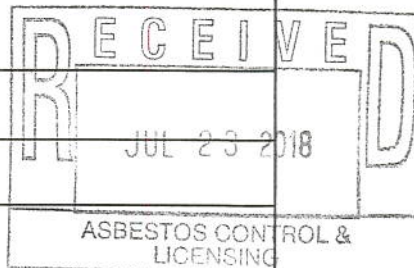


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)



Date of Notification (1)

7 / 16 / 18

Name of Building Owner/Operator (2)

VERIZON

Street Address

1 VERIZON WAY

City, State, Zip Code

BASKING RIDGE, NEW JERSEY 07920

Name of Contact

CONNOR BURD

Telephone Number

732-336-1205

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☐ Initial Notification  
☐ Amended Notification  
☐ Cancellation  
☒ On Hold #3  
☐ EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

VERIZON

Type of Facility (4)

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

Street Address

1196 EAST GRAND STREET

Square Feet

93,730

# of Floors

5

Bldg. Age

97

City (5)

ELIZABETH

County (6)

UNION

County Code (7)  
(STATE USE ONLY)

Current Use (Prior if being demolished)  
COMMUNICATIONS

Name of Monitoring Firm Hired by Building Owner (8)

ESIS

ASCM No.

17

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

10 EXCHANGE PLACE

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

JERSEY CITY, NEW JERSEY 07302

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

BRIAN KINGSBURY

Telephone Number

201-388-0620

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

6 / 4 / 18  
Month Day Year

Sched. Completion Date (11)

12 / 30 / 18  
Month Day Year

Name of OSHA Monitor

QUEST ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)

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

Street Address

1376 ROUTE 9

City, State, Zip Code

WAPPINGERS FALLS, NEW YORK 12590

Scope of Work (Check all that apply)

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

☒ Renovation

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
NORTH ELEVATION			X	CAULK	30 SF	X			
EAST ELEVATION			X	CAULK COMPLETE	9 SF	X			
SOUTH ELEVATION			X	CAULK COMPLETE	25 SF	X			
WEST ELEVATION			X	CAULK COMPLETE	10 SF	X			
POWER BLDG. RISING WALL			X	ACM PAINT COMPLETE	150 SF	X			

Name of Registered Waste Hauler  
NEWARK CARTING  
369 RAYMOND BLVD.

NJDEP Waste Hauler ID No.  
913

Cubic Yards of Waste  
30

Name of Registered Landfill  
GRAND CENTRAL SANITARY

City, State  
NEWARK, NEW JERSEY

Disposal Date  
5/24/18-12/30/18

City, State  
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)  
BENJAMIN SANCHEZ

Title  
DIRECTOR OF OPERATIONS

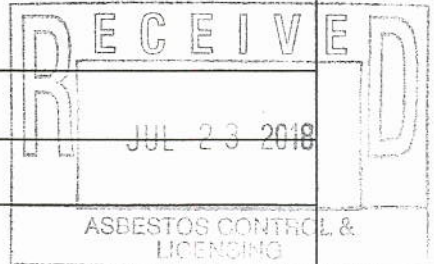
Signature

Date

7/16/18



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



Date of Notification (1) 5 / 30 /18		Name of Building Owner/Operator (2) VERIZON	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1 VERIZON WAY	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code BASKING RIDGE, NEW JERSEY 07920	
		Name of Contact CONNOR BURD	Telephone Number 732-336-1205

FACILITY INFORMATION

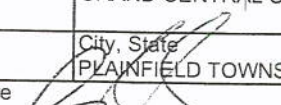
Name of Facility Where Abatement is Taking Place (3) VERIZON		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1196 EAST GRAND STREET		Square Feet 93,730	# of Floors 5
City (5) ELIZABETH		County (6) UNION	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ESIS		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 10 EXCHANGE PLACE		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code JERSEY CITY, NEW JERSEY 07302		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm BRIAN KINGSBURY		Telephone Number 201-388-0620	License Number 1101
Expected State Date (10) 6 / 4 /18 Month Day Year	Sched. Completion Date (11) 12 / 30 /18 Month Day Year	Name of OSHA Monitor QUEST ENVIRONMENTAL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM		Street Address 1376 ROUTE 9	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure (EXTERIOR)	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
NORTH ELEVATION			X	CAULK	30 SF	X			
EAST ELEVATION			X	CAULK	9 SF	X			
SOUTH ELEVATION			X	CAULK	25 SF	X			
WEST ELEVATION			X	CAULK	10 SF	X			
POWER BLDG. RISING WALL			X	ACM PAINT	150 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 30	Name of Registered Landfill GRAND CENTRAL SANITARY
City, State NEWARK, NEW JERSEY	Disposal Date 5/24/18-12/30/18	City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 5/30/18



RECEIVED  
JUL 23 2018  
ASBESTOS CONTROL &  
LICENSING

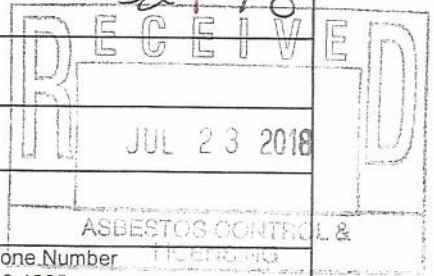
Date of Notification (1) 5 / 23 / 18				Name of Building Owner/Operator (2) VERIZON				JUL 23 2018					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA				Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #1 <input type="checkbox"/> EMERGENCY NOTIFICATION				Street Address 1 VERIZON WAY					
				City, State, Zip Code BASKING RIDGE, NEW JERSEY 07920				ASBESTOS CONTAMINATION LICENSING					
				Name of Contact CONNOR BURD				Telephone Number 732-336-1205					
FACILITY INFORMATION													
Name of Facility Where Abatement is Taking Place (3)  VERIZON						Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)							
Street Address 1196 EAST GRAND STREET						Square Feet 93,730		# of Floors 5		Bldg. Age 97			
City (5) ELIZABETH		County (6) UNION		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMUNICATIONS							
Name of Monitoring Firm Hired by Building Owner (8) ESIS				ASCM No. 17		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION							
Street Address 10 EXCHANGE PLACE						Street Address 313 SPOOK ROCK ROAD							
City, State, Zip Code JERSEY CITY, NEW JERSEY 07302						City, State, Zip Code SUFFERN, NEW YORK 10901							
Project Manager for Monitoring Firm BRIAN KINGSBURY				Telephone Number 201-388-0620		Telephone Number 845-369-7500		License Number 1101					
Expected State Date (10) 5 / 24 / 18 Month Day Year			Sched. Completion Date (11) 12 / 30 / 18 Month Day Year			Name of OSHA Monitor QUEST ENVIRONMENTAL							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM						Street Address 1376 ROUTE 9							
						City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590							
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF						<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure (EXTERIOR)							
Location of Asbestos-containing Material (ACM) <b>TO BE ABATED</b> in Facility (13)			Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
										REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
NORTH ELEVATION			X			CAULK		30 SF		X			
EAST ELEVATION			X			CAULK		9 SF		X			
SOUTH ELEVATION			X			CAULK		25 SF		X			
WEST ELEVATION			X			CAULK		10 SF		X			
POWER BLDG. RISING WALL			X			ACM PAINT		150 SF		X			
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.			NJDEP Waste Hauler ID No. 913			Cubic Yards of Waste 30		Name of Registered Landfill GRAND CENTRAL SANITARY					
City, State NEWARK, NEW JERSEY						Disposal Date 5/24/18-12/30/18		City, State PLAINFIELD TOWNSHIP, PA					
Completed by (Print or Type) BENJAMIN SANCHEZ			Title DIRECTOR OF OPERATIONS			Signature 			Date 5/23/18				



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

CK # 32178

Date of Notification (1) 5 / 14 /18		Name of Building Owner/Operator (2) VERIZON	
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 1 VERIZON WAY		City, State, Zip Code BASKING RIDGE, NEW JERSEY 07920	
Name of Contact CONNOR BURD		Telephone Number 732-336-1205	



Name of Facility Where Abatement is Taking Place (3) VERIZON				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 1196 EAST GRAND STREET				Square Feet 93,730	# of Floors 5	Bldg. Age 97
City (5) ELIZABETH	County (6) UNION	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMUNICATIONS		
Name of Monitoring Firm Hired by Building Owner (8) ESIS			ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
Street Address 10 EXCHANGE PLACE				Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code JERSEY CITY, NEW JERSEY 07302				City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm BRIAN KINGSBURY		Telephone Number 201-388-0620		Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 5 / 24 /18		Sched. Completion Date (11) 12 / 30 /18		Name of OSHA Monitor QUEST ENVIRONMENTAL		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM				Street Address 1376 ROUTE 9		
				City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure (EXTERIOR)		

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
NORTH ELEVATION			X	CAULK	30 SF	X			
EAST ELEVATION			X	CAULK	9 SF	X			
SOUTH ELEVATION			X	CAULK	25 SF	X			
WEST ELEVATION			X	CAULK	10 SF	X			
POWER BLDG. RISING WALL			X	ACM PAINT	150 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 30	Name of Registered Landfill GRAND CENTRAL SANITARY
City, State NEWARK, NEW JERSEY	Disposal Date 5/24/18-12/30/18	City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 5/14/18



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JUL 23 2018  
ASBESTOS CONTROL & LICENSING  
e Number  
9000-EXT-5283

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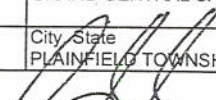
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JUL 23 2018  
ASBESTOS CONTROL & LICENSING  
Number  
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JUL 23 2018  
ASBESTOS CONTROL &  
LICENSING  
Number: 000 EXT. 5283

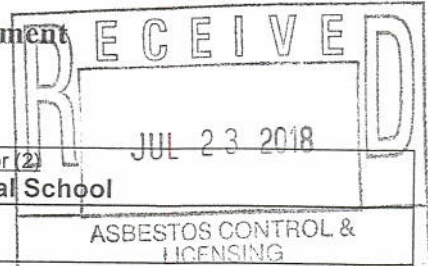
Name of Facility Where Abatement is Taking Place (3)				FACILITY INFORMATION			
SETON HALL UNIVERSITY				Type of Facility (4)			
				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)			
Street Address 400 SOUTH ORANGE AVENUE - CORRIGAN HALL				Square Feet 40,000		# of Floors 3	
City (5) SOUTH ORANGE		County (6) ESSEX		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) UNIVERSITY	
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL INC.				ASCM No. 3		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 1253 NORTH CHURCH STREET				Street Address 313 SPOOK ROCK ROAD			
City, State, Zip Code MOORESTOWN, NEW JERSEY 08057				City, State, Zip Code SUFFERN, NEW YORK 10901			
Project Manager for Monitoring Firm JIM GUILARDI				Telephone Number 856-840-8800		Telephone Number 845-369-7500	
Expected Start Date (10): (RESTART) 7 / 13 /18				Sched. Completion Date (11) 9 / 13 /18		License Number 1101	
Month Day Year				Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.	
Occupancy Status During Abatement (Check only one)				Street Address 1376 ROUTE 9			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-12AM				City, State, Zip Code WAPPINGERS FALLS, NY 12590			
Scope of Work (Check all that apply)				<input checked="" type="checkbox"/> Full Containment <input type="checkbox"/> Mini Endo. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure			
<input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input checked="" type="checkbox"/> Renovation			

Location of Asbestos-containing Material (ACM) <b>TO BE ABATED</b> in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos- Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2nd Floor Room 62			x	Floor Tile Mastic	775 SF				
2nd Floor Room 62			x	Ceiling Plaster	775 SF				
Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD. City, State NEWARK, NEW JERSEY 07105	NJDEP Waste Hauler ID No. 913			Cubic Yards of Waste 30	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Disposal Date 7/13-9/13/2018	City, State PLAINFIELD TOWNSHIP, PA	Date 6/14/18				



