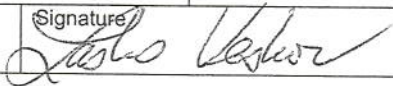
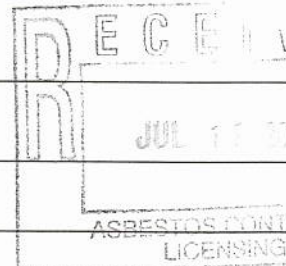


PAID

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

Date of Notification (1) 07/16/2018		Name of Building Owner/Operator (2) Coccia Realty							
Agencies Notified	Type Notification	Street Address 636 Kearny Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Kearny, NJ 07032							
		Name of Contact Jan Kwapniewski	Telephone Number (201) 997-7000						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Kearny		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)		ASCM No.	Name of Abatement Contractor (9) Removal Safety LLC						
Street Address		Street Address 8 Crosby Ave							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07502							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-400-8711						
			License No. 01332						
Start Date (10) 07/28/2018	Scheduled Completion Date (11) 07/30/2018	Name of OSHA Monitor Removal Safety LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 8 Crosby Ave							
<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: 7:00am-5:00pm		City, State, Zip Code Paterson, NJ 07502							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe Insulation	45 LF	x		x	
Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 2	Name of Registered Landfill GROWS North					
City, State Paterson, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Lasko Veskov		Title President		Signature 			Date 07/16/2018		

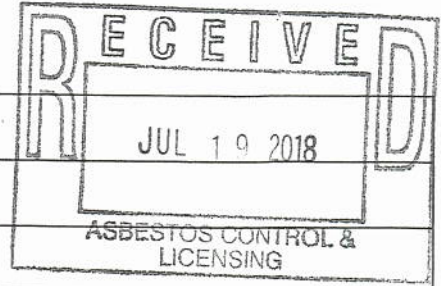
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>07 / 17 / 18</b>		Name of Building Owner/Operator (2) <b>Macksen Company Inc.</b>						
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 <b>8-04 Susan Place</b>						
		City, State, Zip Code <b>Fair Lawn, NJ 07410</b>						
		Name of Contact <b>John Durante</b>	Telephone Number <b>(718) 697-6969</b>					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>"Former Nussbaum Wreckers &amp; Carriers" Commerical Property</b>		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 <b>50 Route 17</b>								
City (5) <b>Hasbrouck Heights</b>		Square Feet <b>5,100</b>	# of Floors <b>1</b>					
		Bldg. Age <b>70</b>						
County (6) <b>Bergen</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services, Inc</b>		ASCM No. <b>00117</b>	Name of Abatement Contractor (9) <b>SAI Environmental Services, LLC</b>					
Street Address <b>P.O. Box 365</b>		Street Address <b>277 Fairfield Road, Suite 102</b>						
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Fairfield, NJ 07004</b>						
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>856-452-1311</b>	License No. <b>01349</b>					
Start Date (10) <b>07 / 27 / 18</b>	Scheduled Completion Date (11) <b>07 / 29 / 18</b>	Name of OSHA Monitor <b>SAI Environmental Services, LLC</b>						
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 <b>277 Fairfield Road, Suite 102</b>						
		City, State, Zip Code <b>Fairfield, NJ 07004</b>						
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) <b>TO BE ABATED IN Facility (13)</b>	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) <b>1,200 SF</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>Ground floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor Tile/Mastic</b>	<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 <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>Minerva Landfill</b>				
City, State <b>New Castle, DE</b>		Disposal Date <b>07/29/2018</b>		City, State <b>Waynesburgh, OH</b>				
Completed By (Print or Type) <b>Mary Petrovski</b>		Title <b>President</b>		Signature 		Date <b>7/17/18</b>		



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



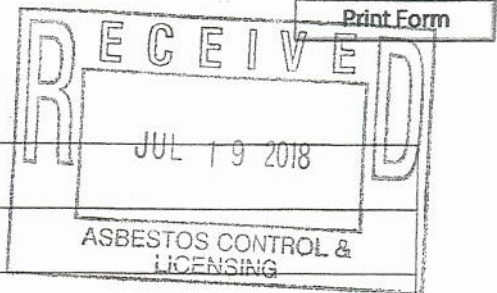
Date of Notification (1) 5/10/2018 Revised 7/17/2018		Name of Building Owner/Operator (2) MSC Erie Street, LLC							
Agencies Notified	Type Notification	Street Address 5700 Wayne Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Philadelphia, PA 19144							
		Name of Contact Joseph Ferguson	Telephone Number 267-228-0111						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mastery Charter School - Pyne Poynt Campus		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 800 Erie Street		Square Feet 100,000	# of Floors 2						
City (5) Camden		Bldg. Age 1937							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) FINOG Environmental		ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting, Inc.						
Street Address 617 Stokes Road, Suite 4-318		Street Address 98 Lacrue Avenue, Suite 110							
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code Glen Mills, PA 19342							
Project Manager for Monitoring Firm Mark Rubnitz		Telephone No. 888-715-2211	Telephone No. 610-364-9622						
Start Date (10) 5/21/2018		Scheduled Completion Date (11) 8/31/2018	License No. 01103						
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 Criterion Labs							
		Street Address 3370 Progress Drive							
		City, State, Zip Code Bensalem, PA 19020							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen		X		Pipe Insulation	16 LF	X			
Kitchen		X		VAT	300 SF	X			
1st Floor Rooms 161,141,139		X		VAT	3668 SF	X			
134, 16, 7, Art									
Name of Registered Waste Hauler Mercer Group International		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 40	Name of Registered Landfill Tulleytown Resource Recovery Facility					
City, State 1519 Rev S Howard Woodson Jr Way, Trenton, NJ 08638		Disposal Date As req.		City, State Tulleytown, PA					
Completed by James P. Vail		Title President		Signature 		Date 7/17/2018			



MO 25076585046

PAID

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



Date of Notification (1) 7-18-18		Name of Building Owner/Operator (2) PSEG Marion Switching Station							
Agencies Notified	Type Notification	Street Address 186 Van Keuren Ave.							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 Jersey City New Jersey 07306							
		Name of Contact Judy Deluca	Telephone Number 908-512-0078						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PSEG Marion Switching Station		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 186 Van Keuren Ave		Square Feet 9500	# of Floors 3						
City (5) Jersey City New Jersey 07306		Bldg. Age 75							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Switchyard Control House							
Name of Monitoring Firm Hired by Building Owner (8) Total Environmental Solutions		ASCM No.	Name of Abatement Contractor (9) Brand Energy Services LLC						
Street Address 1005 St. George Lane		Street Address 740 Veterans Drive							
City, State, Zip Code Landenburg, PA 19350		City, State, Zip Code Swedesboro NJ 08085							
Project Manager for Monitoring Firm Ed Igelesias		Telephone No. 302-344-4217	Telephone No. 908-487-8161						
License No. 01009									
Start Date (10) August 1, 2018*	Scheduled Completion Date (11) September 30, 2018*	Name of OSHA Monitor Total Environmental Solutions							
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 1005 St. George Lane							
		City, State, Zip Code Landenburg, PA 19350							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Boiler Insulation	200 LF	x			
1st Floor	X			Pipe Insulation & Transite Board	150 LF 450 SF	x			
2nd Floor	X			Transite Board	450 SF	x			
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 80 cy	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Newark New Jersey		Disposal Date 9-28-18		City, State Tullytown PA					
Completed by Daniel McConnell		Title Insulation Lead		Signature daniel mconnell		Date 7-18-18			

