22/17		Scheduled Completion Date (11) 8/22/17	License No. 00806					
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 NOVATECH INC						
		Street Address P.O. Box 814						
		City, State, Zip Code Old Bridge N.J. 08857						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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) BASEMENT	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) 4100 SF	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulation
			X	Floor Tile 9x9		X		
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.				
City, State Old Bridge N.J. 08857		Disposal Date 8/22/17		City, State Honesdale P.A.				
Completed by CARLOS ALMEIDA		Title PRESIDENT		Signature <i>[Signature]</i>			Date 7/13/17	

VIA U.S. MAIL
ENCL. 4073

* Do not use this form for asbestos licensure exempted act

CL30270

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



Date of Notification (1) 07 / 13 / 17		Name of Building Owner/Operator (2) Mattia Building Contracting						
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 1702 A Grand Central Avenue						
		City, State, Zip Code Lavallette, NJ 08735						
		Name of Contact Sal Mattia						
		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) Ortley		Square Feet 800	# of Floors 1					
		Bldg. Age 65						
County (6) Ocean		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.					
Street Address		Street Address 1889 Route 9, Unit 61						
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755						
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624					
Start Date (10) 07 / 24 / 17	Scheduled Completion Date (11) 07 / 25 / 17	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 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"/> <input type="checkbox"/> <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) 700 sf	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	<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 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 7/26/17		City, State Tullytown, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 7/13/17		

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

Date of Notification (1)

7/12/2017

Name of Building Owner/Operator (2)

Amiri Settles

Street Address

City, State, Zip Code

South Orange, NJ, 07079

Name of Contact

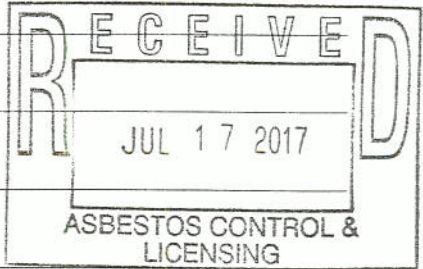
Amiri Settles

Telephone Number

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial
Notification☐ Amended
Notification☐ EMERGENCY☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Amiri Settles

Type of Facility (4)

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

Street Address

City (5)

South Orange

County (6)

Essex

County Code (7)

(STATE USE ONLY)

Square Feet

2210

of Floors

2

Bldg. Age

118

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 22 2017

Month Day Year

Sched. Completion Date (11)

07 23 2017

Month Day Year

Name of OSHA Monitor

N/A

Occupancy Status During Abatement (Check only one)

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

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☒ Glove-bag 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 A L	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	40 LF	X			

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste

Hauler ID No.
17040Cubic Yards
of Waste 1.0

Name of Registered Landfill

Minerva Enterprise INC

City, State

Montclair, NJ 07042

Disposal Date

07/24/2017

City, State

Waynesburg Ohio 44688

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Date

7/12/2017

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

CHECK # **2245**

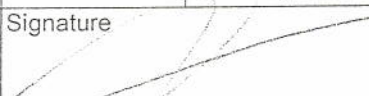
Date of Notification (1) 7-6-17		Name of Building Owner / Operator (2) Environmental Liability Transfer		<div style="border: 2px solid black; padding: 5px; font-size: 1.5em; font-weight: bold; letter-spacing: 0.5em;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold;">JUL 17 2017</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">ASBL LICENSING</div>
Agencies Notified	Type Notification	Street Address 1650 Des Peres Rd., Suite 306		
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code St. Louis, MO 63131		
		Name of Contact Adam Peetz, ELT		

Name of Facility Where Abatement is Taking Place (3) Building # 9, Perth Amboy 1160, LLC.			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 1160 State Street			Square Feet # of Floors Bldg. Age NA NA NA		
City (5) Perth Amboy	County (6) Middlesex	County Code (7) NA	Current Use (Prior if being demolished) None		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Enterprise Network Resolutions Contracting, LLC.		
Street Address			Street Address 874 Piney Hollow Road, PO Box 70		
City, State & Zip Code			City, State & Zip Code Winslow, New Jersey 08095		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 609-567-0600		License Number 01263
Scheduled Start Date (10) 7-17-17		Scheduled Completion Date (11) 10-15-17		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 Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			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"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Tar Material (Galbestos)	2500 s. f.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding Panels	3500 s. f.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	300 l. f.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Pipe Insulation	150 l. f.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Roofing Panels	12,000 s. f.	<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"/>

Name of Registered Waste Hauler Bull Waste & Recycling, Inc.		NJDEP Waste Hauler ID No. 21435	Cubic Yards of Waste 60	Name of Registered Landfill Salem County Landfill	
City, State Berlin, NJ		Disposal Date 10-29-17	City, State Alloway, New Jersey		
Completed By (Print or Type) Theodore S. Budzynski		Title President	Signature 		Date 7-6-17

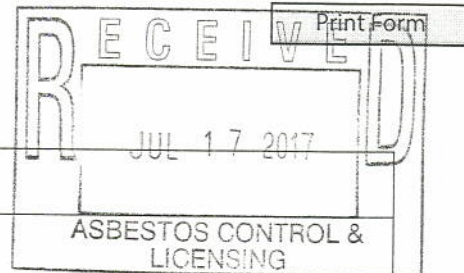
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Check # 11334

Date of Notification (1) <u>7</u> / <u>13</u> / <u>17</u>		Name of Building Owner/Operator (2) Trenton Board of Education		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">R E C E I V E D</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">JUL 17 2017</div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 108 Clinton Ave			
		City, State, Zip Code Trenton, NJ 08609				Name of Contact John Farrell- Haverstick/Borthwick			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Trenton High School West				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 1001 W State Street									
City (5) Trenton		Square Feet 1600-Annex		# of Floors 1	Bldg. Age 50+				
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)		ASCN No.		Name of Abatement Contractor (9) Controlled Environmental Systems					
Street Address				Street Address 1121 N. Bethlehem Pike - Suite 60					
City, State, Zip Code				City, State, Zip Code Spring House, PA 19477					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 215 542 7000					
				License No. 00847					
Start Date (10) <u>7</u> / <u>24</u> / <u>17</u>		Scheduled Completion Date (11) <u>8</u> / <u>31</u> / <u>17</u>		Name of OSHA Monitor CES					
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>7:00AM-7:00PM</u> / <u> </u> PM - <u> </u> AM				Street Address 1121 N. Bethlehem Pike - Suite 60					
				City, State, Zip Code Spring House, PA 19477					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> 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
Exterior Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM Window Caulking	1530 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 Champion Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 40	Name of Registered Landfill Grows-Tullytown				
City, State Hainesport, NJ				Disposal Date 8/31/17	City, State Morrisville, PA 19067				
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>		Date 7/13/17			