# State of New Jersey - Notification of Asbestos Abatement

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

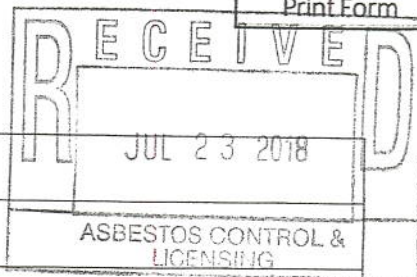


Date of Notification (1) <b>July 19, 2018</b>		Name of Building Owner/Operator (2) <b>Warren County Technical School</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> 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>1500 Route 57</b>		City, State, Zip Code <b>Washington, NJ 07882</b>	
Name of Contact C/O Mr. Pat McGuinness		Telephone Number <b>908.454.6316</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Warren County Technical School</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>1500 Route 57</b>		Sq. Feet: <b>Unknown</b> # of Floors: <b>2</b> Bldg. Age: <b>80 years</b>	
City (5) <b>Washington</b>	County (6) <b>Warren</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>RK Occupational &amp; Environmental Analysis, Inc.</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Street Address <b>401 St. James Avenue</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>Phillipsburg, NJ 08865</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Project Manager for Monitoring Firm <b>Mr. Patrick McGuinness</b>	Telephone Number <b>908.454.6316</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>July 30, 2018</b>	Scheduled Completion Date (11) <b>August 7, 2018</b>	Name of OSHA Monitor <b>EMSL inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: <b>7am-7pm</b>		Street Address <b>1056 Stelton Road</b>	
		City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 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>Room # 124,125,131 &amp; 130</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> NO	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT &amp; Mastic</b>	Amount (Specify SF or LF) <b>2,060 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>30 cyds</b>	Name of Registered Landfill Meadowfill Landfill G.R.O.W.S
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> NJ DEP # 12561 NY DEP #		Disposal Date <b>August 7, 2018</b>	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>			
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Marin Graure</i>	Date <b>July 19, 2018</b>

GAC # 2018-649



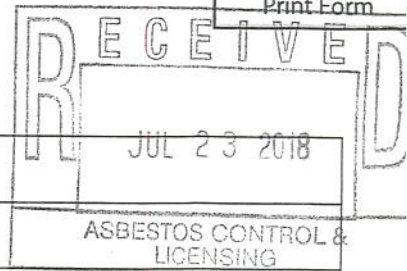
**PAID**  
 State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:26 and 12:26)



Date of Notification (1) 07/18/2018		Name of Building Owner/Operator (2) MOSSTYPE. CO.							
Agencies Notified	Type Notification	Street Address 150 FRANKLIN TURNPIKE							
<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 WALDWICK NJ.07463							
		Name of Contact EILEENE COSCOLLUELA	Telephone Number 201 - 444 - 8000						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 150 FRANKLIN TURNPIKE		Square Feet 64,000	# of Floors 1						
City (5) WALDWICK NJ. 07463		Bldg. Age 65							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) EMPIRE ENVIRONMENTAL LTD		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.						
Street Address 435 MAIN RD.		Street Address 1126 51 ,ST							
City, State, Zip Code TOWACO NJ. 07082		City, State, Zip Code NORTH BERGEN NJ. 07047							
Project Manager for Monitoring Firm MICHAEL MOSIER		Telephone No. 973 - 338 - 5641	License No. 01300						
Start Date (10) 07/27/2018	Scheduled Completion Date (11) 08/13/2018	Name of OSHA Monitor EMSL ANALYTICAL INC.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 307W 38 ST.							
		City, State, Zip Code NEW YORK NY.							
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
BUILDING # 4		X		TRANSITE CEILING & WALLS	8,500 SF.	X			
				PANELLING TILE.					
Name of Registered Waste Hauler ROVIC TRANSPORT		NJDEP Waste Hauler ID No. 100353PAE	Cubic Yards of Waste 40 C/Y	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State 60 RIVERDALE RD. RIVERDALE NJ. 07457			Disposal Date TBD	City, State 1963 Pen. Argyl Rd. Pen Argyl, PA.					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 			Date 07/18/2018			



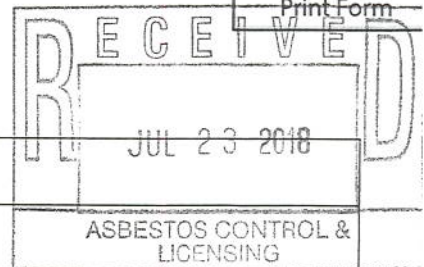
**PAID**  
 State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 07/17/2018		Name of Building Owner/Operator (2) Residence		JUL 23 2018	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		[REDACTED] City, State, Zip Code Kendall Park, N.J. 08824 Name of Contact Wayne Sellers Telephone Number [REDACTED]	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4)	
Street Address [REDACTED]				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Kendall Park				Square Feet 1,586	# of Floors 1
County (6) Middlesex				County Code (7) (STATE USE ONLY) _____	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.		Name of Abatement Contractor (9) Brinks Tank Services	
Street Address PO Box 354		City, State, Zip Code South Orange, NJ 07079		Street Address 1256 Liberty Avenue	
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666		City, State, Zip Code Hillside, NJ 07205	
Start Date (10) 07/26/2018		Scheduled Completion Date (11) 08/09/2018		Telephone No. 844-462-7465	
Occupancy Status During Abatement (Check Only One)		License No. 01316			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor A. Seine Lighthouse Solutions			
Scope of Work (Check All That Apply)		Street Address PO Box 354			
<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 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 South Orange, NJ 07079					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
Basement		X		1,586 SF	
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	
City, State East Orange, NJ		Disposal Date		Name of Registered Landfill Waste Management Landfill	
Completed by Alison Lamers		Title Office Manager		City, State Penn, Argyle, PA	
		Signature [Signature]		Date 07/17/2018	



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

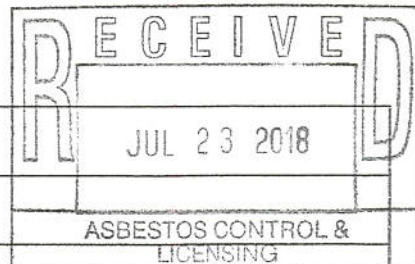


Date of Notification (1) 07/16/2018		Name of Building Owner/Operator (2) Residence		<b>ASBESTOS CONTROL &amp; LICENSING</b>					
Agencies Notified		Type Notification							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Mendham Boro NJ 07945  Name of Contact Charlie Anderson Evans  Telephone Number <div style="background-color: black; width: 100px; height: 15px;"></div>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)						
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>			<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) Mendham Boro			Square Feet 3,558	# of Floors 3	Bldg. Age 59				
County (6) Morris		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No. _____		Name of Abatement Contractor (9) Brinks Tank Services					
Street Address PO Box 354		Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666		Telephone No. 844-462-7465	License No. 01316				
Start Date (10) 07/26/2018		Scheduled Completion Date (11) 08/09/2018		Name of OSHA Monitor A. Seine Lighthouse Solutions					
Occupancy Status During Abatement (Check Only One)				Street Address PO Box 354					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code South Orange, NJ 07079					
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Transite pipe wrap	5 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill				
City, State East Orange, NJ				Disposal Date	City, State Penn Argyle, PA				
Completed by Alison Lamers		Title Office Manager		Signature 		Date 07/16/2018			



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



Date of Notification (1) 07-18-18		Name of Building Owner/Operator (2) IBN Construction Corp	
Agencies Notified	Type Notification	Street Address 49 Hermon St.	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07105	
		Name of Contact Nelson Espinosa	Telephone Number (973) 344-4568

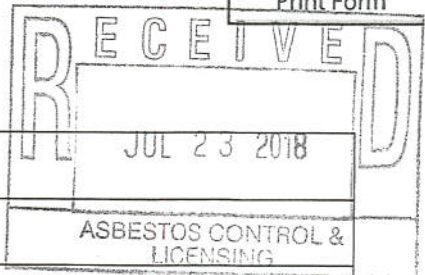
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Main Slaughter House / Former Halper Farm		Type of Facility (4)	
Street Address 1707 South Washington Ave.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Piscataway	Square Feet	# of Floors	Bldg. Age
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.
Street Address 120 North Warren St.		Street Address 522 7th St.	
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Union City NJ 07087	
Project Manager for Monitoring Firm Dominic Dercole		Telephone No. (609) 462-3218	Telephone No. 201 216-9603 License No. 01206
Start Date (10) 07-18-18	Scheduled Completion Date (11) 08-10-18	Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union City NJ 07087	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <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		x		roofing Material / Debris Pile	750 SF	x			
Roof		x		Cement Roof Shingles	3500 SF	x			
Exterior		x		Side Cement Panels	200 SF	x			

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



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



Date of Notification (1) 07/12/2018		Name of Building Owner/Operator (2) Residence		RECEIVED JUL 23 2018 ASBESTOS CONTROL & LICENSING					
Agencies Notified		Type Notification				Street Address			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Englewood NJ 07631					
				Name of Contact Danny Heumann					
				Telephone Number [REDACTED]					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4)					
Street Address [REDACTED]				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Englewood				Square Feet 5,879	# of Floors 3				
				Bldg. Age 112					
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.		Name of Abatement Contractor (9) Brinks Tank Services					
Street Address PO Box 354				Street Address 1256 Liberty Avenue					
City, State, Zip Code South Orange, NJ 07079				City, State, Zip Code Hillside, NJ 07205					
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666		Telephone No. 844-462-7465	License No. 01316				
Start Date (10) 07/23/2018		Scheduled Completion Date (11) 08/06/2018		Name of OSHA Monitor A. Seine Lighthouse Solutions					
Occupancy Status During Abatement (Check Only One)				Street Address PO Box 354					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code South Orange, NJ 07079					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe wrap	220 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill				
City, State East Orange, NJ				Disposal Date	City, State Penn Argyle, PA				
Completed by Alison Lamers		Title Office Manager		Signature <i>[Signature]</i>		Date 07/12/2018			



CH1175

# PAID

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

RECEIVED

JUL 23 2018

Check No. 1175

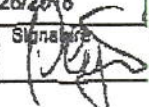
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 07/18/2018		Name of Building Owner/Operator (2) Dunellen Board of Education		Check No. 1175					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address High and Leigh Streets City, State, Zip Code Dunellen, New Jersey 08812 Name of Contact Gene Mosely					
<b>FACILITY INFORMATION</b> Name of Facility Where Abatement is Taking Place (3) Dunellen High School Street Address 411 1st Street City (5) Dunellen, New Jersey 08812 County (6) Middlesex County Code (7) (STATE USE ONLY) Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8, Other than K-12 <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 60,000 # of Floors 2 Bldg. Age 50+ Current Use (if not being demolished) High School									
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No. 00057		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 120 North Warren Street		City, State, Zip Code Trenton, New Jersey 08608		Street Address 806 McBride Ave City, State, Zip Code Woodland Park, New Jersey					
Project Manager for Monitoring Firm Dominick Dersole		Telephone No. 609-392-4200		Telephone No. 973-225-8400 License No. 01104					
Start Date (10) 07/18/2018		Scheduled Completion Date (11) 07/28/2018		Name of OSHA Monitor In 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:				Street Address 2333 Route 2 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 checked="" type="checkbox"/> $\geq 150$ sf or $\geq 250$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Minor Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) To Be Abated In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Rm 7 Chem Lab, Rm 7 Prep & Classroom 1 Biology		X	VAT & Mastic (Non Friable)	Method	50 SF	X			
Room 8 & 9		X	Pipe Insulation/ Fitting (W/ Pipe Cut)	170 LF	X				
4 Locations		X	Pipe Insulation & Fitting (W/ Pipe Cut)	18 LF	X				
Woodshop		X	Asbestos Pipe & Elbows (O & N Wrap & Cure)	130 LF		X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 15		Name of Registered Landfill Fairless Landfill			
City, State Woodland Park, New Jersey		Disposal Date 07/28/2018		City, State Woodland Park, PA		Date 07/18/2018			
Completed by Adriana Olejarsova		Title President		Signature 		Date 07/18/2018			