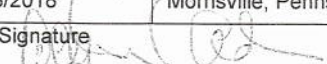
\*To support scheduled and unscheduled plant shutdown, revised notification will be submitted for each project.  
 ASB-41 (R-06-08)

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



WOCK

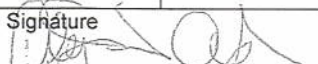
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

Date of Notification (1) 07/16/2018		Name of Building Owner/Operator (2) Westfield Board of Education		Check No. 1134					
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 302 Elm Street		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>          JUL 19 2018          ASBESTOS CONTROL &amp; LICENSING       </div>					
		City, State, Zip Code Westfield, New Jersey 07090							
		Name of Contact Dana Sullivan							
				Telephone Number 908-789-4414					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Westfield 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 500 Dorian Road									
City (5) Westfield, New Jersey 07090			Square Feet 20,000	# of Floors 2	Bldg. Age 55+				
County (6) Union		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) High School						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 120 North Warren Street		Street Address 606 McBride Avenue							
City, State, Zip Code Trenton, New Jersey 07090		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Rollie Jones		Telephone No. 609-392-4200	Telephone No. 973-225-8400	License No. 01104					
Start Date (10) 07/02/2018	Scheduled Completion Date (11) 07/18/2018		Name of OSHA Monitor IRIS Environmental Laboratories, 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: <u>Occupied 7am Start</u>			Street Address 2333 Route 22 West						
			City, State, Zip Code Union, New Jersey 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"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure <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
Boiler Room, Exterior Louver	X			Exterior Louver Caulk	25 LFX				
At Manway Doors on Circular Breeching Lines and Box	X			Breeching Gaskets	45 SFX				
Incinerator Drum Insulation between Steel Walls	X			Incinerator Drum Insulation	50 SFX				
15 LF on 10" Header, Remaining Quantity in Boiler Room Work Area	X			Block Pipe Insulation and Associated Fitting Insulation	120 LFX				
Boiler Room Work Area	X			Corrugated Pipe Insulation and Associated Fitting Insulation	200 LFX				
Boiler Room Work Area	X			Pipe Insulation and Elbows -wrap & Cut protocol	100 LFX				
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill				
City, State Woodland Park, New Jersey				Disposal Date 07/18/2018	City, State Morrisville, Pennsylvania				
Completed by Adriana Olejarova		Title President		Signature 		Date 07/16/2018			



hook

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

Date of Notification (1) 06/11/2018		Name of Building Owner/Operator (2) Westfield Board of Education		Check No. 1134					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 302 Elm Street  City, State, Zip Code Westfield, New Jersey 07090  Name of Contact Dana Sullivan  Telephone Number 908-789-4414					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Westfield 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 500 Dorian Road			Square Feet 20,000 # of Floors 2 Bldg. Age 55+						
City (5) Westfield, New Jersey 07090			Current Use (Prior if being demolished) High School						
County (6) Union		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No. _____		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 120 North Warren Street		Street Address 606 McBride Avenue							
City, State, Zip Code Trenton, New Jersey 07090		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Rollie Jones		Telephone No. 609-392-4200		License No. 01104					
Start Date (10) 07/02/2018		Scheduled Completion Date (11) 07/16/2018		Name of OSHA Monitor IRIS Environmental Laboratories, 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: <u>Occupied 7am Start</u>			Street Address 2333 Route 22 West  City, State, Zip Code Union, New Jersey 07083						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room, Exterior Louver	X			Exterior Louver Caulk	25 LFX				
At Manway Doors on Circular Breaching Lines and Box	X			Breaching Gaskets	45 SFX				
Incinerator Drum Insulation between Steel Walls	X			Incinerator Drum Insulation	50 SFX				
15 LF on 10" Header, Remaining Quantity in Boiler Room Work Area	X			Block Pipe Insulation and Associated Fitting Insulation	120 LFX				
Boiler Room Work Area	X			Corrugated Pipe Insulation and Associated Fitting Insulation	300 LFX				
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill				
City, State Woodland Park, New Jersey				Disposal Date 07/16/2018	City, State Morrisville, Pennsylvania				
Completed by Adriana Olejarova		Title President		Signature 		Date 06/11/2018			



PAID

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

CK 4695

Date of Notification (1) <b>7/16/18</b>		Name of Building Owner/Operator (2) <b>MR. JAVIER CARVAJAL</b>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <b>Morris Plains, NJ 07950</b> Name of Contact <b>MR. CARVAJAL</b> Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>MR. JAVIER CARVAJAL</b>		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 <b>2000</b> # of Floors <b>2</b> Bldg. Age <b>1950</b>						
City (5) <b>Morris Plains</b>		County Code (7) <b>MORRIS</b> (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Best Removal Inc.</b>						
Street Address		Street Address <b>450 South River Street</b>						
City, State, Zip Code		City, State, Zip Code <b>Hackensack, NJ 07601</b>						
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>						
Start Date (10) <b>7/30/18</b>		Scheduled Completion Date (11) <b>7/31/18</b>						
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: <b>8:00AM TO 5:00PM</b>		Name of OSHA Monitor <b>Omega Environmental</b>						
		Street Address <b>280 Huyler Street</b>						
		City, State, Zip Code <b>South Hackensack, NJ 07606</b>						
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) <b>BASEMENT</b>	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) <b>VAT</b>	Amount (Specify SF or LF) <b>420 SF</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>3CY5</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>				
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>7/31/18</b>		City, State <b>Waynesburg, OH 44688</b>				
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>	Signature <i>J. Maiorano</i>	Date <b>7/16/18</b>				



# State of New Jersey - Notification of Asbestos Abatement

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

Date of Notification (1) <b>July 16, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified  EPA DCA x DOL DEP DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>	
		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
		Name of Contact <b>Michael Smith ENV HEALTH &amp; SAFETY</b>	Telephone Number <b>848.445.2550</b>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Medical Science Bldg # 7257</b>		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 <b>RBAS Newark Campus</b>		Sq. Feet: <b>Unknown</b> # of Floors: <b>8</b> Bldg. Age: <b>60</b> years	
City (5) <b>Newark</b>	County (6) <b>Essex</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC ASSOCIATES</b>		ASCM No. <b>0098</b>	
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Street Address <b>511 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>		Telephone Number <b>609-386-8800</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>July 27, 2018</b>		Scheduled Completion Date (11) <b>July 30, 2018</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>5pm - 5am -24 hrs &amp; Weekends as Needed</b>		Name of OSHA Monitor <b>Envirovision, Inc.</b>	
		Street Address <b>20-21, Bldg E Wagaraw Road</b>	
		City, State, Zip Code <b>Fairlawn, NJ</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>G572</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>	Amount (Specify SF or LF) <b>130sf</b>
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>5</b>	Name of Registered Landfill <b>GROWS North Landfill</b>
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> NJ DEP # <b>12561</b>		Disposal Date <b>July 30, 2018</b>	City, State <b>100 New Ford Mill Road, Morrisville, PA 19067</b> <b>215-736-1700</b>
Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>			
Completed by (Print or Type) <b>Raymond C. Pedalino</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>July 16, 2018</b>