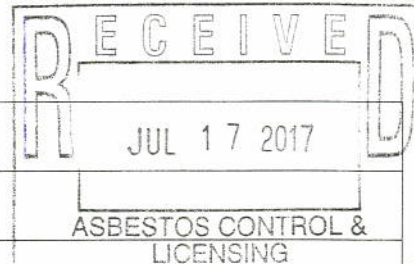
CX 4598

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



Date of Notification (1) 07/12/2017		Name of Building Owner/Operator (2) City MD							
Agencies Notified	Type Notification	Street Address 1345 Avenue of Americans							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New York NY 10105							
		Name of Contact Wael Sobh	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 295 North Franklin Turnpike		Type of Facility (4)							
Street Address 295 North Franklin Turnpike		<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) Ramsey		Square Feet 2000	# of Floors 1						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age 59						
Name of Monitoring Firm Hired by Building Owner (8) Confidence Environmental		Name of Abatement Contractor (9) CPC Environmental Services Corp.							
Street Address 391 Ocean Avenue		Street Address 142 North 13th Street							
City, State, Zip Code Jersey City NJ 07305		City, State, Zip Code Newark NJ 07107							
Project Manager for Monitoring Firm Jude Ulokameje		Telephone No. 2018925090	License No. 01335						
Start Date (10) 07/14/2017	Scheduled Completion Date (11) 07/30/2017	Name of OSHA Monitor CPC Environmental Services Corp.							
Occupancy Status During Abatement (Check Only One)		Street Address 142 North 13th Street							
<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: facility is vacant		City, State, Zip Code Newark NJ 07107							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Main roof		x		roof membrane	1600 SF	x			
window		x		window caulking	3 SF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 4506	Cubic Yards of Waste	Name of Registered Landfill Tully-town Re facility					
City, State Newark NJ 07102		Disposal Date TD		City, State PA					
Completed by Chika Onwukaife		Title president		Signature 		Date 07/12/2017			

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



Date of Notification (1) 7/12/17		Name of Building Owner/Operator (2) New Jersey Natural Gas	
Agencies Notified	Type Notification	Street Address 775 Vassar Ave	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 08701	
		Name of Contact Edward Yurick	Telephone Number

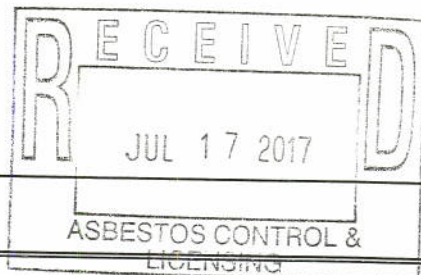
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) New Jersey Natural Gas		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 858 Lakewood Farmingdale Rd.		Square Feet Outdoor Area	# of Floors NA
City (5) Howell		Bldg. Age NA	
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Outdoor pipe insulation	
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.	
Street Address		Name of Abatement Contractor (9) Advanced Specialty Contractors, LLC	
City, State, Zip Code		Street Address 2400 Main Street Extension, Suite 10	
Project Manager for Monitoring Firm		Telephone No. 732-525-0100	License No. 00750
Start Date (10) 7/31/17	Scheduled Completion Date (11) 8/29/17	Name of OSHA Monitor Tiger Environmental	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Outdoor removal, no one in the area</u>		Show Desktop.scf Street Address 16 W Elizabeth Ave #2	
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		City, State, Zip Code Linden, NJ 07036	

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
Pipe to truck loading rack from T1 and Pump Stations			X	Thermal insulation jacket	600 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage Inc		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S.				
City, State Freehold, NJ				Disposal Date 8/12/16	City, State Morrisville, PA				
Completed by Michael Migliore		Title Sr Account Manager		Signature <i>Michael Migliore</i>			Date 7/12/17		

D&S Proj. #: 17-187

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



Date of Notification (1) 07/17/17		Name of Building Owner/Operator (2) alice nalepa	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code LINDEN, NJ 07036	
		Name of Contact alice nalepa	Telephone Number _____

FACILITY INFORMATION

Name of facility where abatement is taking place (3) alice nalepa			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet _____		
City (5) LINDEN			County (6) UNION	County Code (7) (State use only)	# of Floors _____
Name of Monitoring Firm Hired by Bldg. Owner (8) _____			ASCM No. _____	Bldg. Age _____	
Street Address _____			Current Use (Prior if being demolished) _____		
City, State, Zip Code _____			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Project Manager for Monitoring Firm _____			Street Address 20 California Ave.		
Phone Number _____			City, State, Zip Code Paterson, NJ 07503		
Start Date (10) 07/21/17			Telephone Number 973-345-8020		
Sched. Completion Date (11) 07/31/17			License Number 01169		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

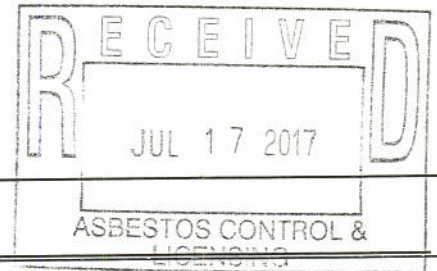
- ☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition
- ☐ Full Containment w/negative pressure
☐ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	120 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BOILER INSULATION	36 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 07/22/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature _____	Date 07/07/17

D&S Proj. #: 17-188

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



CX 7084

Date of Notification (1) 07/17/17		Name of Building Owner/Operator (2) hanna oh	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code livingston, nj 07039	
		Name of Contact hanna oh	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) hanna oh			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) livingston	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 07/20/17		Sched. Completion Date (11) 07/31/17	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition

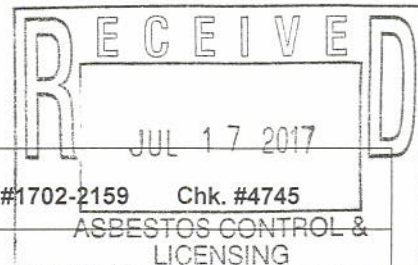
- ☐ Full Containment w/negative pressure
☐ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	22 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	12 L FT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		TRANSITE CEILING	4 sq ft	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 07/20/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 07/07/17

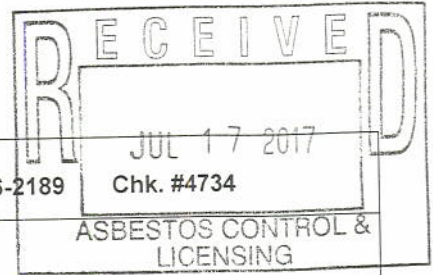
* Do not use this form for asbestos licensure exempted activities

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



Date of Notification (1) <u>7</u> / <u>14</u> / <u>17</u>		Name of Building Owner/Operator (2) Millburn Board of Education / Job # 1702-2159 Chk. # 4745							
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 434 Millburn Avenue							
		City, State, Zip Code Millburn, NJ 07041							
		Name of Contact Cheryl Schneider, Business Admin.	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Washington 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 70 Spring Street									
City (5) Millburn	Square Feet 43,134	# of Floors 2	Bldg. Age 55						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Whitman		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address 7 Pleasant Hill Road		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Cranbury, NJ 08512		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	License No. 00862						
Start Date (10) <u>7</u> / <u>24</u> / <u>17</u>	Scheduled Completion Date (11) <u>7</u> / <u>25</u> / <u>17</u>	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM- <u>3:30</u> PM/ <u>11:30</u> PM- <u> </u> 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"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/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
Entry Hall, 3 rd Hall, Phone Booth, Last Hall	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elbows/Fittings	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 7/25/17	City, State Penn Argyle, PA						
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator	Signature 				Date 7-14-17		