ASB-41 (R-06-08)

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



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:26 and 12:120)												
Date of Notification (1) 07/16/2018			Name of Building Owner/Operator (2) Dunellen Board of Education			Check No. 1175 JUL 23 2018 DOH 10 DAY ASBESTOS CONTROL & LICENSING						
Agencies Notified		Type Notification		Street Address		Telephone Number						
<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		High and Leigh Streets City, State, Zip Code Dunellen, New Jersey 08812		732-668-3326						
				Name of Contact Gene Mosely								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Dunellen 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 411 1st Street					Square Feet 80,000		# of Floors 2		Bldg. Age 50+			
City (5) Dunellen, New Jersey 08812												
County (6) Middlesex			County Code (7) (STATE USE ONLY)		Current Use (if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.				ASCM No. 00057		Name of Abatement Contractor (9) Lilich Corporation						
Street Address 120 North Warren Street					Street Address 608 McBride Ave							
City, State, Zip Code Trenton, New Jersey 08608					City, State, Zip Code Woodland Park, New Jersey							
Project Manager for Monitoring Firm Dominick Dercole				Telephone No. 609-382-4200		Telephone No. 973-225-8401		License No. 01104				
Start Date (10) 07/19/2018			Scheduled Completion Date (11) 07/26/2018			Name of OSHA Monitor Iris Environmental Laboratories, LLC						
Occupancy Status During Abatement (Check Only One)					Street Address 2333 Route 2 West							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:					City, State, Zip Code Union, NJ 07833							
Scope of Work (Check All That Apply)												
<input type="checkbox"/> <23 sf or <23 lf <input checked="" type="checkbox"/> ≥150 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Minor Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Vent <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	Exposure
Rm 7 Chem Lab, Rm 7 Prep & Classroom 1 Biology				X		VAT & Mastic (Non Friable Method)		50 SF	X			
Room 8 & 9				X		Pipe Insulation/ Fitting (Wrap & Cut)		170 LF	X			
4 Locations				X		Pipe Insulation & Fitting (Wrap & Cut)		18 LF	X			
Woodshop				X		Asbestos Pipe & Elbows (O & M Wrap & Cure)		130 LF		X		
Name of Registered Waste Hauler Lilich Corporation				NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 15		Name of Registered Landfill Fairless Landfill				
City, State Woodland Park, New Jersey						Disposal Date 07/26/2018		City, State Morrisville, PA				
Completed by Adriana Olsjerova				Title President		Signature 		Date 07/18/2018				

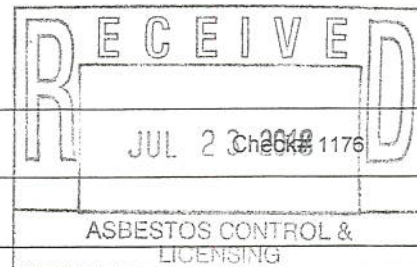
ASB-41 (R-06-08)

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



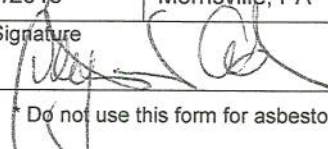
CH1176

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



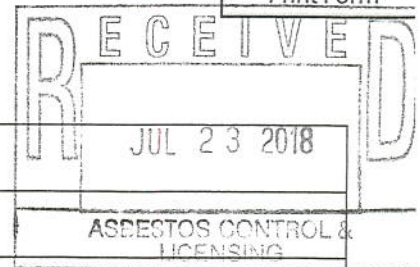
Date of Notification (1) 07/18/2018		Name of Building Owner/Operator (2) Montclair Board of Education		JUL 23 2018 1176	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 22 Valley Road  City, State, Zip Code Montclair, New Jersey 07042  Name of Contact John Eschmann  Telephone Number 973-509-4044	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Northeast 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 603 Grove Street			Square Feet 30,000		
City (5) Montclair			# of Floors 2		Bldg. Age 50+
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No. _____		Name of Abatement Contractor (9) Lilich Corporation	
Street Address 300 Grand Ave		Street Address 606 McBride Ave			
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Woodland Park, New Jersey			
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-569-6078		Telephone No. 973-225-8400 License No. 01104	
Start Date (10) 07/30/2018		Scheduled Completion Date (11) 08/06/2018		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 2333 Route 22 West  City, State, Zip Code Union, NJ 07083	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag 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 or LF)
	Yes	No	N/A		
Tunnel	X			Pipe Insulation	200
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 10	
City, State Woodland Park, New Jersey		Disposal Date 08/06/2018		Name of Registered Landfill Fairless Landfill	
Completed by Adriana Olejarova		Title President		Signature 	
				Date 07/18/2018	

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

Date of Notification (1) 07/19/2018		Name of Building Owner/Operator (2) Monmouth University		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JUL 23 2018  ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 400 Cedar Avenue  City, State, Zip Code West Long Branch, New Jersey 07764  Name of Contact Timothy Orr			
						Telephone Number 732-571-3424			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Monmouth University, Spruce Hall				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 400 Cedar Street				Square Feet 60,000					
City (5) West Long Branch, New Jersey 07764				# of Floors 2					
County (6) Monmouth				County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.				ASCM No. 00057					
Street Address P.O. Box 385				Name of Abatement Contractor (9) Lilich Corporation					
City, State, Zip Code Oceanville, New Jersey 08231				Street Address 606 McBride Ave					
Project Manager for Monitoring Firm John Smoyer				City, State, Zip Code Woodland Park, New Jersey					
Telephone No. 609-652-1833				Telephone No. 973-225-8400					
License No. 01104				Current Use (Prior if being demolished) R-2 Residential-contains 2+ dwelling units, occupants permanent					
Start Date (10) 08/04/2018		Scheduled Completion Date (11) 08/07/2018		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 2333 Route 22 West					
				City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Mechanical Room	X			Textured Ceiling & Joint Compound	50 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill				
City, State Woodland Park, New Jersey				Disposal Date 08/07/2018	City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President		Signature 			Date 07/19/2018		

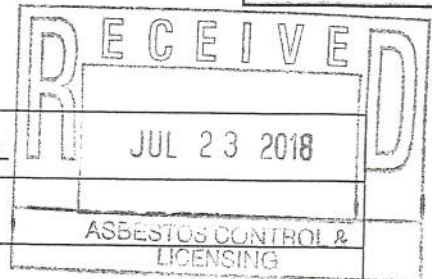


**PAID**  
 State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 07/17/2018		Name of Building Owner/Operator (2) SUSSEX COUNTY TECHNICAL SCHOOL							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	105 N CHURCH ROAD							
		City, State, Zip Code SPARTA TOWNSHIP, NJ 07871							
		Name of Contact Andrew Italiano	Telephone Number 973-383-6700 x-214						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) SUSSEX COUNTY TECHNICAL SCHOOL		Type of Facility (4)							
Street Address 105 N CHURCH ROAD		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) SPARTA TOWNSHIP		Square Feet	# of Floors 2						
			Bldg. Age 50						
County (6) SUSSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONVISION		ASC No.	Name of Abatement Contractor (9) RICICORP						
Street Address 20-21 WAGARAW RD. BLDG. 35E		Street Address 46 HOBART PL							
City, State, Zip Code FAIR LAWN, NJ 07410		City, State, Zip Code GARFIELD, NJ 07026							
Project Manager for Monitoring Firm FREDERICK LARSON		Telephone No. 973-636-9145	License No. 00838						
Start Date (10) 07/21/2018	Scheduled Completion Date (11) 08/06/2018	Name of OSHA Monitor RICICORP							
Occupancy Status During Abatement (Check Only One)		Street Address 46 HOBART PL							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code GARFIELD, NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
CEILING PLENUM	YES			Spot Light Casing Gasket	73 SF	V			
Name of Registered Waste Hauler RICICORP		NJDEP Waste Hauler ID No. NJ-668	Cubic Yards of Waste 15	Name of Registered Landfill G.R.O.W.S. LANFILL					
City, State GARFIELD, NJ		Disposal Date 08/01/2018		City, State MORRISVILLE, PA					
Completed by GORAN KONESKI		Title PM	Signature 			Date 07/17/2018			

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



Date of Notification (1) 07/17/2018		Name of Building Owner/Operator (2) SUSSEX COUNTY TECHNICAL SCHOOL							
Agencies Notified	Type Notification	Street Address 105 N CHURCH ROAD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SPARTA TOWNSHIP, NJ 07871							
		Name of Contact Andrew Italiano	Telephone Number 973-383-6700 x-214						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) SUSSEX COUNTY TECHNICAL SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 105 N CHURCH ROAD		Square Feet	# of Floors 2						
City (5) SPARTA TOWNSHIP		Bldg. Age 50							
County (6) SUSSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONVISION		ASCM No.	Name of Abatement Contractor (9) RICICORP						
Street Address 20-21 WAGARAW RD. BLDG. 35E		Street Address 46 HOBART PL							
City, State, Zip Code FAIR LAWN, NJ 07410		City, State, Zip Code GARFIELD, NJ 07026							
Project Manager for Monitoring Firm FREDERICK LARSON		Telephone No. 973-636-9145	Telephone No. 9736141266						
		License No. 00838							
Start Date (10) 07/21/2018	Scheduled Completion Date (11) 08/06/2018	Name of OSHA Monitor RICICORP							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 46 HOBART PL							
		City, State, Zip Code GARFIELD, NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
CEILING PLENUM	YES			Spot Light Casing Gasket	73 SF	V			
Name of Registered Waste Hauler RICICORP		NJDEP Waste Hauler ID No. NJ-668	Cubic Yards of Waste 15	Name of Registered Landfill G.R.O.W.S. LANFILL					
City, State GARFIELD, NJ			Disposal Date 08/01/2018	City, State MORRISVILLE, PA					
Completed by GORAN KONESKI		Title PM	Signature 			Date 07/17/2018			




Emergency

# PAID

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:50 and 12:120)

CK 6877

Date of Notification (1) 7/19/18		Name of Building Owner/Operator (2) Allrisk		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 23 2018 ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified		Type Notification				Street Address 801 Clements Bridge Rd.			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Runnemede NJ 08078			
						Name of Contact Tom			
<div style="text-align: center;"> Telephone Number 856-546-0018 </div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Ethel Burke School				Type of Facility (4)					
Street Address 112 S Black Horse Pike				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Bellmawr NJ 08031				Square Feet 1000+	# of Floors 2				
County (6) Camden				County Code (7) (STATE USE ONLY)	Bldg. Age 35+				
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.		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 7/20/18		Scheduled Completion Date (11) 7/24/18		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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 Soiely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Classroom 9 Closet			x	Floor Tile & Mastic	70 SF	x			
3rd Floor landing & Office			x	Floor Tile & mastic	360 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 7/24/18		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 7/19/18			

PAID

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

CK 32424

Date of Notification (1)

7 / 18 / 2018

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification #4  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

PB NUTCLIF MASTER LLC/PRISM PROPERTY SERVICES LLC

Street Address

340 KINGSLAND STREET

City, State, Zip Code

NUTLEY, NEW JERSEY 07110

Name of Contact

RICK MARGERISON

Telephone Number

973-235-3105

ASBESTOS CONTROL &amp; LICENSING

JUL 23 2018

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

HACKENSACK MERIDAIA N BLDG. 102

Type of Facility (4)

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

Street Address

340 KINGSLAND STREET

Square Feet

125,000

# of Floors

5

Bldg. Age

50

City (5)

NUTLEY

County (6)

ESSEX

County Code (7)

(STATE USE ONLY)

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

Name of Monitoring Firm Hired by Building Owner (8)

OMEGA ENVIRONMENTAL

ASCM No.