GAC # 2018-060



no ok

Project #

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

Check # 4358

Date of Notification (1) 06/27/2018		Name of Building Owner/Operator (2) David Dublier		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  JUL 19 2018  ASBESTOS </div>					
Agencies Notified		Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
City, State, Zip Code River Edge, NJ 07661		Name of Contact David Dublier							
Telephone Number		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Appartments Building				Type of Facility (4)					
Street Address 125 Nortfield Ave				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) West 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) IRIS		ASCM No.		Name of Abatement Contractor (9) Nick Restoration LLC					
Street Address		Street Address		Street Address					
City, State, Zip Code		City, State, Zip Code		City, State, Zip Code					
Project Manager for Monitoring Firm		Telephone No.		Telephone No.	License No.				
Start Date (10) 07/11/2018		Scheduled Completion Date (11) 07/18/2018		Name of OSHA Monitor IRIS					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 3:30P-1M				2333 Rt 22 West					
				City, State, Zip Code					
				Union, NJ 07083					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler room area		X		TSI	100 LF	X			
Boiler room area				Boiler insulation	250 SF	X			
Boiler room area				TSI wrap & cure	5 LF		X		
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 0033782		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S				
City, State Randolph, NJ		Disposal Date TBD		City, State Tullytown, Pa					
Completed by Nikica Mrda		Title President		Signature <i>[Signature]</i>		Date 06/27/2018			



hock

<div style="border: 1px solid black; width: 200px; height: 20px; margin: 0 auto;"></div>		State of New Jersey <b>NOTIFICATION OF ASBESTOS ABATEMENT</b> (Pursuant to NJAC 8:60 and 12:120)		Check # 4358	
Project #		<div style="border: 1px solid black; width: 200px; height: 20px; margin: 0 auto;"></div>			
Date of Notification (1) 07/11/2018		Name of Building Owner/Operator (2) David Dublier			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; width: 150px; height: 20px;"></div>	
		City, State, Zip Code River Edge, NJ 07661		JUL 19 2018	
		Name of Contact David Dublier		Telephone Number <div style="background-color: black; width: 100px; height: 20px;"></div>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Appartments Building				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 125 Nortfield Ave				Square Feet      # of Floors      Bldg. Age	
City (5) West 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) IRIS		ASCM No.		Name of Abatement Contractor (9) Nick Restoration LLC	
Street Address		Street Address 72 Brookside Rd			
City, State, Zip Code		City, State, Zip Code Randolph, NJ 07869			
Project Manager for Monitoring Firm		Telephone No.		Telephone No.      License No. 973933-2550      01358	
Start Date (10) 07/11/2018		Scheduled Completion Date (11) 07/18/2018		Name of OSHA Monitor IRIS	
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: 3PM				Street Address 2333 Rt 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 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) <b>TO BE ABATED</b> 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)
Boiler room area		x		TSI	100 LF
Boiler room area				TSI wrap & cure	5 LF
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 0033782		Cubic Yards of Waste TBD	
City, State Randolph, NJ		Disposal Date TBD		Name of Registered Landfill G.R.O.W.S	
Completed by Nikica Mrda		Title President		Signature 	
				Date 07/11/2018	

0634493

PAID

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

Date of Notification (1) 07 / 16 / 18		Name of Building Owner/Operator (2) Amanda Bottomley		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED  JUL 19 2018  ASBESTOS CONTROL &amp; </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 [REDACTED]			
		City, State, Zip Code Island Heights, NJ 08732				Name of Contact Amanda Bottomley			
						Telephone Number [REDACTED]			
<b>FACILITY INFORMATION</b>									
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) Toms River				Square Feet 1500 sf	# 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) Guardian Contracting, Inc.		ASCM No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.					
Street Address 1889 Rte. 9, Unit 61				Street Address 1889 Route 9, Unit 61					
City, State, Zip Code Toms River, New Jersey 08755				City, State, Zip Code Toms River, New Jersey 08755					
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone No. 732-349-9932		Telephone No. 732-349-9932	License No. 00624				
Start Date (10) 07 / 26 / 18		Scheduled Completion Date (11) 07 / 31 / 18		Name of OSHA Monitor E.M.S.L. Analytical					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 1056 Stelton					
				City, State, Zip Code Piscataway, New Jersey 08854					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥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
attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	vermiculite	400 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 4	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey				Disposal Date 07/31/18	City, State Tullytown, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 7/16/18			



CK 3143

PAID

## State of New Jersey - Notification of Asbestos Abatement

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

Date of Notification (1) <b>July 16, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified EPA DCA x DOL DEP DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>	
		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
		Name of Contact <b>Michael Smith ENV HEALTH &amp; SAFETY</b>	
		Telephone Number <b>848.445.2550</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Lipman Hall Bldg # 6025</b>		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 <b>Cook Campus</b>		Sq. Feet: <b>Unknown</b> # of Floors: <b>4</b> Bldg. Age: <b>80</b> years	
City (5) <b>New Brunswick</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>Academic</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC ASSOCIATES</b>		ASCM No. <b>0098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3 TERRI LANE</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>	Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>July 27, 2018</b>	Scheduled Completion Date (11) <b>July 30, 2018</b>	Name of OSHA Monitor <b>Envirovision, Inc.</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>5pm - 5am -24 hrs &amp; Weekends as Needed</b>		Street Address <b>20-21, Bldg E Wagaraw Road</b>	
		City, State, Zip Code <b>Fairlawn, NJ</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure xNon-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>33 A &amp; 333 B</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>	Amount (Specify SF or LF) <b>240 sf</b>
		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>10</b>	Name of Registered Landfill <b>GROWS North Landfill</b>
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> NJ DEP # 12561		Disposal Date <b>July 30, 2018</b>	City, State <b>100 New Ford Mill Road, Morrisville, PA 19067</b> 215-736-1700
Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>			
Completed by (Print or Type) <b>Raymond C. Pedalino</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>July 16, 2018</b>