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



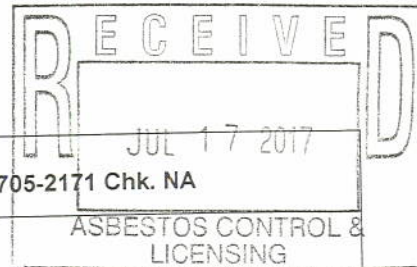
Date of Notification (1) 7 / 14 / 17		Name of Building Owner/Operator (2) Mr. Ben Macko / Job #1706-2189		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 17 2017 Chk. #4734 ASBESTOS CONTROL & LICENSING </div>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
Street Address [REDACTED]		City, State, Zip Code Jackson, NJ 08527		Telephone Number	
Name of Contact Ben Macko					
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential Property				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]				Square Feet: 4800 # of Floors: 1 Bldg. Age: 60	
City (5) Jackson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant	
County (6) Ocean		Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.	
Street Address		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.			
City, State, Zip Code		Street Address 3859 Sylon Boulevard			
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code Hainesport, NJ 08036	
Start Date (10) 7 / 24 / 17		Scheduled Completion Date (11) 7 / 25 / 17		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		License No. 00862			
Name of OSHA Monitor EMSL Analytical, Inc.		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		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
City, State, Zip Code Cinnaminson, NJ 08077					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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)	
Exterior		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Transite Siding	
		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Amount (Specify SF or LF) 400 SF		Abatement Type Removal Repair Encapsulate Enclosure			
		<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"/>			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	
City, State Lafayette, NJ		Disposal Date 7/25/17		Name of Registered Landfill Grand Central	
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 	
				Date 7-14-17	

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



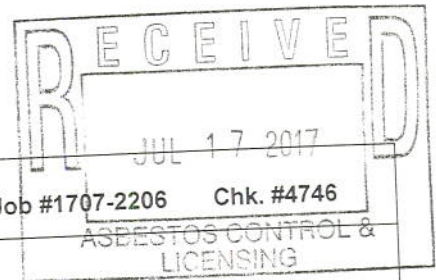
Date of Notification (1) <u>6</u> / <u>18</u> / <u>17</u>			Name of Building Owner/Operator (2) State of New Jersey			Job # 1705-2171 Chk. 4747							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 20 West State Street			ASBESTOS CONTROL & LICENSING						
				City, State, Zip Code Trenton, NJ 08625									
				Name of Contact Anthony Mazzella			Telephone Number						
FACILITY INFORMATION													
Name of Facility Where Abatement is Taking Place (3) NJ DOT - Finance & Admin Building						Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1035 Parkway Avenue													
City (5) Trenton						Square Feet 63,280		# of Floors 3	Bldg. Age 40				
County (6) Mercer			County Code (7)(STATE USE ONLY)			Current Use (Prior if being demolished) DOT Headquarters							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.			ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.								
Street Address 120 North Wareent Street			Street Address 3859 Sylon Boulevard										
City, State, Zip Code Trenton, NJ 08608			City, State, Zip Code Hainesport, NJ 08036										
Project Manager for Monitoring Firm Roland Jones			Telephone No. 609-392-4200		Telephone No. 609-702-0400		License No. 00862						
Start Date (10) <u>7</u> / <u>3</u> / <u>17</u>		Scheduled Completion Date (11) <u>7</u> / <u>14</u> / <u>17</u>		Name of OSHA Monitor EMSL Analytical, Inc.									
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 200 U.S. Route 130 North									
				City, State, Zip Code Cinnaminson, NJ 08077									
Scope of Work (Check all that apply)													
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment with Negative Pressure <input 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) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
										Removal	Repair	Encapsulate	Enclosure
Basement			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			Pipe Fitting & Saddle Insulation		300 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Rms			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			Coating Material on Fiberglass Ins.		3 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Scope: Basement			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			Pipe		50'		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 7/14/17		City, State Penn Argyle, PA								
Completed By (Print or Type) Kimberly A. Trumbetti			Title Office Coordinator		Signature 				Date 7-11-17				

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



Date of Notification (1) <u>6</u> / <u>18</u> / <u>17</u>		Name of Building Owner/Operator (2) State of New Jersey		Job #1705-2171 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 # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 20 West State Street City, State, Zip Code Trenton, NJ 08625 Name of Contact Anthony Mazzella					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJ DOT - Finance & Admin Building				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 1035 Parkway Avenue				Square Feet 63,280					
City (5) Trenton				# of Floors 3					
County (6) Mercer				Bldg. Age 40					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) DOT Headquarters							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 120 North Wareent Street		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Roland Jones		Telephone No. 609-392-4200		License No. 00862					
Start Date (10) <u>7</u> / <u>3</u> / <u>17</u>		Scheduled Completion Date (11) <u>7</u> / <u>31</u> / <u>17</u>		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM				Street Address 200 U.S. Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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	Enclose
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting & Saddle Insulation	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Rms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coating Material on Fiberglass Ins.	3 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 7/31/17		City, State Penn Argyle, PA			
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 7-11-17			

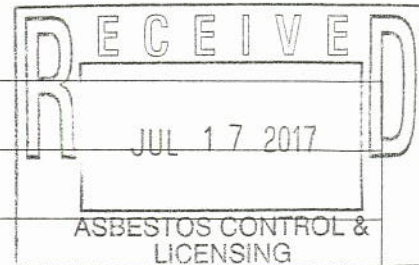
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>7</u> / <u>10</u> / <u>17</u>		Name of Building Owner/Operator (2) Montgomery Township BOE		/ Job #1707-2206 Chk. #4746							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1014 Route 601							
		City, State, Zip Code Skillman, NJ 08558		Telephone Number							
		Name of Contact Annette Wells									
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Montgomery Upper Middle 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 375 Burnt Hill Road				Square Feet	# of Floors 2						
City (5) Skillman				Bldg. Age 1960							
County (6) Somerset		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) PARS Environmental		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address 500 Horizon Drive, Suite 540		Street Address 3859 Sylon Boulevard									
City, State, Zip Code Robbinsville, NJ 08691		City, State, Zip Code Hainesport, NJ 08036									
Project Manager for Monitoring Firm Julian Fernandez		Telephone No. 609-890-7277		Telephone No. 609-702-0400	License No. 00862						
Start Date (10) <u>7</u> / <u>11</u> / <u>17</u>		Scheduled Completion Date (11) <u>7</u> / <u>14</u> / <u>17</u>		Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7-11-17</u> <u>DOUBLE SHIFT, SOME 2ND SHIFT WORK</u> <u>rest of week.</u>				Street Address 200 U.S. Route 130 North							
				City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)											
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure (<i>limited containment</i>) <i>wrap and cut</i> <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) 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) 256 LF		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
Mens/Womens Bathrooms		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Elbows/Fittings				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 7/14/17		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 				Date 7-10-2017			