17

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

280 HUYLER STREET

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

S. HACKENSACK, NEW JERSEY 07606

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

ANTON REZIN

Telephone Number

201-489-8700

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

7 / 19 / 18

Sched. Completion Date (11)

7 / 29 / 18

Name of OSHA Monitor

OMEGA #10504

Occupancy Status During Abatement (Check only one)

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

Street Address

280 HUYLER STREET

City, State, Zip Code

S. HACKENSACK, NJ 07606

Scope of Work (Check all that apply)

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

☒ Renovation

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
4TH FLOOR ROOM C403			X	PIPE INSULATION	6 LF	X			
4TH FLOOR ROOM A403			X	PIPE INSULATION	6 LF	X			

NEWARK CARTING INC.  
369 RAYMOND BLVD.

City, State

NEWARK, NEW JERSEY 07105

Completed by (Print or Type)

BENJAMIN SANCHEZ

Hauler ID No.  
913CUBIC YARDS  
OF WASTE : 2

Disposal Date

6/29-7/29/18

GRAND CENTRAL SANITARY LANDFILL

City, State

PLAINFIELD TOWNSHIP, PA

Title

DIRECTOR OF OPERATIONS

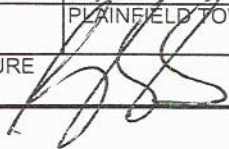
SIGNATURE

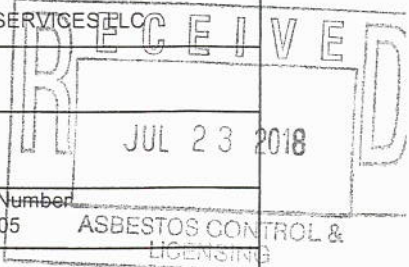
DATE

7/18/18



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

<b>Date of Notification (1)</b> 7 / 5 /2018			<b>Name of Building Owner/Operator (2)</b> PB NUTCLIF MASTER LLC/PRISM PROPERTY SERVICES LLC		
			<b>Street Address</b> 340 KINGSLAND STREET		
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		
<b>City (5)</b> NUTLEY			<b>City, State, Zip Code</b> NUTLEY, NEW JERSEY 07110		
<b>County (6)</b> ESSEX			<b>County Code (7)</b> (STATE USE ONLY)		
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> OMEGA ENVIRONMENTAL			<b>ASCM No.</b> 17		
<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION			<b>Current Use (Prior if being demolished)</b> Pharm. Lab. COMMERCIAL		
<b>Street Address</b> 280 HUYLER STREET			<b>Street Address</b> 313 SPOOK ROCK ROAD		
<b>City, State, Zip Code</b> S. HACKENSACK, NEW JERSEY 07606			<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901		
<b>Project Manager for Monitoring Firm</b> ANTON REZIN			<b>Telephone Number</b> 201-489-8700		
<b>Expected State Date (10)</b> 7 / 6 /18			<b>Sched. Completion Date (11)</b> 7 / 29 /18		
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM			<b>Street Address</b> 280 HUYLER STREET		
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		
<b>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</b>			<b>Abatement Type</b> REMOVAL REPAIR ENCAPSUL ENCLUSUR		
<b>Is Location normally used solely by Maint/Custodial Staff (12)</b> Yes No N/A			<b>Description of Asbestos-Containing Material (ACM)</b> (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)		
4TH FLOOR ROOM C403			PIPE INSULATION		
4TH FLOOR ROOM A403			PIPE INSULATION		
NEWARK CARTING INC. 369 RAYMON BLVD. City, State NEWARK, NEW JERSEY 07105			<b>Hauler ID No.</b> 913		
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ			<b>Disposal Date</b> 6/29-7/29/18		
<b>Title</b> DIRECTOR OF OPERATIONS			<b>Signature</b> 		
<b>City, State</b> PLAINFIELD TOWNSHIP, PA			<b>DATE</b> 7/9/18		





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

CK 3237H

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

RECEIVED

JUL 23 2018

ASBESTOS CONTROL & LICENSING

<b>Name of Facility Where Abatement is Taking Place (3)</b> HACKENSACK MERIDAIA BLDG. 102				<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
<b>Street Address</b> 340 KINGSLAND STREET				<b>Square Feet</b> 125,000	<b># of Floors</b> 5	<b>Bldg. Age</b> 50
<b>City (5)</b> NUTLEY	<b>County (6)</b> ESSEX	<b>County Code (7) (STATE USE ONLY)</b>		<b>Current Use (Prior if being demolished)</b> Pharm. Lab. COMMERCIAL		
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> OMEGA ENVIRONMENTAL				<b>ASCM No.</b> 17	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>Street Address</b> 280 HUYLER STREET				<b>Street Address</b> 313 SPOOK ROCK ROAD		
<b>City, State, Zip Code</b> S. HACKENSACK, NEW JERSEY 07606				<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901		
<b>Project Manager for Monitoring Firm</b> ANTON REZIN		<b>Telephone Number</b> 201-489-8700		<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 1101	
<b>Expected State Date (10)</b> 7 / 6 / 18		<b>Sched. Completion Date (11)</b> 7 / 29 / 18		<b>Name of OSHA Monitor</b> OMEGA #10504		
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM				<b>Street Address</b> 280 HUYLER STREET		
				<b>City, State, Zip Code</b> S. HACKENSACK, NJ 07606		

Scope of Work (Check all that apply)

<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure
---	--	--

Location of Asbestos-containing Material (ACM) <b>TO BE ABATED</b> in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
4TH FLOOR ROOM C403			X	PIPE INSULATION	6 LF	X			
4TH FLOOR ROOM A403			X	PIPE INSULATION	6 LF	X			

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



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

<b>Date of Notification (1)</b> 6 / 28 /2018		<b>Name of Building Owner/Operator (2)</b> PB NUTCLIF MASTER LLC/PRISM PROPERTY SERVICES LLC		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; margin-top: 10px;">JUL 23 2018</div>	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Street Address</b> 340 KINGSLAND STREET			
<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		<b>City, State, Zip Code</b> NUTLEY, NEW JERSEY 07110			
		<b>Name of Contact</b> RICK MARGERISON		<b>Telephone Number</b> 973-235-3105	

FACILITY INFORMATION					
<b>Name of Facility Where Abatement is Taking Place (3)</b>  HACKENSACK MERIDAIA BLDG. 102			<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
<b>Street Address</b> 340 KINGSLAND STREET			<b>Square Feet</b> 125,000	<b># of Floors</b> 5	<b>Bldg. Age</b> 50
<b>City (5)</b> NUTLEY	<b>County (6)</b> ESSEX	<b>County Code (7) (STATE USE ONLY)</b>	<b>Current Use (Prior if being demolished)</b> Pharm. Lab. COMMERCIAL		
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> OMEGA ENVIRONMENTAL			<b>ASCM No.</b> 17	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>Street Address</b> 280 HUYLER STREET			<b>Street Address</b> 313 SPOOK ROCK ROAD		
<b>City, State, Zip Code</b> S. HACKENSACK, NEW JERSEY 07606			<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901		
<b>Project Manager for Monitoring Firm</b> ANTON REZIN		<b>Telephone Number</b> 201-489-8700	<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 1101	
<b>Expected State Date (10)</b> 6 / 29 /18 Month Day Year		<b>Sched. Completion Date (11)</b> 7 / 29 /18 Month Day Year		<b>Name of OSHA Monitor</b> OMEGA #10504	
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM			<b>Street Address</b> 280 HUYLER STREET		
			<b>City, State, Zip Code</b> S. HACKENSACK, NJ 07606		
<b>Scope of Work (Check all that apply)</b>					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Encl. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) <b>TO BE ABATED</b> in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
4TH FLOOR ROOM C403			X	PIPE INSULATION	6 LF	X			
4TH FLOOR ROOM A403			X	PIPE INSULATION	6 LF	X			

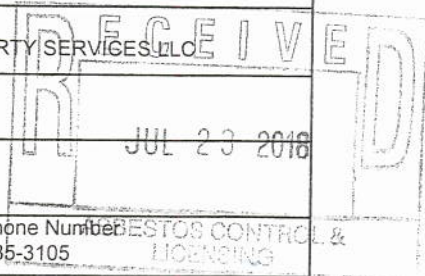
  

NEWARK CARTING INC. 369 RAYMON BLVD. City, State NEWARK, NEW JERSEY 07105	<b>Hauler ID No.</b> 913	<b>CUBIC YARDS OF WASTE : 2</b> <b>Disposal Date</b> 6/29-7/29/18	GRAND CENTRAL SANITARY LANDFILL City, State PLAINFIELD TOWNSHIP, PA
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS	<b>SIGNATURE</b> 
		<b>DATE</b> 6/28/18	

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

CK# 32298

Date of Notification (1) 6 / 18 / 2018		Name of Building Owner/Operator (2) PB NUTCLIF MASTER LLC/PRISM PROPERTY SERVICES, LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 340 KINGSLAND STREET		City, State, Zip Code NUTLEY, NEW JERSEY 07110	
Name of Contact RICK MARGERISON		Telephone Number 973-235-3105	



Name of Facility Where Abatement is Taking Place (3) HACKENSACK MERIDAIA BLDG. 102				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 340 KINGSLAND STREET				Square Feet 125,000	# of Floors 5	Bldg. Age 50
City (5) NUTLEY	County (6) ESSEX	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Pharm. Lab. COMMERCIAL		
Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIRONMENTAL				ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 280 HUYLER STREET				Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code S. HACKENSACK, NEW JERSEY 07606				City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm ANTON REZIN		Telephone Number 201-489-8700		Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 6 / 29 / 18		Sched. Completion Date (11) 7 / 29 / 18		Name of OSHA Monitor OMEGA #10504		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM				Street Address 280 HUYLER STREET		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF				City, State, Zip Code S. HACKENSACK, NJ 07606		
Is Location normally used solely by Maint/Custodial Staff (12) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo., <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		

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



PAID

Print Form

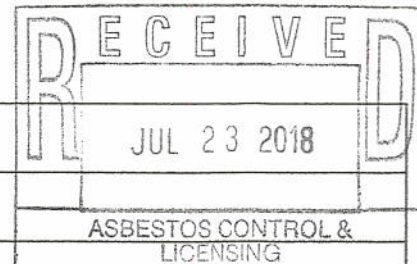
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

CH# 027487

Date of Notification (1) 06/26/18		Name of Building Owner/Operator (2) 75 Jersey City, LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 23 2018 ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified		Type Notification				Street Address 855 Lexington 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 # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code New York, NY 11065			
						Name of Contact Mr. Eric Albanese			
				Telephone Number 973-300-9669					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential				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) Jersey City				Square Feet 20,000 +	# of Floors 6 +				
County (6) Hudson				County Code (7) (STATE USE ONLY)	Bldg. Age 50 +				
Name of Monitoring Firm Hired by Building Owner (8)				ASCM No.	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.				
Street Address				Street Address 1141 Route 23					
City, State, Zip Code				City, State, Zip Code Wayne, NJ 07470					
Project Manager for Monitoring Firm				Telephone No.	License No.				
				973-628-9200	00408				
Start Date (10) 07/06/18		Scheduled Completion Date (11) 08/19/18		Name of OSHA Monitor J.R. Contracting & Environmental Consulting, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 1141 Route 23					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied				City, State, Zip Code Wayne, NJ 07470					
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) <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
Rooms 201 and 601			X	Floor Tile & Mastic	3,250 SF	X			
Room 501			X	Floor Tile & Mastic	1,800 SF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819		Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill				
City, State Wayne, New Jersey				Disposal Date	City, State Pen Argyl, Pennsylvania				
Completed by Jerry Bijelonic			Title Project Manager	Signature			Date 07/17/18		