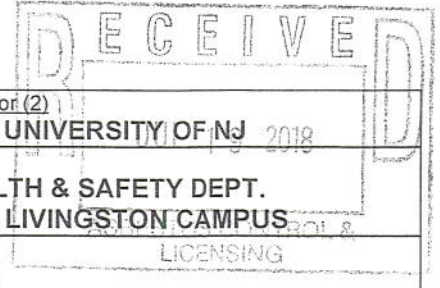
GAC # 2018-060

OK 3145

PAID

## State of New Jersey - Notification of Asbestos Abatement

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



Date of Notification (1) <b>July 16, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified EPA DCA x DOL DEP DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
Name of Contact <b>Michael Smith ENV HEALTH &amp; SAFETY</b>		Telephone Number <b>848.445.2550</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Medical Science Bldg # 7257</b>		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: <b>Unknown</b> # of Floors: <b>8</b> Bldg. Age: <b>60</b> years	
Street Address <b>RBAS Newark Campus</b>		Current Use (prior if being demolished): <b>Academic</b>	
City (5) <b>Newark</b>	County (6) <b>Essex</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC ASSOCIATES</b>		ASCM No. <b>0098</b>	
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Street Address <b>511 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>		Telephone Number <b>609-386-8800</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>July 27, 2018</b>		Scheduled Completion Date (11) <b>July 30, 2018</b>	
Name of OSHA Monitor <b>Envirovision, Inc.</b>		Street Address <b>20-21, Bldg E Wagaraw Road</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>5pm - 5am -24 hrs &amp; Weekends as Needed</b>		City, State, Zip Code <b>Fairlawn, NJ</b>	
Source of Work (Check all that apply)			
x $\geq 3$ sf or $\geq 3$ lf $\geq 160$ sf or $\geq 260$		<input checked="" type="checkbox"/> Renovation Demolition	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>I609C2</b>		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure xNon-Exempted (*) and Non-Friable Procedure	
Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>	Amount (Specify SF or LF) <b>100 sf</b>	Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>5</b>	Name of Registered Landfill <b>GROWS North Landfill</b>
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> NJ DEP # <b>12561</b>		Disposal Date <b>July 30, 2018</b>	City, State <b>100 New Ford Mill Road, Morrisville, PA 19067</b> <b>215-736-1700</b>
Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>			
Completed by (Print or Type) <b>Raymond C. Pedalino</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>July 16, 2018</b>

GAC # 2018-060



CK3144

## State of New Jersey - Notification of Asbestos Abatement

PAID

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

Date of Notification (1) <b>July 16, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified  EPA DCA x DOL DEP DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>	
		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
		Name of Contact <b>Michael Smith ENV HEALTH &amp; SAFETY</b>	Telephone Number <b>848.445.2550</b>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Medical Science Bldg # 7257</b>		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 <b>RBAS Newark Campus</b>		Sq. Feet: <b>Unknown</b> # of Floors: <b>8</b> Bldg. Age: <b>60</b> years	
City (5) <b>Newark</b>	County (6) <b>Essex</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>Academic</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC ASSOCIATES</b>		ASCM No. <b>0098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3 TERRI LANE</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>	Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>July 27, 2018</b>	Scheduled Completion Date (11) <b>July 30, 2018</b>	Name of OSHA Monitor <b>Envirovision, Inc.</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>5pm - 5am -24 hrs &amp; Weekends as Needed</b>		Street Address <b>20-21, Bldg E Wagaraw Road</b>	
		City, State, Zip Code <b>Fairlawn, NJ</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) in Facility (13) <b>C573</b>	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.) <b>VAT</b>	Amount (Specify SF or LF) <b>130 sf</b>
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: <b>5</b>	Name of Registered Landfill <b>GROWS North Landfill</b>
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> NJ DEP # <b>12561</b>		Disposal Date <b>July 30, 2018</b>	City, State <b>100 New Ford Mill Road, Morrisville, PA 19067</b> 215-736-1700
Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>			
Completed by (Print or Type) <b>Raymond C. Pedalino</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>July 16, 2018</b>

GAC # 2018-060

NOCK

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

Date of Notification (1) 07/16/2018		Name of Building Owner/Operator (2) 395-403 University Avenue, LLC.		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JUL 19 2018  ASBESTOS CONTROL &amp; LICENSING </div>
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input type="checkbox"/> Amendment #____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation		Street Address 500 Avenue P	
			City, State, Zip Code Newark, New Jersey 07105-4802	
			Name of Contact Joe Thor	

**FACILITY INFORMATION**

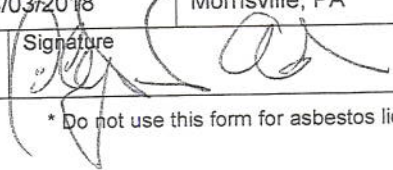
Name of Facility Where Abatement is Taking Place (3) PSE&G		Type of Facility (4)  <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 403 University Avenue		Square Feet 10,000	# of Floors 2
City (5) Newark, New Jersey 07028		Bldg. Age 50+	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Building	
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World Engineering		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 26 Columbia Tpk 2 <sup>nd</sup> floor		Street Address 606 McBride Ave	
City, State, Zip Code Florham Park, New Jersey 07724		City, State, Zip Code Woodland Park, New Jersey	
Project Manager for Monitoring Firm Gavin Gilmore		Telephone No. 973-240-1800	License No. 01104
Start Date (10) 07/16/2018	Scheduled Completion Date (11) 08/03/2018	Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One)  <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, NJ 07083	

**Scope of Work (Check All That Apply)**

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

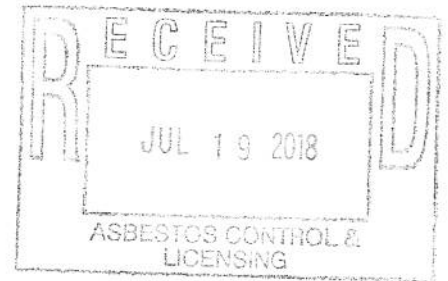
Location or Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Former Day Care and Adjacent Stair Space Leading to Basement		X		Layer Wall Plaster brown scratch/white finish coats	2,760 SF	X			
Former Day Care bathrooms #1, #2, and 3		X		Joint Compound and Associated Gypsum Board	280 SF	X			
Former Day Care		X		Asbestos-Containing Interior/Exterior Window Glazing	4 (ea)	X			
Former Day Care Bathroom 1, 2, and 3		X		Ceramic Floor Tile Mastic and Tile	182 SF	X			
Former Day Care Plenum Space		X		Asbestos-Containing Corrugated (Aircell) Pipe Insulation	80 FL	X			
Former Day Care Plenum Space		X		Asbestos-Containing Pipe Tar at Joints (black)	12 (unit)	X			



Exterior Elevation "D"		X		Asbestos-Containing Tar (black) to Retention Wall	20 SF	X			
Project Limits		X		Braided Electrical Wire Insulation (various gauge and color)	3,000 LF	X			
Exterior Elevation "D"		X		Assumed Asbestos-Containing (elevated) Repair Tar (black)	3 SF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill				
Lilich Corporation		18724		80	Fairless Landfill				
City, State				Disposal Date	City, State				
Woodland Park, New Jersey				08/03/2018	Morrisville, PA				
Completed by		Title		Signature	Date				
Adriana Olejarova		President			07/16/2018				

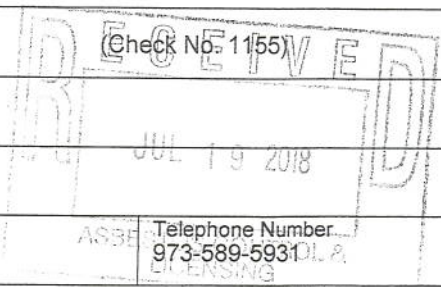
\* Do not use this form for asbestos licensure exempted activities.