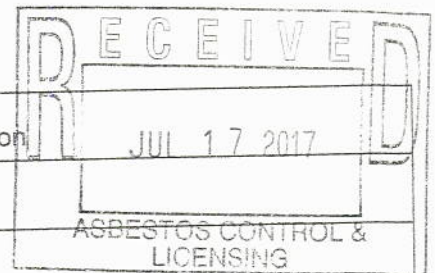
Request for
waiver

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



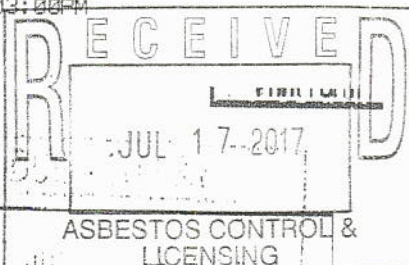
Date of Notification (1) 7/11/17		Name of Building Owner/Operator (2) Borough of Rutherford							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 176 Park Ave.		City, State, Zip Code Rutherford, NJ 07070							
Name of Contact Michael Berliner (Township Engineer)		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 320 Ridge Rd.		City (5) Rutherford, NJ							
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Square Feet 3000						
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	# of Floors 2						
Street Address		Bldg. Age 50+							
City, State, Zip Code		Current Use (Prior if being demolished) abandoned/condemned residence							
Project Manager for Monitoring Firm		Telephone No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Start Date (10) 8/1/17		Scheduled Completion Date (11) 8/3/17	Street Address 135 Kinnelon Rd.						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Condemned</u>		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Unable to survey			x	Condemned Property					
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 200	Name of Registered Landfill GROWS/Fairless					
City, State Kinnelon, NJ		Disposal Date 7/18/17		City, State Tullytown/Morrisville/, PA					
Completed by John Mucha		Title Project Manager		Signature 		Date 7/11/17			

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



Date of Notification (1) 07/12/17		Name of Building Owner/Operator (2) Ramapo & Indian Hills Board of Education							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 131 Yawpo Avenue							
		City, State, Zip Code Oakland, NJ 07436							
		Name of Contact Peter Keaney							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Indian Hills 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 97 Yawpo Avenue		Square Feet 100,000	# of Floors 2						
City (5) Oakland		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) RK Occupational&Environmental Analysis, Inc.		ASCM No. 0090	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 Jon Gilbert		Telephone No. 908 454 6316	Telephone No. 973 256 7010						
		License No. 00666							
Start Date (10) 07/14/17	Scheduled Completion Date (11) 07/14/17		Name of OSHA Monitor Bako Construction & Restoration, 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: <u>3pm - 11pm</u>		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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure WRAP + CUT							
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
065 Boy's & Girl's Bathrooms		x		Pipe Fitting Insulation	30 LF	x			
705 Boy's&Girl's Bathrooms		x		Pipe Fitting Insulation	30 LF	x			
701A Custodial Closet	x			Pipe Fitting Insulation	2LF	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 Tullytown Resource Recovery Facility					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Goran Kojic		Title Project Manager	Signature 			Date 07/12/17			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:126)



Date of Notification (1) 07/12/17		Name of Building Owner/Operator (2) Ramapo & Indian Hills Board of Education		ASBESTOS CONTROL & LICENSING	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 131 Yawpo Avenue City, State, Zip Code Oakland, NJ 07436 Name of Contact Peter Kearney Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Indian Hills High School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 97 Yawpo Avenue			Square Feet 100,000 # of Floors 2 Bldg. Age 60+		
City (5) Oakland			County Code (7) (STATE USE ONLY)		
County (6) Bergen			Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental Analysis, Inc.			ASCM No 0090		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 07612		
Project Manager for Monitoring Firm Jon Gilbert			Telephone No. 908 454 6316		Telephone No. 973 256 7010 License No. 00666
Start Date (10) 07/14/17		Scheduled Completion Date (11) 07/14/17		Name of OSHA Monitor Bako Construction & Restoration, 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 Other - Describe: 3pm - 11pm			Street Address 265 Route 46 Suite 3D City, State, Zip Code Totowa, NJ 07612		
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 100 sf or ≥ 250 lf <input checked="" 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) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
065 Boy's & Girl's Bathrooms		x		Pipe Fitting Insulation 30 LF	
705 Boy's & Girl's Bathrooms		x		Pipe Fitting Insulation 30 LF	
701A Custodial Closet		x		Pipe Fitting Insulation 2 LF	
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889		Cubic Yards of Waste TBD	
City, State Totowa, NJ		Disposal Date TBD		Name of Registered Landfill Tullytown Resource Recovery Facility	
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA	
Completed by Goran Kojic		Title Project Manager		Signature 	
				Date 07/12/17	

Check # 25546

RECEIVED
JUL 17 2017

ASB-44
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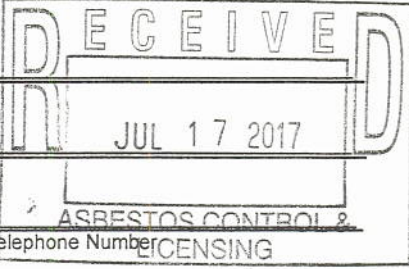
* Do not use this form for asbestos licensure exempted-activities.

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

B & G proj. #: 2017-90B

*** NON Sub 8 ***

Check # 8486

Date of Notification (1) 07/14/17		Name of Building Owner/Operator (2) Piscataway Township Schools		
Agencies Notified	Type Notification	Street Address 1515 Stelton Road		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Piscataway, NJ 08854		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact David Oliveira		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number		
<input checked="" type="checkbox"/> DOH				
<input type="checkbox"/> DCA				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Grandview School (Non-sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 130 N Randolphville Road			Square Feet # of Floors Bldg. Age		
City (5) Piscataway, NJ 08854	County (6) Middlesex	County Code (7) (State use only)	Current Use (Prior if being demolished) non-sub 8		
Name of Monitoring Firm Hired by Bldg. Owner (8) T & M Associates		ASCM No. 145	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 11 Tindall Road			Street Address 105 Ryerson Road		
City, State, Zip Code Middletown, NJ 07748			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Burns		Phone Number 732-676-1725	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 07/24/2017	Sched. Completion Date (11) 07/31/2017		Name of OSHA Monitor B & G 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- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		

Scope of Work (check all that apply)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure | <input checked="" type="checkbox"/> Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Classroom 24			<input checked="" type="checkbox"/>	VAT & mastic	740 sf	<input checked="" type="checkbox"/>			
Classroom 25			<input checked="" type="checkbox"/>	VAT & mastic	740 sf	<input checked="" type="checkbox"/>			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 18	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 07/24/17 - 07/31/17	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 07/14/2017

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

B & G proj. #: 2017-91

Check # 8484

Date of Notification (1)
10/17/14/11/17

Name of Building Owner/Operator (2)