CH1672

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

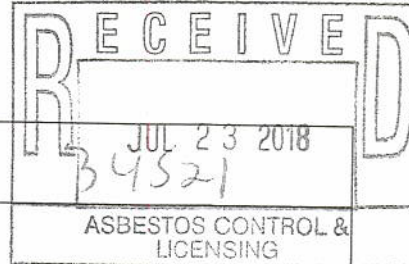


Date of Notification (1) 07-18-18		Name of Building Owner/Operator (2) Rubenstein Properties		RECEIVED JUL 23 2018 ASBESTOS CONTROL & LICENSING					
Agencies Notified	Type Notification	Street Address 101 East Main St.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Falls, NJ 07424							
		Name of Contact Dave Burkart		Telephone Number (973) 256-6644					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial Property Building # 37				Type of Facility (4)					
Street Address 20-21 Wagaraw Rd.				<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) Fair Lawn		Square Feet		# of Floors	Bldg. Age				
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Delfa Contracting LLC.					
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201 216-9603	License No. 01206				
Start Date (10) 07-27-18		Scheduled Completion Date (11) 09-30-18		Name of OSHA Monitor Delfa Contracting LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 522 7th St.					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____				City, State, Zip Code Union City NJ 07087					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
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
2nd Floor		x		Pipe Insulation	1780 LF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240		Cubic Yards of Waste 30	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Union City, NJ				Disposal Date 08-24-18	City, State Tullytown, PA				
Completed by Jaime Delgado		Title Proj. Manager.		Signature 		Date 07-18-18			



CK 34521

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

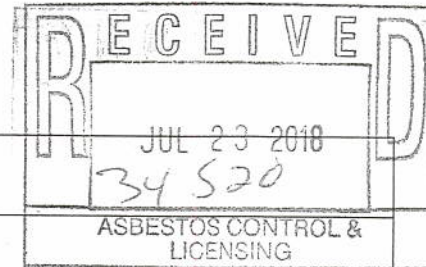


Date of Notification (1) 07 / 19 / 18		Name of Building Owner/Operator (2) Regency Development							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 315 Monmouth Avenue, Suite 208							
		City, State, Zip Code Lakewood, NJ 08701							
		Name of Contact Jack	Telephone Number 732-664-3982						
<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) Lakewood		Square Feet 5200 sf	# of Floors 1						
		Bldg. Age 70							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
City, State, Zip Code		Street Address 1889 Route 9, Unit 61							
Project Manager for Monitoring Firm		City, State, Zip Code Toms River, New Jersey 08755							
Telephone No.		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 07 / 30 / 18	Scheduled Completion Date (11) 08 / 03 / 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 type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos roof	5220 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 10	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 08/03/18		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 7/19/18			



CH34520

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:26 and 5:16)



Date of Notification (1) 07 / 19 / 18		Name of Building Owner/Operator (2) Ashley Management	
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 411 Ashley Avenue	
		City, State, Zip Code Lakewood, NJ 08701	
		Name of Contact Abe	Telephone Number 732-719-6336

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Lakewood		Square Feet 1200 sf	# of Floors 1
		Bldg. Age 70	
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.		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address 1889 Route 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 / 30 / 18	Scheduled Completion Date (11) 08 / 02 / 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"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

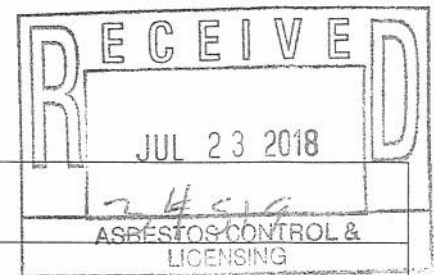
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1100 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
interior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile	440 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 5	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 08/02/18		City, State Tullytown, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 7/19/18	



CK34519

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:46)



Date of Notification (1) <b>07 / 19 / 18</b>		Name of Building Owner/Operator (2) <b>Hamilton Township School District</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>90 Park Avenue</b>							
		City, State, Zip Code <b>Hamilton, NJ 08690</b>							
		Name of Contact <b>John Miranda</b>	Telephone Number <b>609-631-4100</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Alexander Elementary School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>20 Robert Drive</b>									
City (5) <b>Hamilton</b>	Square Feet <b>100,000 sf</b>	# of Floors <b>2</b>	Bldg. Age <b>65</b>						
County (6) <b>Mercer</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Karl Environmental Group</b>		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>						
Street Address <b>20 Lauck Road</b>		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code <b>Mohnton, PA 19540</b>		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm <b>Mike Krisher</b>		Telephone No. <b>610-856-7700</b>	Telephone No. <b>732-349-9932</b>						
License No. <b>00624</b>									
Start Date (10) <b>07 / 19 / 18</b>	Scheduled Completion Date (11) <b>07 / 25 / 18</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</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>1056 Stelton</b>							
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)									
<input checked="" 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kindergarten 1, Nurse office & bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	wrap & cut elbows	20 elbows	<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>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>			Disposal Date <b>07/25/18</b>	City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>	Signature 			Date <b>7/19/18</b>			





CHL6904

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

Print Form

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 7/19/18		Name of Building Owner/Operator (2) Ashley Management	
Agencies Notified	Type Notification	Street Address 411 Ashley 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 08701	
		Name of Contact Devora	Telephone Number 732-719-6336

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Lakewood	Square Feet 1176	# of Floors	Bldg. Age
County (6) Ocean	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) 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) 7/29/18	Scheduled Completion Date (11) 8/1/18	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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
INTERIOR				Floor tile	150SF	x			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 3	Name of Registered Landfill IESI	
City, State NEWARK, NJ		Disposal Date 8/1/18		City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date

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

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JUL 23 2018

ASBESTOS CONTROL & LICENSING

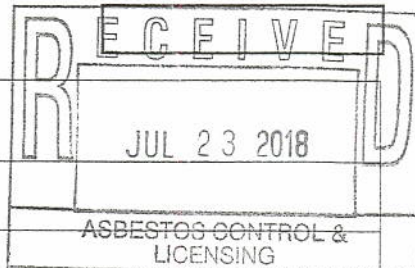
Date of Notification (1) 7-14-2018		Name of Building Owner/Operator (2) Walter Petzinger							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED] City, State, Zip Code Ridgefield, NJ 07450	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address [REDACTED]		<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) Ridgefield, NJ 07450		Square Feet 2586	# of Floors 2						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age 103+						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		201-333-8855	01174						
Start Date (10) 7-14-2018	Scheduled Completion Date (11) 7-14-2018	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition  <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe insulation	200 LF	X			
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. North Landfill					
City, State Jersey City, NJ		Disposal Date 7-14-2018		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Assistance		Signature <i>Liliana Serrano</i>		Date 7-14-2018			



# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Check#3109



Date of Notification (1) 07 / 18 / 18		Name of Building Owner/Operator (2) John Norcross							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Belvidere, NJ 07823 Name of Contact John Norcross Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Belvidere, NJ 07823 County (6) Warren		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASC No. Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm Telephone No.		Telephone No. License No.							
Start Date (10) 07 / 27 / 18		Scheduled Completion Date (11) 07 / 28 / 18							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 SIF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	170 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed By (Print or Type) N. Jevtic		Title Owner	Signature <i>N. Jevtic</i>			Date 07/18/18			

ASB-41

MAY 11

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

# State of New Jersey - Notification of Asbestos Abatement

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

CH 3147

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>July 17, 2018</b>		Name of Building Owner/Operator (2) <b>The Gantner School</b>	
Agencies Notified  X EPA DCA X DOL X DEP X DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address <b>99 Roosevelt Avenue</b> City, State, Zip Code <b>Elmwood Park, NJ</b>	Telephone Number <b>973.949.3525</b>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>The Gantner School</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>3</b> Bldg. Age: <b>80</b> years	
Street Address <b>99 Roosevelt Avenue</b>	City (5) <b>Elmwood Park</b>	County (6) <b>Bergen</b>	County Code (7) (State Use Only)
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>EnviroVision Consultants inc.</b>		ASCM No. <b>00079</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>20-21 Wagaraw Road, Bldg # 35E</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>Fairlawn, NJ 07410</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Project Manager for Monitoring Firm <b>Fred Larson</b>	Telephone Number <b>973-636-9145</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>July 17, 2018</b>	Scheduled Completion Date (11) <b>July 19, 2018</b>	Name of OSHA Monitor <b>EMSL 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 Other - Describe:		Street Address <b>1056 Stelton Road</b> City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply)  <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf  <input type="checkbox"/> ≥ 160 sf or ≥ 260         </div> <div> <input checked="" type="checkbox"/> Renovation  Demolition         </div> <div> Full Containment with Negative Pressure  Mini-Enclosure  Glovebag Procedure  <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Gymnasium</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>Transite</b>	Amount (Specify SF or LF) <b>80sf</b>
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>10</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 NY DEP # Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		Disposal Date <b>July 19, 2018</b>	Name of Registered Landfill Meadowfill Landfill G.R.O.W.S Minerva Ent. Ohio Route 2, Box 68 Bridgeport, WVA 304-842-2784
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Marin Graure</i>	Date <b>July 17, 2018</b>

GAC # 2018-646



## State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:26-7 and 12:120-7)

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DOL - 10 DAY  
JUL 23 2018

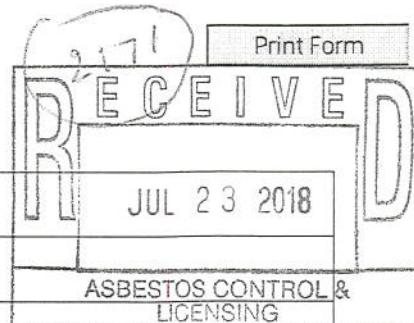
Date of Notification (1) July 17, 2018		Name of Building Owner/Operator (2) The Gantner School	
Agencies Notified	Notification Type	Street Address	City, State, Zip Code
<input type="checkbox"/> EPA <input type="checkbox"/> DCA <input type="checkbox"/> DOL <input type="checkbox"/> DEP <input type="checkbox"/> DOH	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancelled	88 Roosevelt Avenue	Elmwood Park, NJ
		Name of Contact	Telephone Number
		Vincent Benenati/William Morales	873.949.3626
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) The Gantner School		Type of Facility (4)	
Street Address 88 Roosevelt Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private commercial buildings, homes, etc.)	
City (5) Elmwood Park	County (6) Bergen	County Code (7) (State Use Only)	Sq. Feet: Unknown # of Floors: 3 Bldg. Age: 80 years
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc.		ARCM No. 00079	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 20-21 Wagaraw Road, Bldg # 35E		Street Address 611 MAIN STREET	
City, State, Zip Code Fairlawn, NJ 07410		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm Frad Larson	Telephone Number 973-636-9145	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) July 17, 2018	Scheduled Completion Date (11) July 19, 2018	Name of OSHA Monitor EMSL inc.	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe:		Street Address 1058 Stelton Road City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 9 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 180 sf or ≥ 260		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
Location of Asbestos-Containing Material (ACM) in Facility (13)		<input type="checkbox"/> Non-Exempted (C) and Non-Frangible Procedure <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure	
Is Location Normally Used Safely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type
Gymnasium	Transite	80sf	Remove Repair Encase Enclose
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJ DEP Waste Hauler ID # See Below	Cubic Yards of Waste: 0	Name of Registered Landfill Meadow Hill Landfill G.R.O.W.S Minerva Ent. Ohio
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12681 NY DEP #		Disposal Date July 19, 2018	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2764
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature Marin Graure	Date July 17, 2018

GAC # 2018-646

Ch 2171

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

Print Form



Date of Notification (1) 07/08/18		Name of Building Owner/Operator (2) John Beattie	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960	
		Name of Contact John Beattie	Telephone Number [REDACTED]