ASB-41 (R-06-08)



no CK

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

Date of Notification (1) 07/06/2018		Name of Building Owner/Operator (2) 395-403 University Avenue, LLC.		
Agencies Notified	Type Notification	Street Address 500 Avenue P	City, State, Zip Code Newark, New Jersey 07105-4802	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Joe Thor	Telephone Number 973-589-5931	

**FACILITY INFORMATION**

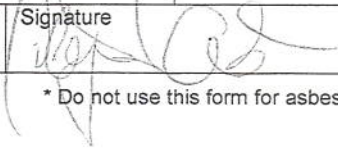
Name of Facility Where Abatement is Taking Place (3) PSE&G		Type of Facility (4)  <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 403 University Avenue		Square Feet 10,000	# of Floors 2
City (5) Newark, New Jersey 07028		Bldg. Age 50+	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Building	
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World Engineering		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 26 Columbia Tpk 2 <sup>nd</sup> floor		Street Address 606 McBride Ave	
City, State, Zip Code Florham Park, New Jersey 07724		City, State, Zip Code Woodland Park, New Jersey	
Project Manager for Monitoring Firm Gavin Gilmore		Telephone No 973-240-1800	License No. 01104
Start Date (10) 07/16/2018	Scheduled Completion Date (11) 08/03/2018	Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, NJ 07083	

**Scope of Work (Check All That Apply)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf                | <input type="checkbox"/> Renovation            | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input checked="" type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure                          |
|  |  | <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent   |
|  |  | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         |

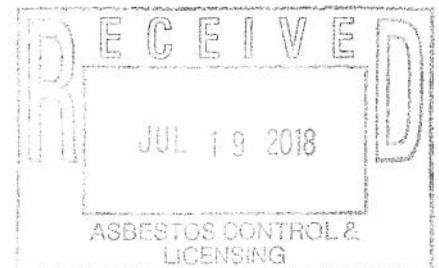
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Former Day Care and Adjacent Stair Space Leading to Basement		X		Layer Wall Plaster brown scratch/white finish coats	2,760 SF	X			
Former Day Care bathrooms #1, #2, and 3		X		Joint Compound and Associated Gypsum Board	280 SF	X			
Former Day Care		X		Asbestos-Containing Interior/Exterior Window Glazing	4 (ea)	X			
Former Day Care Bathroom 1, 2, and 3		X		Ceramic Floor Tile Mastic and Tile	182 SF	X			
Former Day Care Plenum Space		X		Asbestos-Containing Corrugated (Aircell) Pipe Insulation	80 FL	X			
Former Day Care Plenum Space		X		Asbestos-Containing Pipe Tar at Joints (black)	12 (unit)	X			



Exterior Elevation "D"		X		Asbestos-Containing Tar (black) to Retention Wall	20 SF	X			
Project Limits		X		Braided Electrical Wire Insulation (various gauge and color)	3,000 LF	X			
Exterior Elevation "D"		X		Assumed Asbestos-Containing (elevated) Repair Tar (black)	3 SF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill				
Lilich Corporation		18724		80	Fairless Landfill				
City, State				Disposal Date	City, State				
Woodland Park, New Jersey				08/03/2018	Morrisville, PA				
Completed by		Title		Signature			Date		
Adriana Olejarova		President					07/06/2018		

ASB-41 (R-06-08)

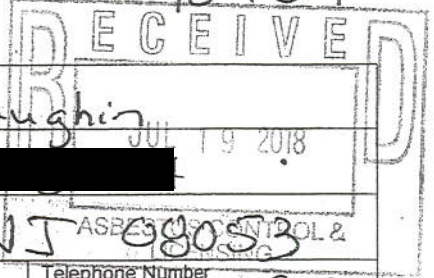
\* Do not use this form for asbestos licensure exempted activities.



PAID

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

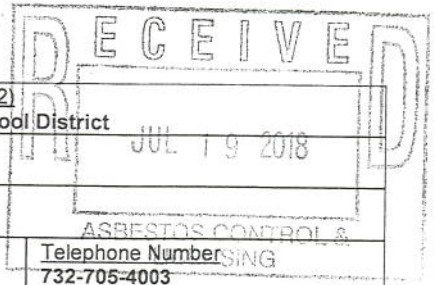
Check # 10437



Date of Notification (1) <b>7-17-18</b>		Name of Building Owner/Operator (2) <b>Robert McLaughlin</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <b>Marlton NJ 08053</b> Name of Contact <b>Bob McLaughlin</b> Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Vacant Auto Part Store</b>		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 <b>3</b> # of Floors <b>3</b> Bldg. Age <b>90+-</b>							
City (5) <b>Marlton NJ 08053</b>	County (6) <b>Burlington</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>						
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>							
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>						
Start Date (10) <b>7-27-18</b>	Scheduled Completion Date (11) <b>8-11-18</b>	Name of OSHA Monitor <b>EPC Technologies Inc</b>							
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 <b>P.O. Box 337</b> City, State, Zip Code <b>New Egypt NJ 08533</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<b>X</b>			<b>Pipe Insulation</b>	<b>120 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Waste Management of PA</b>					
City, State <b>New Egypt NJ</b>		Disposal Date <b>by 8-11-18</b>		City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>		Date <b>7-17-18</b>			



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



Date of Notification (1) 07/16/18		Name of Building Owner/Operator (2) Matawan Aberdeen Regional School District	
Agencies Notified	Notification Type	Street Address 1 Crest Way	City, State, Zip Code Aberdeen NJ 07747
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	Name of Contact Mr. Joseph Majka, J.D.	Telephone Number 732-705-4003

Name of Facility Where Abatement is Taking Place (3) <b>Cambridge Park Pre-School</b>			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: # of Floors: 1 Bldg. Age: 1951 Current Use (prior if being demolished): Elementary School	
Street Address 1 Aberdeen Terrace				
City (5) Aberdeen	County (6) Monmouth	County Code (7) (State Use Only)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Connections		ASCM No.	Name of Contractor (9) Panoramic Window & Door Systems Inc.	
Street Address 120 North Warren Street		Street Address 712 Sergeantsville Road		
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Stockton, NJ 08559		
Project Manager for Monitoring Firm Roland C Jones		Telephone Number (609)-273-1396	Telephone Number P (732)926-0900 x102	License Number 01237
Scheduled Start Date (10) 07/26/18		Scheduled Completion Date (11) 08/03/18		Name of OSHA Monitor IAQ GURU LLC
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 type="checkbox"/> Other - Describe:			Street Address 87 Main Street	
			City, State, Zip Code Lincoln Park, NJ 07035	

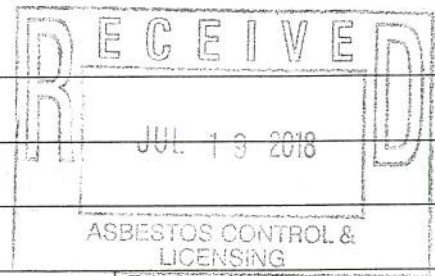
Source of Work (Check all that apply)				
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> 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 misc.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose
Exterior of Building		Exterior Window Caulking	1492 lf	<input checked="" type="checkbox"/>
Exterior of Building		Transite Panels	1090 Sf	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler Panoramic Window & Dr Sys Inc	NJDEP Waste Hauler ID # 0036057	Cubic Yards of Waste	Name of Registered Landfill Chrin Brothers Sanitary Landfill	
Disposal Date			City, State Easton, PA	
Completed by (Print or Type) Mark M Jovic	Title Project Manager	Signature 	Date 07/16/18	