Lillian Pagano

Street Address

City, State, Zip Code

Paramus, NJ 07652

Name of Contact

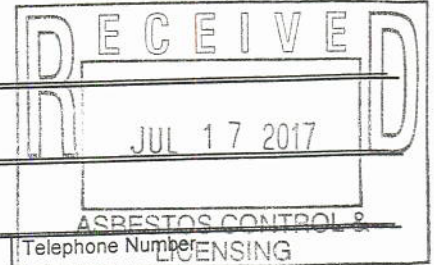
Lillian Pagano

Agencies Notified

- ☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

- ☒ Initial
☐ Amendment
☐ Cancellation



FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Lillian Pagano

Street Address

City (5)

Paramus, NJ 07652

County (6)

Bergen

County Code (7)
(State use only)

Type of Facility (4)

- ☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)
residential

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.
n/a

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number
(973)696-6869

License Number
00378

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scheduled Start Date (10)

07/24/2017

Sched. Completion Date (11)

07/27/2017

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: _____

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf

- ☒ Full Containment w/negative pressure ☐ Glovebag procedure
☐ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
entire basement & lower level adjacent to the garage			<input checked="" type="checkbox"/>	VAT & mastic	673 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"/>

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
10

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
07/27/2017

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Gordana Luna

Date
07/14/2017

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

B & G proj. #: 2017-90A

Check # 8485

Date of Notification (1) <u>10/17/14</u> / <u>11/17/17</u>		Name of Building Owner/Operator (2) Piscataway Township Schools		<div style="border: 2px solid black; padding: 10px; font-size: 24px; font-weight: bold; margin: 0 auto; width: 100px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; font-size: 18px; font-weight: bold; margin: 5px auto; width: 100px;">JUL 17 2017</div> <div style="border: 1px solid black; padding: 5px; font-size: 12px; font-weight: bold; margin: 5px auto; width: 100px;">ASBESTOS CONTROL & REMEDIATION</div>
Agencies Notified	Type Notification	Street Address 1515 Stelton Road		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Piscataway, NJ 08854		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact David Oliveira		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation			
<input checked="" type="checkbox"/> DOH				Telephone Number
<input type="checkbox"/> DCA				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Randolphville School (Non-sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 1 Suttie Avenue			Square Feet # of Floors Bldg. Age		
City (5) Piscataway, NJ 08854	County (6) Middlesex	County Code (7) (State use only)	Current Use (Prior if being demolished) non-sub 8		
Name of Monitoring Firm Hired by Bldg. Owner (8) T & M Associates		ASCM No. 145	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 11 Tindall Road			Street Address 105 Ryerson Road		
City, State, Zip Code Middletown, NJ 07748			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Burns		Phone Number 732-676-1725	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 07/24/2017		Sched. Completion Date (11) 07/31/2017	Name of OSHA Monitor B & G 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- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure | <input checked="" type="checkbox"/> Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
All-Purpose Room			<input checked="" type="checkbox"/>	VAT & mastic	3,120 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen area			<input checked="" type="checkbox"/>	VAT & mastic	580 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 25	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 07/24/17 - 07/31/17	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 07/14/2017

EDS17-159

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

Page 1 of 1

Check # 2860

Date of Notification (1) 7-12-2017		Name of Building Owner/Operator (2) Board of Education of the Vocational School in the County of Sussex							
Agencies Notified	Type Notification	Street Address 105 NORTH CHURCH ROAD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SPARTA, NEW JERSEY 07871							
		Name of Contact Matthew Geary	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Sussex County Technical 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 105 N. Church Rd		Square Feet 40,000 +	# of Floors 2						
City (5) Sparta		Bldg. Age 30+							
County (6) Sussex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Karl & Associates		ASCM No. _____	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 20 Lauck Road		Street Address 140 Hamburg Tpke							
City, State, Zip Code Mohnton, PA 19540		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Michael Krischer		Telephone No. (610) 223-1832	Telephone No. (201) 710-9725						
Start Date (10) 7/18/2017 at 7:00 am		Scheduled Completion Date (11) 7/21/2017	License No. 01084						
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>Building Occupied</u>		Name of OSHA Monitor GL Group, Inc							
		Street Address 140 Hamburg Tpke							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Fan Coil Unit Room		X		Pipe Fitting Insulation	9 LF	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 Bloomingdale, NJ			Disposal Date TBD	City, State Waynesburg, OH					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 7/12/2017			

2017-07-13 13:28:51 (GMT)

EDS17-159

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

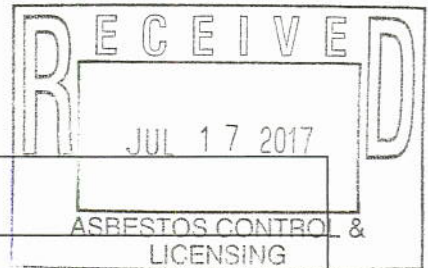
Page 1 of 1

Check # 2860

JUL 17 2017

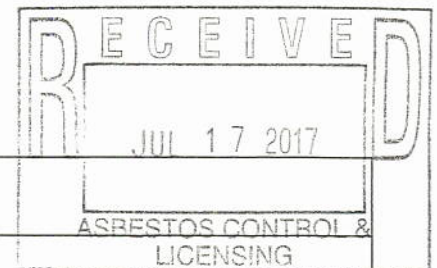
Date of Notification (1) 7-12-2017		Name of Building Owner/Operator (2) Board of Education of the Vocational School in the County of Sussex							
Agencies Notified	Type Notification	Street Address 105 NORTH CHURCH ROAD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SPARTA, NEW JERSEY 07871							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Matthew Geary							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Sussex County Technical School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 105 N. Church Rd		Square Feet 40,000 +	# of Floors 2						
City (5) Sparta		Bldg. Age 30+							
County (6) Sussex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Karl & Associates		ASCM No.	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 20 Lauok Road		Street Address 140 Hamburg Tpke							
City, State, Zip Code Mohnton, PA 19540		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Michael Krischer		Telephone No. (610) 223-1832	Telephone No. (201) 710-9725						
Start Date (10) 7/18/2017 at 7:00 am		Scheduled Completion Date (11) 7/21/2017	License No. 01084						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: Building Occupied		Street Address 140 Hamburg Tpke							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥250 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
Fan Coil Unit Room		X		Pipe Fitting Insulation	9 LF	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 Bloomingdale, NJ		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>		Date 7/12/2017				

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



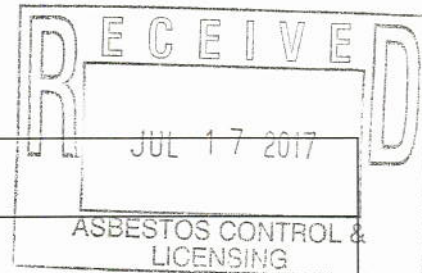
Date of Notification (1) <div style="text-align: center;">07 / 14 / 17</div>		Name of Building Owner/Operator (2) Orange Housing Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> 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 340 Thomas Boulevard City, State, Zip Code Orange, NJ 07050 Name of Contact Maurice Brown 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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]		City (5) Orange, NJ							
County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors						
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		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 Estaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) 07 / 24 / 17	Scheduled Completion Date (11) 08 / 31 / 17	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
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RACM		<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 7/14/17		