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Morristown	Square Feet 1700	# of Floors 2	Bldg. Age 100+
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lesco Services Inc.
Street Address		Street Address 156 Maple Ave.	
City, State, Zip Code		City, State, Zip Code Wallington, NJ 07057	
Project Manager for Monitoring Firm		Telephone No. 862-221-9092	License No. 01107
Start Date (10) 07/19/18	Scheduled Completion Date (11) 07/21/18	Name of OSHA Monitor Leslaw Nalodka	
Occupancy Status During Abatement (Check Only One)		Street Address 156 Maple Ave.	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Wallington, NJ 07057	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <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			*	pipe insulation	220 lf.	*			

Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 5	Name of Registered Landfill GCSL	
City, State Newark NJ.			Disposal Date 07/23/18	City, State Pen Argyl, PA	
Completed by Leslaw Nalodka		Title President	Signature 	Date 07/09/18	

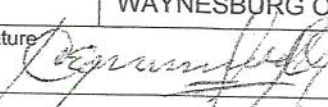


CH 1248

PAID

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

RECEIVED	Print Form
JUL 23 2018	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 07/13/2018		Name of Building Owner/Operator (2) IRA JACOBS						
Agencies Notified	Type Notification	Street Address 88 LINDEN AVE.						
<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 VERONA NJ.						
		Name of Contact IRA JACOBS	Telephone Number 973 - 960 2874					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4)						
Street Address 88 LINDEN AVE.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) VERONA NJ.		Square Feet 2,284 SF.	# of Floors 1					
County (6)		Bldg. Age 98						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A.		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMETNAL LLC.					
Street Address		Street Address 1126 - 51 ST.						
City, State, Zip Code		City, State, Zip Code NORTH BERGEN NJ. 07047						
Project Manager for Monitoring Firm		Telephone No. 201 776 - 0642	License No. 01300					
Start Date (10) 07/21 /2018	Scheduled Completion Date (11) 07/ 21 / 2018	Name of OSHA Monitor IRIS ENVIRONMENTAL LABORATORIES						
Occupancy Status During Abatement (Check Only One)		Street Address 2333 - ROUTE 22						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code UNION NJ.						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <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
BASEMENT			PIPE INSULATION	90 LF.	X			
Name of Registered Waste Hauler TRI STA ASSOCC INC		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISEINC.				
City, State BRONX NY.		Disposal Date TBD		City, State WAYNESBURG OHIO.				
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 	Date 07/13/2018				



# State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:26-7 and 12:120-7)



CH3148

Date of Notification (1) <b>July 17, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input type="checkbox"/> DOL <input type="checkbox"/> DEP <input type="checkbox"/> 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.</b> <b>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>Rutgers Busch Campus Livingston Health Center Bldg # 4157</b> Street Address <b>Busch Campus</b> City (5) <b>Piscataway</b> County (6) <b>MIDDLESEX</b> County Code (7) (State Use Only)		
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC ASSOCIATES</b> Street Address <b>3 TERRI LANE</b> City, State, Zip Code <b>BURLINGTON, NJ 08016</b> Project Manager for Monitoring Firm <b>BRIAN KEARNY</b> Telephone Number <b>609-386-8800</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>3,000</b> # of Floors: <b>1</b> Bldg. Age: <b>60</b> years Current Use (prior if being demolished): <b>Academic</b> Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b> Street Address <b>511 MAIN STREET</b> City, State, Zip Code <b>Butler, NJ 07405</b> Telephone Number <b>973-492-0477</b> License Number <b>00840</b>	
Scheduled Start Date (10) <b>August 2, 2018</b> Scheduled Completion Date (11) <b>August 7, 2018</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>	
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>4pm-5am -24hrs&amp;Weekends as Needed</b> <b>x -Facility Occupied during abatement</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 <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>1<sup>st</sup> Floor Room 110,110D</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>Linoleum</b>	Amount (Specify SF or LF) <b>475 sf</b> Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>20</b>	Name of Registered Landfill <b>GROWS North Landfill</b>
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> <b>NJ DEP # 12561</b> Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>		Disposal Date <b>August 7, 2018</b>	City, State <b>100 New Ford Mill Road, Morrisville, PA 19067</b> <b>215-736-1700</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 17, 2018</b>

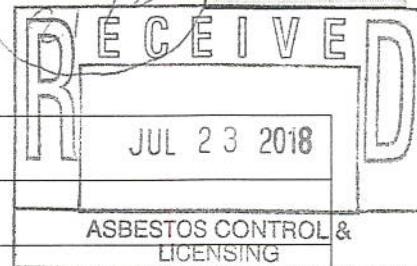
GAC # 2018-060



Ch 2172

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

Print Form



Date of Notification (1) 07/09/18		Name of Building Owner/Operator (2) Cresskill BOE							
Agencies Notified	Type Notification	Street Address 1 Lincoln Dr.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cresskill, NJ 07626							
		Name of Contact Antoinette Kelly	Telephone Number 201-567-5921						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Bryan Elementary School		Type of Facility (4)							
Street Address 15 Brookside Ave		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Cresskill		Square Feet	# of Floors 2						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental LLC		ASCM No. 00127	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address 1248 Wrights Lane		Street Address 156 Maple Ave.							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Wallington, NJ 07057							
Project Manager for Monitoring Firm Philip Conteh		Telephone No. 610-431-7545	License No. 01107						
Start Date (10) 07/23/18	Scheduled Completion Date (11) 07/27/18		Name of OSHA Monitor Leslaw Nalodka						
Occupancy Status During Abatement (Check Only One)		Street Address 156 Maple Ave.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Wallington, NJ 07057							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input 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 Child Care Room		*		pipe insulation	404 Lf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 5	Name of Registered Landfill GCSL					
City, State Newark, NJ		Disposal Date 07/28/18		City, State Pen Argyl, PA					
Completed by Leslaw Nalodka		Title President		Signature 			Date 07/09/18		

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Print Form

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

Check 17844

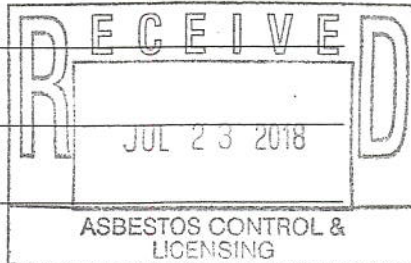
Date of Notification (1) 7/17/18		Name of Building Owner/Operator (2) Vale New Homes LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JUL 23 2018  NJ DEPT OF ENVIRONMENTAL CONTROL &amp; LICENSING </div>					
Agencies Notified		Type Notification				Street Address 332 Forest Street			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Kearny, NJ 07032			
						Name of Contact Paul Russo			
				Telephone Number 973-809-7558					
<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) Kearny				Square Feet 2700	# of Floors 2				
County (6) Hudson				County Code (7) (STATE USE ONLY) _____	Bldg. Age 82				
Name of Monitoring Firm Hired by Building Owner (8)				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) 8/2/18		Scheduled Completion Date (11) 8/16/18		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: exterior				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 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			x	exterior siding	1,800 SF	x			
Name of Registered Waste Hauler Tonys Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787		Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill				
City, State Bridgewater, NJ				Disposal Date TBD	City, State Easton, PA				
Completed by A. Scott Higgins		Title President		Signature 			Date 7/76/18		



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State of New Jersey

Check # 16317

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

Date of Notification (1) <b>7/17/2018</b>		Name of Building Owner/Operator (2) <b>Christine Singer</b>	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Glenridge, NJ, 07028</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Christine Singer</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Christine Singer</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 # of Floors Bldg. Age		
City (5) <b>Glenridge</b>		County (6) Essex <b>Essex</b>	County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>		
Street Address			Street Address <b>86 Christopher St.</b>		
City, State, Zip Code			City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>		License Number <b>00371</b>
Scheduled Start Date (10) <b>08 - 09 - 18</b>		Sched. Completion Date (11) <b>08 - 11 - 18</b>		Name of OSHA Monitor <b>N/A</b>	
Month Day Year		Month Day Year			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»					
Street Address					
City, State, Zip Code					

## Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Basement			X	Pipe insulation	190 LF	X				

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>Tri - State</b>	
City, State <b>Montclair, NJ 07042</b>			Disposal Date <b>08/13/18</b>	City, State <b>Bronx, NY, 10474</b>	
Completed By (Print or Type) <b>Constantine Vivian</b>		Title <b>President</b>	Signature <i>Constantine Vivian</i>		Date <b>7/17/2018</b>



VMC COMPANY INC

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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:120)RECEIVED  
JUL 23 2018

Date of Notification (1) <b>07/14/2018</b>		Name of Building Owner/Operator (2) <b>VINELAND B.O.E.</b>		DOI - 10 DAY	
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"/> DOA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		ASBESTOS CONTROL & LICENSING	
Street Address <b>17 WEST LANDIS AVE</b>		City, State, Zip Code <b>VINELAND, NJ 08360</b>		WARRANTY APPROVED <b>836-794-6700</b>	
Name of Facility Where Abatement is Taking Place (3) <b>VINELAND HIGH SCHOOL SOUTH</b>		Type of Facility (4) <input checked="" type="checkbox"/> School K-12 <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address <b>2880 CHESTNUT AVE</b>		Square Feet		# of Floors	
City (5) <b>VINELAND</b>		County Code (7) (STATE USE ONLY)		Bldg. Age	
County (6) <b>CUMBERLAND</b>		Current Use <b>SCHOOL</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>EPIC ENVIRONMENTAL SERVICES</b>		ASCM No.		Name of Abatement Contractor (9) <b>VMC COMPANY, INC.</b>	
Street Address <b>1930 BROWN ROAD</b>		City, State, Zip Code <b>NEWFIELD, NJ 08344</b>		Street Address <b>208 PIAGET AVENUE</b>	
Project Manager for Monitoring Firm <b>JIM EBERTS</b>		Telephone No. <b>856-205-1077</b>		City, State, Zip Code <b>CLIFTON, NJ 07011</b>	
Start Date (10) <b>07/18/2018</b>		Scheduled Completion Date (11) <b>07/19/2018</b>		Telephone No. <b>973 253 8828</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 Other - Describe: _____		Name of OSHA Monitor		License No. <b>00704</b>	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≤ 3 sf or ≤ 3 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 280 ft		Renovation Demolition		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM): (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
<b>GIRLS LOCKER ROOM</b>		<b>X</b>		<b>PIPE INSULATION WRAP &amp; CUT</b>	
				<b>25 LF X</b>	
Name of Registered Waste Hauler <b>NEWARK CARTING, INC</b>		NJDEP Waste Hauler ID No. <b>05409</b>		Cubic Yards of Waste	
City, State <b>NEWARK, NJ</b>		Disposal Date		Name of Registered Landfill <b>1E31 LANDFILL</b>	
Completed by <b>VOYTEK ROSZKOWSKI</b>		Title <b>PRESIDENT</b>		Signature <b>U. Roszkowski</b>	
				Date <b>07/14/2018</b>	



07/12/2018 15:52 9732539928

VMC COMPANY INC

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

**RECEIVED**  
 PAGE 02/05  
 JUL 23 2018  
 Print Form  
 DOL - 10-1-1  
 ASBESTOS CONTROL & LICENSING  
 WAIVER APPROVED  
 Telephone Number  
 201-641-0800

**CH 2016**

Date of Notification (1)  
 07/12/2018

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

Type Notification  
☒ Initial  
☐ Amended  
 Amendment # \_\_\_\_\_  
☐ Emergency (including justification)  
☐ Cancellation

Name of Building Owner/Operator (2)  
 Ridgely Park BOE

Street Address  
 712 Lincoln Avenue

City, State, Zip Code  
 Ridgely Park, NJ 07860

Name of Contact  
 Jim Tevis

Name of Facility Where Abatement is Taking Place (3)  
 Grant Elementary School

Street Address  
 104 Henry Street

City (5)  
 Ridgely Park

County (6)  
 Bergen

County Code (7)  
 (STATE USE ONLY)

Type of Facility (4)  
☒ School (K-12)  
☐ Subtype 8 (Other than K-12)  
☐ Other (e.g. private & commercial buildings, homes, etc.)