CK16398

PAID

Print Form

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



Date of Notification (1) 7/16/18		Name of Building Owner/Operator (2) Seminole Construction	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 128 Bartlett Ave
	City, State, Zip Code West Creek, NJ 08092		Telephone Number 609-296-0700
Name of Contact Joyce Lynn Carr			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1140	
City (5) Manahawkin		# of Floors Bldg. Age	
County (6) Ocean		County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS	
Street Address		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	
Start Date (10) 7/26/18		Scheduled Completion Date (11) 7/31/18	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor AAA LEAD PROFESSIONALS	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition  <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code LAKEWOOD, NJ 08701		License No. 1200	
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)	
EXTERIOR		Siding	
2500SF		x	
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	
Cubic Yards of Waste 10		Name of Registered Landfill IESI	
City, State NEWARK, NJ		Disposal Date 7/31/18	
City, State BETHLEHEM PA		Completed by JOSEPH PERLSTEIN	
Title OWNER		Signature	
Date		Date	

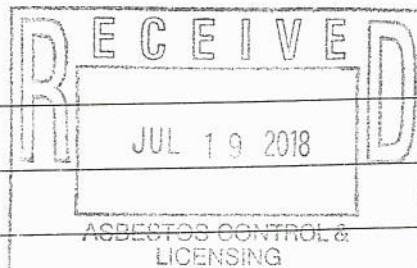


CK6898

Print Form

PAID

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



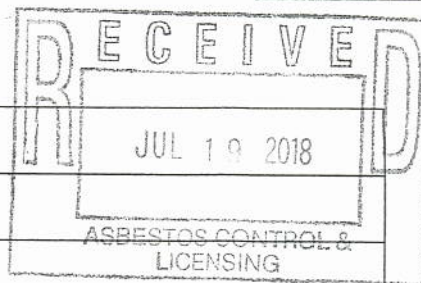
Date of Notification (1) 7/16/18		Name of Building Owner/Operator (2) Steven O. Sisco							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth, NJ							
		Name of Contact Steven O. Sisco	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors 3						
City (5) Elizabeth		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 7/26/18	Scheduled Completion Date (11) 7/27/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<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:		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				Pipe insulation	15 LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 2	Name of Registered Landfill IES!					
City, State NEWARK, NJ		Disposal Date 7/27/18		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date		

6874

Print Form

PAID

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



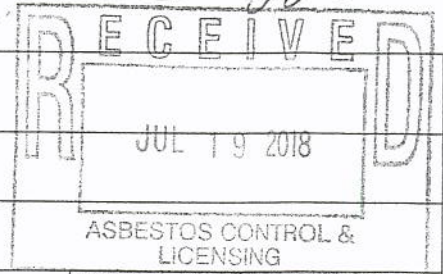
Date of Notification (1) 7/16/18		Name of Building Owner/Operator (2) John Barbagallo Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Creek NJ 08092							
		Name of Contact John	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) John Barbagallo Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000+	# of Floors 2						
City (5) West Creek NJ 08092		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) house							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 7/26/18	Scheduled Completion Date (11) 8/3/18	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1000 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 8/3/18		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 7/16/18		



PAID

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


Ch# 2264



Date of Notification (1) <b>07 / 09 / 18</b>		Name of Building Owner/Operator (2) <b>New Jersey Transit Authority</b>							
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 checked="" type="checkbox"/> Amended Amendment # <b>4</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>581 Main Street</b>							
		City, State, Zip Code <b>Woodbridge, NJ 07095-5042</b>							
		Name of Contact	Telephone Number <b>732-750-5300</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Newark Bay Bridge - Structure N2.01W</b>		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 <b>Newark Bay Bridge ( Spanning River) in sidewalk</b>									
City (5) <b>Bayonne &amp; Newark</b>		Square Feet <b>9500 LF</b>	# of Floors <b>N/A</b>						
		Bldg. Age <b>&gt;20 Trs</b>							
County (6) <b>Essex &amp; Hudson Counties</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Bridge Sidewalk</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Westchester Environmental LLC</b>		ASCM No. <b>127</b>	Name of Abatement Contractor (9) <b>Graham-Tech Environmental Service, LLC.</b>						
Street Address <b>307 N. Walnut Street</b>		Street Address <b>14 Read Drive</b>							
City, State, Zip Code <b>West Chester, PA 19380</b>		City, State, Zip Code <b>Sicklerville, NJ 08081</b>							
Project Manager for Monitoring Firm <b>Matthew Abraham</b>	Telephone No. <b>610-431-7545</b>	Telephone No. <b>856-318-1341</b>	License No. <b>01158</b>						
Start Date (10) <b>07 / 23 / 18</b>	Scheduled Completion Date (11) <b>12 / 30 / 18</b>	Name of OSHA Monitor <b>Graham-Tech Environmental Services, LLC.</b>							
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: <b>7AM-11:30PM</b> / <b>PM</b> - <b>AM</b>		Street Address <b>14 Read Drive</b>							
		City, State, Zip Code <b>Sicklerville, NJ 08081</b>							
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
Encased in Sidewalk	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4" Diam ACM Transite ( Phase #1)	2,200LF	<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"/>
Utility Room	<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 <b>Waste Management, Inc.</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>150CY</b>	Name of Registered Landfill <b>Waste Management of PA, Inc.</b>					
City, State <b>Keyport, NJ</b>		Disposal Date		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Vernice Graham</b>	Title <b>President</b>	Signature 				Date <b>7-10-18</b>			



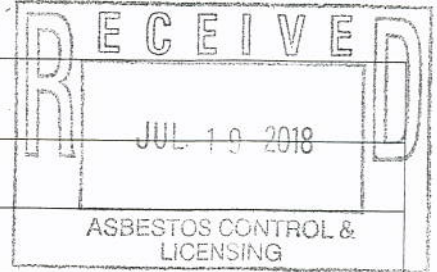
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 7/16/18		Name of Building Owner/Operator (2) Estate of Eliason c/o Mark R. Aikins, LLC							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wall, NJ 07719							
		Name of Contact Mark Aikins	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 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) Howell		Square Feet 2600	# of Floors 2						
County (6) Monmouth		Bldg. Age 75							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 7/26/18	Scheduled Completion Date (11) 8/8/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>boiler room</u>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-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	boiler flue	5 SF	x			
exterior			x	siding	1600 SF	x			
exterior			x	garage roof	900 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 7/16/18			



Check # 1027  
PAID

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



Date of Notification (1) 07 / 13 / 18		Name of Building Owner/Operator (2) 74-75 Tonnelle, LLC	
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 235 Main St., Suite 330 City, State, Zip Code White Plains, NY 10601 Name of Contact Mr. Robert Stockel Telephone Number 914-522-0605	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2,000	
City (5) North Bergen		# of Floors 2	Bldg. Age 65 + yrs.
County (6) Hudson	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. N/A	Name of Abatement Contractor (9) MAK-B Pro, Inc.	
Street Address		Street Address 104 Market Street	
City, State, Zip Code		City, State, Zip Code Garfield, NJ 07206	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-931-3293	License No. 01365
Start Date (10) 07 / 25 / 18	Scheduled Completion Date (11) 08 / 10 / 18	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address	
		City, State, Zip Code	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> 2 <sup>nd</sup> Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	500 SF	<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"/>