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



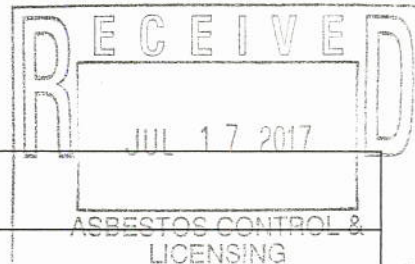
Date of Notification (1) 07 / 14 / 17		Name of Building Owner/Operator (2) Orange Housing Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 340 Thomas Boulevard							
		City, State, Zip Code Orange, NJ 07050							
		Name of Contact Maurice Brown	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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Orange, NJ		Square Feet	# of Floors						
County (6) Essex		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 Estaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) 07 / 24 / 17	Scheduled Completion Date (11) 08 / 31 / 17	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) <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
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RACM		<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 7/14/17		

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



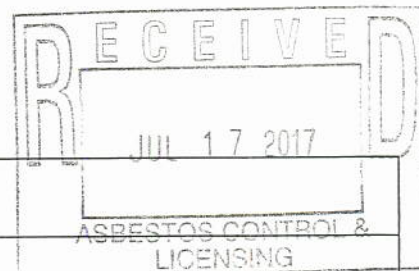
Date of Notification (1) <div style="text-align: center;">07 / 14 / 17</div>		Name of Building Owner/Operator (2) Orange Housing Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> 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 340 Thomas Boulevard City, State, Zip Code Orange, NJ 07050 Name of Contact Maurice Brown 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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age							
City (5) Orange, NJ		County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)							
County (6) Essex									
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		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 Estaquo		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) <div style="text-align: center;">07 / 24 / 17</div>	Scheduled Completion Date (11) <div style="text-align: center;">08 / 31 / 17</div>	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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RACM		<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 7/14/17		

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



Date of Notification (1) 07 / 14 / 17		Name of Building Owner/Operator (2) Orange Housing Authority							
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 340 Thomas Boulevard City, State, Zip Code Orange, NJ 07050 Name of Contact Maurice Brown 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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]		City (5) Orange, NJ							
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		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 Estaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) 07 / 24 / 17	Scheduled Completion Date (11) 08 / 31 / 17	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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <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
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RACM		<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 7/14/17		

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



Date of Notification (1) 07 / 14 / 17		Name of Building Owner/Operator (2) Orange Housing Authority							
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 340 Thomas Boulevard City, State, Zip Code Orange, NJ 07050 Name of Contact Maurice Brown							
		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 and commercial buildings, homes, etc.)							
Street Address 		Square Feet # of Floors Bldg. Age							
City (5) Orange, NJ									
County (6) Essex	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 Estaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888						
License No. 1188									
Start Date (10) 07 / 24 / 17	Scheduled Completion Date (11) 08 / 31 / 17	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) <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
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RACM		<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 7/14/17			

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

Check # 2909.

Date of Notification (1) 07 / 14 / 17		Name of Building Owner / Operator (2) City of New Brunswick		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUL 17 2017 ASBESTOS CONTROL & LICENSING </div>	
Agencies Notified		Street Address 78 Bayard Street			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		City, State, Zip Code New Brunswick, NJ 08901 Name of Contact William Schrum Telephone Number			
Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation					
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) 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 bldgs., homes, etc.)		
City (5) New Brunswick	County (6) Middlesex	County Code (7)	Square Feet 2,000	# Of Floors 3	Building Age 45+
			Current Use (Prior if being demolished) Vacant		
Name of Monitoring Firm Hired by Bldg. Owner (8) AET			ASCM NO NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 907 Doolittle Drive			Street Address		
City, State, Zip Code Bridgewater, NJ 08807			32 Williams Parkway		
Project Mngr. For Monitoring Firm Eric Houseknecht			City, State, Zip Code East Hanover, NJ 07936		
Telephone Number 908-218-1108			Telephone Number 973-884-8682		
Sched. Start Date (10) 07 / 24 / 17			Sched. Completion Date (11) 07 / 31 / 17		
License Number 00860					
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 7AM - 3:30PM			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	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	E N C A P S U L
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
BASEMENT	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE & FITTING	170 LF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3RD FLOOR KITCHEN	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	LINOLEUM	60 SF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3RD FLOOR BATHROOM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	LINOLEUM	60 SF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill GROWS LANDFILL	
City, State EAST HANOVER, NJ		Disposal Date	City, State MORRISVILLE, PA		
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature 		Date 07/14/17

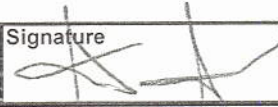
**STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

Check # 2908

Date of Notification (1) 07 / 14 / 17		Name of Building Owner / Operator (2) City of New Brunswick		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> R E C E I V E D JUL 17 2017 </div>	
Agencies Notified		Street Address 78 Bayard Street			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		City, State, Zip Code New Brunswick, NJ 08901 Name of Contact William Schrum			
Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation				ASBESTOS CONTROL & LICENSING	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) 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 bldgs., homes, etc.)		
City (5) New Brunswick	County (6) Middlesex	County Code (7)	Square Feet 2,000	# Of Floors 2	Building Age 45+
			Current Use (Prior if being demolished) Vacant		
Name of Monitoring Firm Hired by Bldg. Owner (8) AET			ASCM NO NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 907 Doolittle Drive			Street Address 32 Williams Parkway		
City, State, Zip Code Bridgewater, NJ 08807			City, State, Zip Code East Hanover, NJ 07936		
Project Mngr. For Monitoring Firm Eric Houseknecht		Telephone Number 908-218-1108	Telephone Number 973-884-8682		
Schedul Start Date (10) 07 / 24 / 17		Sched. Completion Date (11) 07 / 31 / 17	License Number 00860		
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: 7AM - 3:30PM			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
				R E M O V A L	E N C A P S U L
					E N C L O S U R
	YES NO N/A				
BASEMENT	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE INSULATION	114 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1ST FLOOR	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	LINOLEUM	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill GROWS LANDFILL	
City, State EAST HANOVER, NJ		Disposal Date	City, State MORRISVILLE, PA		
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature 	Date 07/14/17	