Square Feet \_\_\_\_\_ # of Floors \_\_\_\_\_ Bldg. Age \_\_\_\_\_

Name of Monitoring Firm Hired by Building Owner (8)  
 Ahern Consultants Inc

ASCM No.  
 0057

Name of Abatement Contractor (9)  
 VMC Company Inc

Street Address  
 208 Piaget Ave

City, State, Zip Code  
 Clifton, NJ 07011

Project Manager for Monitoring Firm  
 John Smoyer

Telephone No.  
 608-652-1833

Telephone No.  
 973-253-8828

License No.  
 00704

Start Date (10)  
 07/17/2018

Scheduled Completion Date (11)  
 07/18/2018

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

Scope of Work (Check All That Apply)  
☐ 23 sf or 23 lf  
☒ 2100 sf or 2260 lf  
☒ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glovebag Procedure  
☐ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Classroom D-34		X		Tackboards/mastic	225 SF	X			
				valve packing	<1 LF	X			

Name of Registered Waste Hauler  
 Newark Carting Inc

NJDEP Waste Hauler ID No.  
 05409

Cubic Yards of Waste \_\_\_\_\_

Name of Registered Landfill  
 GRC/VS

City, State  
 Morrisville, PA

Disposal Date \_\_\_\_\_

City, State  
 Morrisville, PA

Completed by  
 Wojtek Roszkowski

Title  
 President

Signature  
 [Signature]

Date  
 07/12/2018



07/12/2018 15:52 9732539928

**PAID**

VMC COMPANY INC

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

<b>R E C E I V E D</b>	PAGE 04/05
	JUL 23 2018
	Print-Form
ASBESTOS CONTROL & LICENSING	

CH2016

Date of Notification (1) 07/12/2018		Name of Building Owner/Operator (2) Ridgefield Park BOE	
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"/> DOA		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 712 Lincoln Avenue		City, State, Zip Code Ridgefield Park, NJ 07860	
Name of Contact Jim Tevis		Telephone Number 201-411-0800	
Name of Facility Where Abatement is Taking Place (3) Grant Elementary School		FACILITY INFORMATION	
Street Address 104 Henry Street		Type of Facility (4) <input checked="" type="checkbox"/> School <input type="checkbox"/> Other (e.g., private & commercial buildings, homes, etc.)	
City (5) Ridgefield Park		Square Feet	
County (6) Bergen		# of Floors	
County Code (7) (STATE USE ONLY)		Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc		Current Use School	
Street Address PO Box 385		Prior if being demolished	
City, State, Zip Code Oceanville, NJ 08231		Name of Abatement Contractor (9) VMC Company Inc	
Project Manager for Monitoring Firm John Smoyer		Street Address 208 Piaget Ave	
Start Date (10) 07/20/2018		City, State, Zip Code Clifton, NJ 07011	
Scheduled Completion Date (11) 07/23/2018		Telephone No. 973-253-8828	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Telephone No. 973-253-8828	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥180 sf or ≥260 lf		License No. 00704	
Renovation Demolition		Name of OSHA Monitor VMC Company Inc	
Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure		Street Address	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Classroom A-13		City, State, Zip Code	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Amount (Specify SF or LF)	
		Abatement Type	
		Removal Repair Encapsulate Enclosure	
		1,116 SF x	
		134 LF x	
		115 SF x	
Name of Registered Waste Hauler Newark Carting Inc		Cubic Yards of Waste	
NJDEP Waste Hauler ID No. 05409		Name of Registered Landfill GRO'S	
City, State Newark, NJ		Disposal Date	
Completed by Voytek Roszkowski		City, State Morrisville, PA	
Title President		Signature Voytek Roszkowski	
		Date 07/12/2018	



6581A - NJ

NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)Initial Non-Friable  
Notification / Check #: 7237

Date of Notification (1) 07/16/18		Name of Building Owner/Operator (2) Westwood Regional School District		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 23 2018 ASBESTOS CONTROL &amp; LICENSING </div>
Agencies Notified		Street Address		
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> IDOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		701 Ridgewood Road City, State, Zip Code Twp. of Washington, NJ 07676		
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		Name of Contact Mario Cofini Telephone Number 551-245-4873		

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Berkeley Avenue School Street Address 47 Berkeley Ave. City (5) Westwood, NJ 07675			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) Square Feet 30000 # of Floors 1 Bldg. Age 60 Current Use (Prior if being demolished) School Building		
County (6) Bergen		County Code (7) (STATE USE ONLY)		Name of Abatement Contractor (9) Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013-1935 Telephone Number 973-614-0377 License Number 00807	
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental, LLC Street Address 307 North Walnut Street City, State, Zip Code West Chester, PA 19380 Project Manager for Monitoring Firm Matt Abraham Telephone Number 610-431-7545			Name of OSHA Monitor Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013		
Scheduled Start Date (10) 07/25/18 Month / Day / Year		Sched. Completion Date (11) 07/27/18 Month / Day / Year		Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure					

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C I S U R E	
Lounge Room		<input checked="" type="checkbox"/>		VAT	350 SF	<input checked="" type="checkbox"/>				

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



B &amp; G proj. #: 2018-145

**PAID**

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

Check # 9090

Date of Notification (1) 10/17/17/11/18		Name of Building Owner/Operator (2) Linden Board of Education		<b>RECEIVED</b> JUL 23 2018 ASBESTOS CONTROL & LICENSING 908-862-0950
Agencies Notified	Type Notification	Street Address 2 East Gibbons Street		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Linden, NJ 07036		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Larry Miranda		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number 908-862-0950		
<input checked="" type="checkbox"/> DOH				
<input type="checkbox"/> DCA				

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Linden High School (NON Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 121 West St. Georges Avenue			Square Feet 50,000		
City (5) Linden, NJ 07036			# of Floors 2		
County (6) Union			Bldg. Age 50+		
County Code (7) (State use only)			Current Use (Prior if being demolished) High School (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision			Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 20-10 Maple Avenue, Building 35E			Street Address 105 Ryerson Road		
City, State, Zip Code Fair Lawn, NJ 07410			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Guillermo Morales			Telephone Number (973)696-6869		
Phone Number 973-636-9145			License Number 00378		
Scheduled Start Date (10) 07/19/2018			Name of OSHA Monitor B & G Restoration, Inc.		
Sched. Completion Date (11) 07/21/2018			Street Address 105 Ryerson Road		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			City, State, Zip Code LincolnPark, NJ 07035		

## Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
2nd fl School Media Center			<input checked="" type="checkbox"/>	wood sub-flooring & mastic	2,028 sf 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 20	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 07/21/2018	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 07/17/2018



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

B & G proj. #: 2018-145

**RECEIVED**  
 JUL 23 2018  
 Check # 9090  
 DOL - 10 DAY  
 ASBESTOS CONTROL & LICENSING  
 JUL 17 2018  
 WAIVER APPROVED  
 Telephone Number  
 908-862-0950

Date of Notification (1) <u>07/17/2018</u>		Name of Building Owner/Operator (2) Linden Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 2 East Gibbons Street		City, State, Zip Code Linden, NJ 07036	
Name of Contact Larry Miranda		Telephone Number 908-862-0950	

**FACILITY INFORMATION**

Name of facility where abatement is taking place (3) Linden High School (NON Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 121 West St. Georges Avenue			Square Feet 50,000		
City (5) Linden, NJ 07036			# of Floors 2		
County (6) Union			Bldg. Age 50+		
County Code (7) (State use only)			Current Use (Prior to being demolished) High School (non sub 8)		

Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision		ASCM No. 0079		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 20-10 Maple Avenue, Building 35E		City, State, Zip Code Fair Lawn, NJ 07410		Street Address 105 Ryeon Road	
Project Manager for Monitoring Firm Guillermo Morales		Phone Number 973-636-9145		City, State, Zip Code Lincoln Park, NJ 07035	
Scheduled Start Date (10) 07/18/2018		Sched. Completion Date (11) 07/21/2018		Telephone Number (973)691-6869	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: _____ <input type="checkbox"/> Other-Describe: _____		Name of OSHA Monitor B & G Restoration, Inc.		License Number 00378	
Scope of Work (check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Non-friable procedure		Street Address 105 Ryeon Road City, State, Zip Code Lincoln Park, NJ 07035	

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
2nd fl School Media Center			X	wood sub-flooring & m...	2,028 sf of	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards or Weib 20	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 07/21/2018	City, State Perth Amboy, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 07/17/2018



Chk# 3404

GI 18139 B



07/17/2018 08:40AM 9736381778

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PAGE 03/04
JUL 23 2018
1000 ASBESTOS CONTROL & LICENSING

MO#25131052034

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 5:16)

Date of Notification (1) 07 / 17 / 18		Name of Building Owner/Operator (2) Ariel Sagiz	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code West New York, NJ 07093	
Name of Contact Ariel Sagiz		Telephone Number [REDACTED]	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age	
City (5) West New York, NJ 07093		County (6) Hudson	
County Code (7) (STATE USE ONLY) Hudson		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Gr Tech LLC		ASOM No. [REDACTED]	
Street Address [REDACTED]		Name of Abatement Contractor (9) Gr Tech LLC	
City, State, Zip Code [REDACTED]		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm [REDACTED]		City, State, Zip Code Wayne, NJ 07470	
Telephone No. [REDACTED]		Telephone No. 973-638-1777	
License No. [REDACTED]		License No. 01127	
Start Date (10) 07 / 18 / 18		Scheduled Completion Date (11) 07 / 19 / 18	
Name of OSHA Monitor Envirovision Consultants, Inc.		Street Address 20-21 Wagaraw Road, Bldg # 35B	
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		City, State, Zip Code Fair Lawn, NJ 07410	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> > 150 sf or > 250 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <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-Flammable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
Basement		Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SIF or LF)	
Pipe insulation		110 LF	
Abatement Type		Removal Repair Encapsulate Enclosure	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	
City, State Wayne, NJ 07470		Cubic Yards of Waste TBD	
Disposal Date TBD		Name of Registered Landfill Tully, PA	
Completed By (Print or Type) N.Jevtic		Title Owner	
Signature [Signature]		Date 07/17/18	

ASA-41  
MAY 11

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



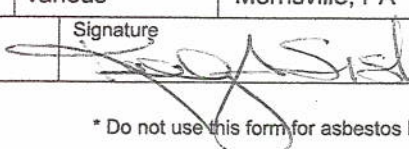
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Print Form

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

CHK# 2336

RECEIVED	
JUL 23 2018	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 07/12/2018		Name of Building Owner/Operator (2) Lurch Demolition							
Agencies Notified	Type Notification	Street Address P O Box 42							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Avon-By-The-Sea, NJ 07717							
		Name of Contact Frank Lurch	Telephone Number 732-988-8814						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Avon United Methodist Church		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 507 Garfield Avenue		Square Feet 5.000	# of Floors 2						
City (5) Avon-By-The-Sea,		Bldg. Age 70+							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Alpha Environmental LLC						
Street Address		Street Address P O Box 8297							
City, State, Zip Code		City, State, Zip Code Trenton NJ 08650							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-847-2956	License No. 01222						
Start Date (10) 07/21/2018	Scheduled Completion Date (11) 07/23/2018	Name of OSHA Monitor EMSL 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 <input type="checkbox"/> Other - Describe: _____		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson NJ 08077							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Meeting Rooms		X		VAT	1.000 SF	X			
Boiler Room/Crawlspace		X		Pipe Insulation	180 LF	X			
Name of Registered Waste Hauler Alpha Environmental LLC		NJDEP Waste Hauler ID No. 00033330	Cubic Yards of Waste 10	Name of Registered Landfill Grows Landfill					
City, State Trenton, NJ		Disposal Date various		City, State Morrisville, PA					
Completed by Kelly Sisk		Title Project Manager		Signature 		Date 07/12/2018			