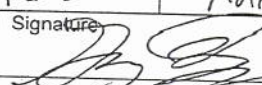
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 11222	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S., North W/M of PA	
City, State Newark, NJ		Disposal Date 7-31-18	City, State Morrisville, PA		
Completed By (Print or Type) Biljana Nestorova	Title President	Signature <i>[Signature]</i>	Date 7-13-18		



mo 24996605850

Print Form

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

Date of Notification (1) <b>7/13/18</b>		Name of Building Owner/Operator (2) <b>Giuseppa Burrascano</b>							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Paterson, NJ 07513</b>							
		Name of Contact <b>Gina Bussalino</b>	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Home Residence</b>		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 <b>1302</b>	# of Floors <b>2</b>						
City (5) <b>Paterson</b>		Bldg. Age <b>~ 80 years</b>							
County (6) <b>Passaic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residential</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>A. Molly Company</b>							
Street Address		Street Address <b>174 Passaic Avenue</b>							
City, State, Zip Code		City, State, Zip Code <b>Fairfield, NJ 07004</b>							
Project Manager for Monitoring Firm		Telephone No. <b>862-702-3311</b>	License No. <b>01330</b>						
Start Date (10) <b>7/23/18</b>	Scheduled Completion Date (11) <b>7/25/18</b>	Name of OSHA Monitor <b>A. Seine Lighthouse Solutions</b>							
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 <b>31 Vose Ave #354</b>							
		City, State, Zip Code <b>South Orange, NJ 07079</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bathroom Ceiling			X	Surfacing Material/Plaster	25 SF	X			
Basement Stairway			X	Surfacing Material/Plaster	85 SF	X			
Name of Registered Waste Hauler <b>A. Molly Company</b>		NJDEP Waste Hauler ID No. <b>25691</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Fairless Land Fill</b>					
City, State <b>Fairfield, NJ 07004</b>		Disposal Date <b>TBD</b>		City, State <b>Morrisville, PA</b>					
Completed by <b>Gary Toriello</b>		Title <b>Project Manager</b>	Signature 	Date <b>7/13/18</b>					



PAID

Project #

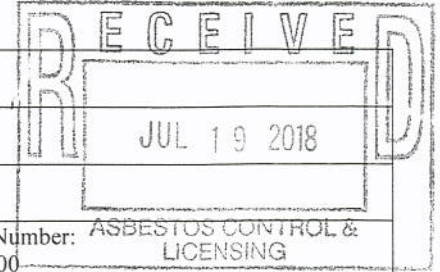
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Check # 4372

Date of Notification (1) 07/12/2017		Name of Building Owner/Operator (2) Lincoln Park Public Schools							
Agencies Notified	Type Notification	Street Address 92 Ryerson Rd							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lincoln Park, NJ 07035							
		Name of Contact Mr. Henry Hernandez	Telephone Number 973-696-5500						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Lincoln Park Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 90 Ryerson Rd		Square Feet	# of Floors						
City (5) Lincoln Park, NJ		Bldg. Age							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, INC.		ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC						
Street Address 20-21 Wagaraw Rd- Bldg 35 E		Street Address 72 Brookside Rd							
City, State, Zip Code Fairlawn, NJ 07410		City, State, Zip Code Randolph, NJ 07869							
Project Manager for Monitoring Firm Frederic Larson		Telephone No. 973-636-9145	License No. 01358						
Start Date (10) 07/30/2018	Scheduled Completion Date (11) 08-13-2018	Name of OSHA Monitor Nick Restoration LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 72 Brookside Rd, Randolph, NJ 07869							
		City, State, Zip Code Randolph, NJ 07869							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen		X		Ceiling Plaster	700 SF	X			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 0033782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State Randolph, NJ		Disposal Date TBD		City, State Tullytown, Pa					
Completed by Mrda Nikica		Title President		Signature <i>Mrda Nikica</i>		Date 07/12/2018			



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




Date of Notification (1): 7/13/2018		Name of Building Owner/Operator (2) Newark Public School	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 190 Muhammad Ali Avenue Room 209	
	City, State, Zip Code: Newark, NJ 07108		
	Name of Contact: Mr. Benjamin Olagadeyo	Telephone Number: 973-733-7200	
	ASBESTOS CONTROL & LICENSING		

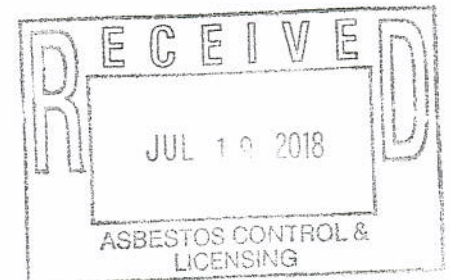
**FACILITY INFORMATION**

Name of Facility: Chancellor Avenue Annex 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.)	
255 Chancellor Avenue			Square Feet: _____ # of Floors: _____	
City/ (5) Newark	County (6): Essex	County Code (7): 07106	Bldg. Age _____ Current Use : School	
Name of Monitoring Firm Hired by Building Owner: TTI ENVIRONMENTAL, INC.		ASCM No.: 0003	Name of Abatement Contractor (9): <b>Apex Development, Inc.</b>	
Street Address: 1253 North Church Street			Street Address: <b>358 Broadway</b>	
City, State, Zip Code: Moorestown, NJ 08057			City, State, Zip Code: <b>Newark, NJ 07104</b>	
Project Manager for Monitoring Firm: James A. Guilardi		Telephone No.: 609-314-1683	Telephone No.: <b>(973) 350-0101</b>	License No.: <b>01215</b>
Start Date (10): 7/16/18	Scheduled Completion Date (11): 8/16/18		Name of OSHA Monitor: Metro Analytical Laboratories	
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 type="checkbox"/> Other Describe: _____			Street Address: <b>255 West 36<sup>th</sup> Street, Suite 203</b>	
			City, State, Zip Code: <b>New York, New York, 10018</b>	
Scope of Work (Check all that apply): <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				

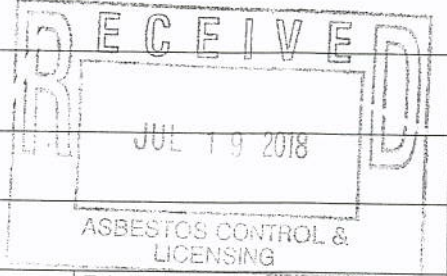
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
1 <sup>ST</sup> FLOOR ROOM 209		X		FLOOR TILE AND MASTIC	800 SF	*			
1 <sup>ST</sup> FLOOR UN-48		X		FLOOR TILE AND MASTIC	250 SF	*			
1 <sup>ST</sup> FLOOR UN-47		X		FLOOR TILE AND MASTIC	80 SF	*			
1 <sup>ST</sup> FLOOR UN-38		X		FLOOR TILE AND MASTIC	255 SF	*			
1 <sup>ST</sup> FLOOR UN-42		X		FLOOR TILE AND MASTIC	100 SF	*			
1 <sup>ST</sup> FLOOR UN-43		X		FLOOR TILE AND MASTIC	100 SF	*			
1 <sup>ST</sup> FLOOR UN-44		X		FLOOR TILE AND MASTIC	100 SF	*			
1 <sup>ST</sup> FLOOR UN-45		X		FLOOR TILE AND MASTIC	100 SF	*			
1 <sup>ST</sup> FLOOR UN-46		X		FLOOR TILE AND MASTIC	200 SF	*			
2 <sup>ND</sup> FLOOR ROOM 210		X		FLOOR TILE AND MASTIC	700 SF	*			