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

Check #2907

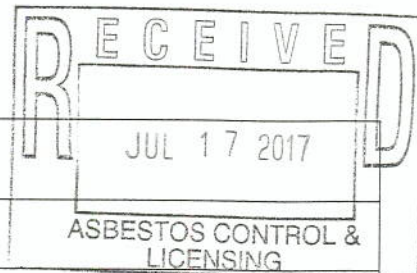
Date of Notification (1) 07 / 14 / 17		Name of Building Owner / Operator (2) City of New Brunswick		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="margin-top: 10px; font-size: 1.2em;">JUL 17 2017</div>	
Agencies Notified		Street Address 78 Bayard Street			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		City, State, Zip Code New Brunswick, NJ 08901 Name of Contact William Schrum			
Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Telephone Number		ASBESTOS CONTROL & LICENSING	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) 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 bldgs., homes, etc.)		
City (5) New Brunswick	County (6) Middlesex	County Code (7)	Square Feet 2,000	# Of Floors 2	Building Age 45+
Current Use (Prior if being demolished) Vacant					
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO. _____			
Street Address 907 Doolittle Drive		NORTHSTAR CONTRACTING GROUP, INC.			
City, State, Zip Code Bridgewater, NJ 08807		Street Address 32 Williams Parkway			
Project Mngr. For Monitoring Firm Eric Houseknecht		City, State, Zip Code East Hanover, NJ 07936			
Telephone Number 908-218-1108		Telephone Number 973-884-8682		License Number 00860	
Sched. Start Date (10) 07 / 24 / 17		Sched. Completion Date (11) 07 / 31 / 17			
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: 7AM - 3:30PM			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	YES NO N/A			R E M O V A L	E N C A P S U L
1ST FLOOR	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAT/MASTIC	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAT/MASTIC	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill GROWS LANDFILL	
City, State EAST HANOVER, NJ		Disposal Date	City, State MORRISVILLE, PA		
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature 		Date 07/14/17

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

Check # 2906

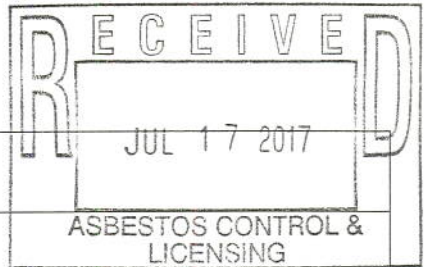
Date of Notification (1) 07 / 14 / 17		Name of Building Owner / Operator (2) City of New Brunswick		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUL 17 2017 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation				Street Address 78 Bayard Street City, State, Zip Code New Brunswick, NJ 08901 Name of Contact William Schrum			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)						
Street Address [REDACTED]									
City (5) New Brunswick	County (6) Middlesex	County Code (7)	Square Feet 2,000	# Of Floors 3	Building Age 45+				
			Current Use (Prior if being demolished) Vacant						
Name of Monitoring Firm Hired by Bldg. Owner (8) AET			ASCM NO. NORTHSTAR CONTRACTING GROUP, INC.						
Street Address 907 Doolittle Drive			Street Address						
City, State, Zip Code Bridgewater, NJ 08807			32 Williams Parkway City, State, Zip Code						
Project Mngr. For Monitoring Firm Eric Houseknecht		Telephone Number 908-218-1108	East Hanover, NJ 07936						
Scheduled Start Date (10) 07 / 24 / 17		Sched. Completion Date (11) 07 / 31 / 17		Telephone Number 973-884-8682	License Number 00860				
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: 7AM - 3:30PM			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07936						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>R E M O V A L</td> <td>R E P A I R</td> <td>E N C A P S U L</td> <td>E N C L O S U R</td> </tr> </table>		R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R						
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>				
1ST FLOOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	VAT/MASTIC	225 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
3RD FLOOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	VAT/MASTIC	550 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>				
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill GROWS LANDFILL					
City, State EAST HANOVER, NJ		Disposal Date	City, State MORRISVILLE, PA						
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature 		Date 07/14/17				

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



Date of Notification (1) 07 / 14 / 17		Name of Building Owner/Operator (2) Bank of America							
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 655 Third Avenue 12th Floor							
		City, State, Zip Code New York, NY 10017							
		Name of Contact Dino Nappi	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bank of America		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 34-35 Woodbridge Avenue									
City (5) Highland Park, NJ		Square Feet 10,000	# of Floors 1						
		Bldg. Age 30							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) New York Environmental		ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 88 Harbor Road		Street Address 47 Foster Road							
City, State, Zip Code Port Washington, NY 11050		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Mike Baudo	Telephone No. 516-944-9500	Telephone No. 718-605-6256	License No. 00774						
Start Date (10) 07 / 29 / 17	Scheduled Completion Date (11) 08 / 10 / 17	Name of OSHA Monitor Testor Tech							
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: Saturday and Sunday AM-1:00pm to 9:00 pm PM/8:00 am to 8:00PM- AM		Street Address 10 59 Jackson Avenue							
		City, State, Zip Code LIC, NY 11101							
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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	190 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State Newark, NJ		Disposal Date 07/31/17		City, State Bethlehem, PA					
Completed By (Print or Type) Ralph Barnhardt	Title Project Manager		Signature 			Date 07-14-2017			

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



Date of Notification (1) <u>7</u> / <u>14</u> / <u>17</u>		Name of Building Owner/Operator (2) PENNSVILLE 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <u>Amendment #3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 CHURCH STREET	
		City, State, Zip Code PENNSVILLE NJ 08070	
		Name of Contact	Telephone Number

FACILITY INFORMATION

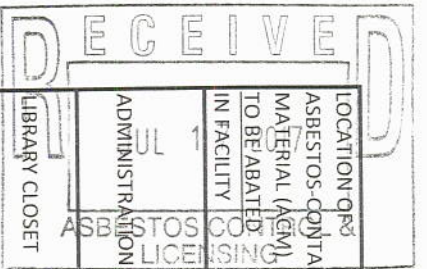
Name of Facility Where Abatement is Taking Place (3) PENNSVILLE HIGH SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 110 S BROADWAY			
City (5) PENNSVILLE	Square Feet >50,000	# of Floors 1	Bldg. Age 75
County (6) SALEM	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SCHOOL	
Name of Monitoring Firm Hired by Building Owner (8) HEALTH AND SAFETY SERVICES		ASCM No.	Name of Abatement Contractor (9) DELTA/BJDS, INC
Street Address 318 12TH STREET		Street Address 1345 INDUSTRIAL BLVD	
City, State, Zip Code HAMMONTON, NJ 08037		City, State, Zip Code SOUTHAMPTON, PA 18966	
Project Manager for Monitoring Firm AL OSWALD	Telephone No. 609 704-8850	Telephone No. 215 322-2900	License No. 00783
Start Date (10) <u>6</u> / <u>13</u> / <u>17</u>	Scheduled Completion Date (11) <u>8</u> / <u>31</u> / <u>17</u>	Name of OSHA Monitor CRITERION LABS	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u> </u> PM/ <u>4:30</u> PM- <u> </u> AM		Street Address 400 STREET ROAD	
		City, State, Zip Code BENSALEM PA 19020	

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

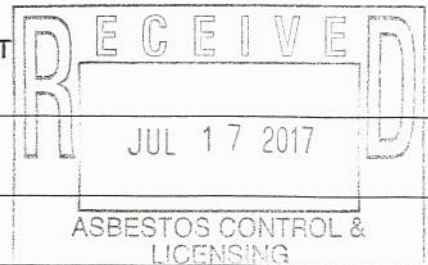
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE (PLEASE SEE ATTACH	12 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHELVING CONVECTORS	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SELECTIVE FLOOR TILE BY UV'S	108 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM FITTINGS (ASSUMED)	24 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GRP	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL
City, State 58 PYLES LANE NEW CASTLE DE 19720		Disposal Date	City, State WAYNESBURG, OH 44688
Completed By (Print or Type) MICHAEL PARSON	Title PROJECT MANAGER	Signature <i>Michael Parson</i>	Date 7-14-2017



LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?			DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
	YES	NO	N/A						
ADMINISTRATION AREA	X			EXTERIOR CAULK	24 LF	X			
LIBRARY CLOSET	X			DUCT WITH BLACK MASTIC (CUT AND WRAP)	40SF	X			
1ST FL PRINCIPLES OFFICE CLOSET	X			PIPE (CUT AND WRAP)	10 LF	X			
1ST FL VICE PRINCIPLES OFFICE	X			PIPE (CUT AND WRAP)	10 LF	X			
BACK ENTRANCE BY ELEVATOR	X			PIPE (CUT AND WRAP)	12 LF	X			
COMMUNICATION ROOM	X			PIPE (CUT AND WRAP)	5LF	X			
NURSES OFFICE	X			PIPE (CUT AND WRAP)	5LF	X			
	X								
	X								
	X								

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



0974-02

Date of Notification (1) <div style="text-align: center;">7 / 12 / 17</div>		Name of Building Owner/Operator (2) PENNSVILLE SCHOOL DISTRICT		ASBESTOS CONTROL & LICENSING	
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 # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 CHURCH STREET			
		City, State, Zip Code PENNSVILLE NJ 08070			
		Name of Contact		Telephone Number	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) PENNSVILLE 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 110 S BROADWAY					
City (5) PENNSVILLE			Square Feet >50,000	# of Floors 1	Bldg. Age 75
County (6) SALEM		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) SCHOOL		
Name of Monitoring Firm Hired by Building Owner (8) HEALTH AND SAFETY SERVICES		ASCM No.	Name of Abatement Contractor (9) DELTA/BJDS, INC		
Street Address 318 12TH STREET		Street Address 1345 INDUSTRIAL BLVD			
City, State, Zip Code HAMMONTON, NJ 08037		City, State, Zip Code SOUTHAMPTON, PA 18966			
Project Manager for Monitoring Firm AL OSWALD		Telephone No. 609 704-8850	Telephone No. 215 322-2900	License No. 00783	
Start Date (10) <div style="text-align: center;">6 / 13 / 17</div>		Scheduled Completion Date (11) <div style="text-align: center;">8 / 31 / 17</div>		Name of OSHA Monitor CRITERION LABS	
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: 7AM- 4:30PM- AM			Street Address 400 STREET ROAD		
			City, State, Zip Code BENSALEM PA 19020		

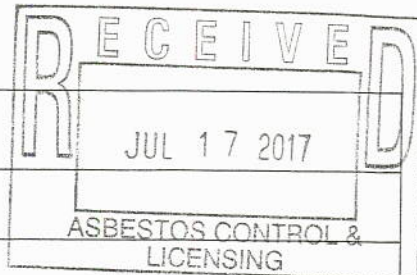
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE (PLEASE SEE ATTACH	12 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHELVING CONVECTORS	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SELECTIVE FLOOR TILE BY UV'S	108 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM FITTINGS (ASSUMED)	24 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GRP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State 58 PYLES LANE NEW CASTLE DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688	

Completed By (Print or Type) MICHAEL PARSON	Title PROJECT MANAGER	Signature <i>Michael Parson</i>	Date 7-12-2017
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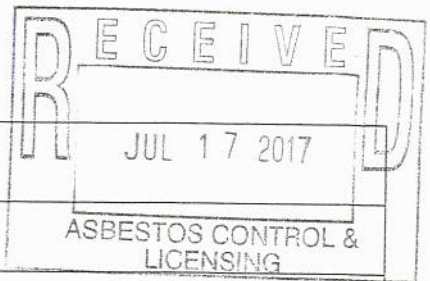
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <div style="text-align: center;">6 / 19 / 17</div>		Name of Building Owner/Operator (2) PENNSVILLE 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <u>Amendment #1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 CHURCH STREET City, State, Zip Code PENNSVILLE NJ 08070							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PENNSVILLE 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 110 S BROADWAY		Square Feet >50,000	# of Floors 1						
City (5) PENNSVILLE		Bldg. Age 75							
County (6) SALEM	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) HEALTH AND SAFETY SERVICES		ASCM No.	Name of Abatement Contractor (9) DELTA/BJDS, INC						
Street Address 318 12TH STREET		Street Address 1345 INDUSTRIAL BLVD							
City, State, Zip Code HAMMONTON, NJ 08037		City, State, Zip Code SOUTHAMPTON, PA 18966							
Project Manager for Monitoring Firm AL OSWALD	Telephone No. 609 704-8850	Telephone No. 215 322-2900	License No. 00783						
Start Date (10) <div style="text-align: center;">6 / 13 / 17</div>	Scheduled Completion Date (11) <div style="text-align: center;">8 / 31 / 17</div>	Name of OSHA Monitor CRITERION LABS							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u> </u> PM/ <u>4:30</u> PM- <u> </u> AM		Street Address 400 STREET ROAD City, State, Zip Code BENSALEM PA 19020							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE (PLEASE SEE ATTACH	12 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHELVING CONVECTORS	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SELECTIVE FLOOR TILE BY UV'S	108 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM FITTINGS (ASSUMED)	24 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GRP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE NEW CASTLE DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) MICHAEL PARSON		Title PROJECT MANAGER		Signature <i>Michael Parson</i>		Date 6-19-2017			

[illegible]

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



Date of Notification (1) <u>0974-02</u> 5 / 31 / 17		Name of Building Owner/Operator (2) PENNSVILLE 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 30 CHURCH STREET							
		City, State, Zip Code PENNSVILLE NJ 08070							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PENNSVILLE 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 110 S BROADWAY									
City (5) PENNSVILLE		Square Feet >50,000	# of Floors 1						
		Bldg. Age 75							
County (6) SALEM		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) SCHOOL						
Name of Monitoring Firm Hired by Building Owner (8) PENNONI ASSOCIATES, INC		ASCM No. 102	Name of Abatement Contractor (9) DELTA/BJDS, INC						
Street Address 515 GROVE STREET SUITE B		Street Address 1345 INDUSTRIAL BLVD							
City, State, Zip Code HADDON HEIGHTS, NJ 08035		City, State, Zip Code SOUTHAMPTON, PA 18966							
Project Manager for Monitoring Firm <u>Alan Lloyd</u>		Telephone No. <u>856-656-2875</u>	License No. 00783						
Start Date (10) 6 / 13 / 17	Scheduled Completion Date (11) 8 / 31 / 17		Name of OSHA Monitor CRITERION LABS						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7AM</u> - <u>4:30PM</u> - <u>AM</u>		Street Address 400 STREET ROAD							
		City, State, Zip Code BENSALEM PA 19020							
Scope of Work (Check all that apply) <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"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>									
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
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE (PLEASE SEE ATTACH	12 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHELVING CONVECTORS	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SELECTIVE FLOOR TILE BY UV'S	108 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM FITTINGS (ASSUMED)	24 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GRP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE NEW CASTLE DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) MICHAEL PARSON		Title PROJECT MANAGER		Signature <u>Michael Parson</u>		Date <u>5/31/2017</u>			