2 <sup>ND</sup> FLOOR ROOM 222		X		FLOOR TILE AND MASTIC	850 SF	*			
HALLWAY/CORRIDOR		X		FLOOR TILE AND MASTIC	1,000 SF	*			
1 <sup>ST</sup> FLOOR ROOM 206		X		FLOOR TILE AND MASTIC	800 SF	*			
2 <sup>ND</sup> FLOOR ROOM 238		X		FLOOR TILE AND MASTIC	900 SF	*			
2 <sup>ND</sup> FLOOR ROOM 242		X		FLOOR TILE AND MASTIC	700 SF	*			
1 <sup>ST</sup> FL FIRE ALARM RM.		X		FLOOR TILE AND MASTIC	300 SF	*			
1 <sup>ST</sup> FL. STORAGE ROOM		X		FLOOR TILE AND MASTIC	250 SF	*			
1 <sup>ST</sup> FLOOR ROOM 201		X		FLOOR TILE AND MASTIC	850 SF	*			
Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING		NJDEP Waste Hauler ID No.: 19551		Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC, INC.				
City, State: Bronx, NY 10474		Disposal Date:		City, State: Waynesburg, OH 44688					
Completed By: Chinyelu Oraegbunam		Title: Vice President		Signature: 		Date: 7/13/2018			



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



Date of Notification (1) <b>07 / 13 / 18</b>		Name of Building Owner/Operator (2) <b>74-75 Tonnelle, LLC</b>							
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 <b>235 Main St., Suite 330</b> City, State, Zip Code <b>White Plains, NY 10601</b> Name of Contact <b>Mr. Robert Stockel</b> Telephone Number <b>914-522-0605</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>N/A</b>		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 <b>2,000</b>							
City (5) <b>North Bergen</b>		# of Floors <b>2</b>							
County (6) <b>Hudson</b>		Bldg. Age <b>65 + yrs.</b>							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No. <b>N/A</b>							
Street Address		Name of Abatement Contractor (9) <b>MAK-B Pro, Inc.</b>							
City, State, Zip Code		Street Address <b>104 Market Street</b>							
Project Manager for Monitoring Firm		City, State, Zip Code <b>Garfield, NJ 07206</b>							
Telephone No.		Telephone No. <b>973-931-3293</b>							
Start Date (10) <b>07 / 25 / 18</b>		License No. <b>01365</b>							
Scheduled Completion Date (11) <b>08 / 10 / 18</b>		Name of OSHA Monitor <b>Same as above</b>							
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							
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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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
<b>Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>	<b>70 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor Tile</b>	<b>120 SF</b>	<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 <b>Newark Carting, Inc.</b>		NJDEP Waste Hauler ID No. <b>11222</b>		Cubic Yards of Waste <b>2</b>		Name of Registered Landfill <b>G.R.O.W.S., North W/M of PA</b>			
City, State <b>Newark, NJ</b>		Disposal Date <b>7-31-18</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Biljana Nestorova</b>		Title <b>President</b>		Signature 		Date <b>7-13-18</b>			



Date of Notification (1) 07/16/18		Name of Building Owner/Operator (2) Wharton Borough School District	
Agencies Notified [ ] EPA [X] DEP [X] DOL [X] DOH [ ] DCA		Type Notification [X] Initial Notification [ ] Amended Notification [ ] Cancellation	
Street Address 137 East Central Avenue		City, State, Zip Code Wharton, NJ 07885	
Name of Contact Sandy Cammarata		Telephone Number 973-361-2593	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Marie V. Duffy Elementary School			Type of Facility (4) [X] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 137 East Central Avenue			Square Feet 30,000		
City (5) Wharton, NJ 07885			# of Floors 1		
County (6) Morris			Bldg. Age 60		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) School Building		
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental, LLC			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
ASCM No. 00110			Street Address 180 Sargeant Avenue		
City, State, Zip Code West Chester, PA 19380			City, State, Zip Code Clifton, NJ 07013-1935		
Project Manager for Monitoring Firm Matt Abraham			Telephone Number 973-614-0377		
Telephone Number 610-431-7545			License Number 00807		
Scheduled Start Date (10) 07/19/18			Name of OSHA Monitor Four Strong Builders, Inc.		
Sched. Completion Date (11) 07/20/18			Street Address 180 Sargeant Avenue		
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours - Describe: [ ] Other - Describe:			City, State, Zip Code Clifton, NJ 07013		

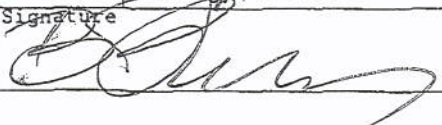
## Scope of Work (Check all that apply)

[ ] Demolition  
[X] >3 sf or >3 lf  
[ ] >160 sf or >260 lf

[X] Renovation

[ ] Full Containment with Negative Pressure  
[ ] Mini-Enclosure  
[ ] Glovebag Procedure  
[X] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No/N/A			R	E	N	E	
Security Vestibule		X	VAT & Mastic	49 SF	X				

Name of Registered Waste Hauler Newark Carting, Co.		NJDEP Waste Hauler ID No. 4509		Cubic Yards of Waste		Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, NJ		Disposal Date		City, State Pen Argyl, PA 18072			
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator		Signature 		Date 7/16/18	

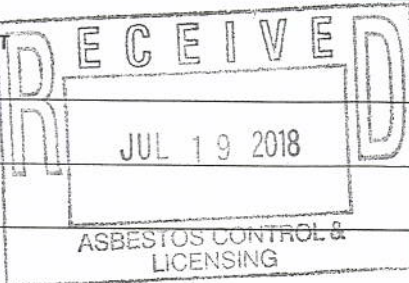


OK 6/8/18

PAID

Print Form

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



Date of Notification (1) 7/10/18		Name of Building Owner/Operator (2) John Bush Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact John	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) John Bush Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000 +	# of Floors 2						
City (5) Manahawkin NJ 08050		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House & Garage							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 7/19/18	Scheduled Completion Date (11) 7/31/18	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	2000 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 7/31/18		City, State Morrisville PA 1960					
Completed by Anthony T Perna		Title President		Signature 			Date 7/10/18		

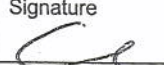


\* Emergency \*

PAID

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

CK 6864

Date of Notification (1) 7/10/18		Name of Building Owner/Operator (2) Allrisk Inc.							
Agencies Notified	Type Notification	Street Address 801 E Clements Bridge Rd.							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Runnemede NJ 08078							
		Name of Contact Tom	Telephone Number 856-546-0016						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Camden 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 343 Berlin Cross Keys Road		Square Feet 1000+	# of Floors 2						
City (5) Sicklerville NJ 08081		Bldg. Age 35+							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 7/10/18	Scheduled Completion Date (11) 7/13/18	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>4 PM start night shift</u>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Library			x	Floor Tile only	450 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 7/13/18		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 4/23/18		