*\* Emergency \**

**PAID**  
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
Pursuant to NJAC 8:50 and 42:120

CK 6876

**RECEIVED**  
JUL 23 2018

Date of Notification (1) 7/18/18		Name of Building Owner/Operator (2) Joseph Ohlweiler Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Haddonfield NJ 08033							
		Name of Contact John	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Joseph Ohlweiler Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Haddonfield NJ 08033		Square Feet 1000+	# of Floors 2						
County (6) Camden		Bldg. Age 35+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 7/19/18	Scheduled Completion Date (11) 7/20/18	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: Home owner will be Home		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage			x	Transite panel	120 SF				
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 7/20/18		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 7/18/18		



PAID

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

RECEIVED
JUL 23 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>7-19-18</b>		Name of Building Owner/Operator (2) <b>STATE OF N.J.</b>					
Agency Notified <input type="checkbox"/> EPA <input checked="" 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 <b>1212 Hwy # 542</b> City, State, Zip Code <b>WHARTON STATE PARK</b> Name of Contact <b>Giberson Plumbing</b> Telephone Number <b>609-768-1614</b>					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <b>WHARTON STATE PARK</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>1212 Hwy # 542</b>		Square Feet <b>600</b>	# of Floors <b>1</b>				
City (5) <b>WASHINGTON TWP N.J.</b>		Bldg. Age <b>75+ yrs.</b>					
County (6) <b>BURLINGTON</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Abandoned</b>				
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL CON.</b>		ASCM No. <b>1</b>	Name of Abatement Contractor (9) <b>Cream Ridge Env.</b>				
Street Address <b>130 N. WARREN ST</b>		Street Address <b>15 BLACK FOREST RD.</b>					
City, State, Zip Code <b>TRENTON, N.J.</b>		City, State, Zip Code <b>HAMILTON, N.J. 08691</b>					
Project Manager for Monitoring Firm <b>STEVE MANIA</b>		Telephone No. <b>609-392-4200</b>	License No. <b>00646</b>				
Start Date (10) <b>7-20-18</b>	Scheduled Completion Date (11) <b>7-20-18</b>		Name of OSHA Monitor <b>M.E.C.S.</b> <b>01059</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 341</b> City, State, Zip Code <b>CROSSWICKS, N.J. 08515</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 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
<b>1<sup>ST</sup> FLOOR</b>		<input checked="" type="checkbox"/>		<b>120 S.F.</b>	<input checked="" type="checkbox"/>		
<b>BASEMENT</b>		<input checked="" type="checkbox"/>	<b>TRANSITE PIPE</b>	<b>30 L.F.</b>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>J. VINCH &amp; SONS INC.</b>		NJDEP Waste Hauler ID No. <b>100062 PA4</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>GROWS N. LANDFILL</b>			
City, State <b>P.O. Box 5465 TRENTON, N.J.</b>		Disposal Date <b>7-23-18</b>		City, State <b>MORRISVILLE, N.J.</b>			
Completed by <b>DAVID DIANDREA</b>	Title <b>Pres.</b>	Signature <b>DAVID DIANDREA</b>		Date <b>7-19-18</b>			

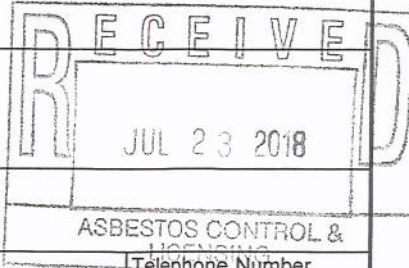


PAID

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

Check # 1368

Date of Notification (1) <b>July 16, 2018</b>		Name of Building Owner / Operator (2) <b>Hamilton Township</b>	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	<b>2090 Greenwood Avenue</b>  City, State & Zip Code <b>Hamilton, NJ 08650-0150</b>	
		Name of Contact	Telephone Number
		<b>Charles Thomas, Superintendent of Public Property</b>	<b>609-890-3535</b>



## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Hamilton Twp. Police Division</b>		Type of Facility (4)	
Street Address <b>1270 Whitehorse-Mercerville Road</b>		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
City (5) <b>Hamilton</b>	Square Feet <b>80,000</b>	# of Floors <b>1</b>	Bldg. Age <b>70</b>
County (6) <b>Mercer</b>	Current Use (Prior if being demolished) <b>Public Building</b>		
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Pars Environmental, Inc.</b>	ASCM No. <b>00023</b>	Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
Street Address <b>500 Horizon Drive, Suite 540</b>		Street Address <b>829 Radio Road</b>	
City, State & Zip Code <b>Robbinsville, NJ 08691</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Project Manager for Monitoring Firm <b>Julian Fernandez</b>	Telephone Number <b>609-890-7277</b>	Telephone Number <b>609-296-6916</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>August 15, 2018</b>	Scheduled Completion Date (11) <b>August 20, 2018</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one)		Street Address <b>829 Radio Road</b>	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

## Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground Floor Men's Holding Cell - Pipe Chase			X	Pipe Fitting Insulation	40 LF	X			
Ground Floor Women's Holding Cell - Pipe Chase			X	Pipe Fitting Insulation	40 LF	X			
Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>Grows Landfill</b>						
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>August 21, 2018</b>	City, State <b>Morrisville, PA</b>						
Completed By <b>Diane Aloia</b>	Title <b>Exec. Administrator</b>	Signature <i>Diane Aloia</i>	Date <b>July 16, 2018</b>						

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



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

DOL - 10 DAY

MAY 25 2018

WAIVER APPROVED

Date of Notification (1) 05/25/18		Name of Building Owner/Operator (2) Wayne Ford		<div style="border: 1px solid black; padding: 5px;"> DOL - 10 DAY   MAY 25 2018   WAIVER APPROVED </div>					
Agencies Notified		Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
City, State, Zip Code Wayne, NJ 07470		Name of Contact Poll Kessler							
<p align="center"><b>FACILITY INFORMATION</b></p>									
Name of Facility Where Abatement is Taking Place (3) Wayne Ford				Type of Facility (4)					
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Wayne				Square Feet 50,000	# of Floors 2				
County (6) Passaic		County Code (7) (STATE USE ONLY)		Bldg. Age 50+					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.	Name of Abatement Contractor (9) Stanmark Solutions, LLC					
Street Address			Street Address 28 Edsall Drive						
City, State, Zip Code			City, State, Zip Code Sussex, NJ 07461						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-997-1650	License No. 01309				
Start Date (10) 05/26/18		Scheduled Completion Date (11) 05/29/18		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One)				Street Address 1056 Stelton Road					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code Piscataway, NJ 08854					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
2nd floor Repair room		x		floor tiles	250 S.F.	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 190713		Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.				
City, State Wayne, NJ				Disposal Date on completion	City, State Morrisville, PA				
Completed by Stan Stankovic			Title G. Manager	Signature <i>Stan Stankovic</i>			Date 05/25/18		



MO # 24905938241

PAID

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

DOL - 10 DAY

Print Form

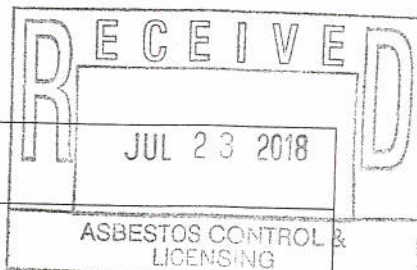
MAY 29 2018

Date of Notification (1) 05/29/18		Name of Building Owner/Operator (2) Meridia Lincoln Park, LLC							
Agencies Notified	Type Notification	Street Address 201 South Wood Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Linden, NJ 07036							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Nishu Patel							
Telephone Number 732.910.2089									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vacated Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 107 Main Street		ASBESTOS CONTROL & LICENSING							
City (5) Lincoln Park		Square Feet 1,300	# of Floors 1						
County (6) Morris		Bldg. Age 50+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____							
Street Address		Name of Abatement Contractor (9) Stanmark Solutions, LLC							
City, State, Zip Code		Street Address 28 Edsall Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Sussex, NJ 07461							
Telephone No. _____		Telephone No. 973-997-1650	License No. 01309						
Start Date (10) 05/30/18	Scheduled Completion Date (11) 06/04/18	Name of OSHA Monitor EMSL							
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 1056 Stelton Road							
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		City, State, Zip Code Piscataway, NJ 08854							
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
South side		X		joint compaund	600 S.F.	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S.					
City, State Wayne, NJ			Disposal Date on completion	City, State Morrisville, PA					
Completed by Stan Stankovic		Title G. Manager	Signature Stan Stankovic			Date 05/29/18			



no ck

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



Date of Notification (1) 07 / 18 / 18		Name of Building Owner/Operator (2) PERTH AMBOY BOARD OF EDUCATION							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <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 178 BARRACKS STREET City, State, Zip Code PERTH AMBOY, NJ 08861							
		Name of Contact Derek J. Jess	Telephone Number 732-376-6200						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Perth Amboy 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 300 Eagle Avenue		Square Feet 300,000	# of Floors 3						
City (5) Perth Amboy, NJ 08861		Bldg. Age 1950							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.		ASCM No. 00057	Name of Abatement Contractor (9) APS Contracting, Inc.						
Street Address PO Box 385		Street Address 155-161 Pennsylvania Avenue							
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Paterson, NJ 07503							
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	License No. 01-287						
Start Date (10) 08 / 06 / 18	Scheduled Completion Date (11) 08 / 30 / 18	Name of OSHA Monitor APS Contracting, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM- PM- AM		Street Address 155-161 Pennsylvania Avenue City, State, Zip Code Paterson, NJ 07503							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Throughout the Building Elevation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Caulking Material All Windows	2,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler APS Contractors, Inc.		NJDEP Waste Hauler ID No. 21259	Cubic Yards of Waste 5 Yards	Name of Registered Landfill Grows Landfill					
City, State Paterson, New Jersey		Disposal Date 08/25/18	City, State Morrisville, PA 19067						
Completed By (Print or Type) Svetozar Savreski	Title President	Signature 	Date 7/18/18						



PAID

Print Form

EDS18-056-3

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

Check #3976

Date of Notification (1) 07/18/2018		Name of Building Owner/Operator (2) Bergenfield BOE		<div style="border: 2px solid black; padding: 5px; text-align: center;"> DECEIVED  JUL 23 2018  ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified		Type Notification				Street Address 225 West Clinton Ave.			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Bergenfield, NJ 07621			
		Name of Contact Paul McDevitt		Telephone Number 201-247-1707					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Franklin Elementary School				Type of Facility (4)					
Street Address 2 NORTH FRANKLIN AVENUE				<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Bergenfield, NJ 07621				Square Feet 50,000+	# of Floors 2				
County (6) Bergen				County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+				
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental				ASCN No. 00127	Name of Abatement Contractor (9) GL Group Inc.				
Street Address 1248 WRIGHTS LANE WEST CHESTER				Street Address 140 Hamburg Turnpike					
City, State, Zip Code PENNSYLVANIA 19380				City, State, Zip Code Bloomingdale, NJ 07403					
Project Manager for Monitoring Firm Matthew Abraham				Telephone No. 610-431-7545	License No. 01084				
Start Date (10) 07/21/2018		Scheduled Completion Date (11) 07/23/2018		Name of OSHA Monitor GL Group Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 140 Hamburg Turnpike					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Bloomingdale, NJ 07403					
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 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
CR 105		X		Pipe Insulation	12LF	X			
Name of Registered Waste Hauler GL Group Inc.		NJDEP Waste Hauler ID No. 0033034		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises				
City, State Bloomingdale, NJ				Disposal Date TBD	City, State Waynesburg, OH				
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>		Date 07/18/2018			



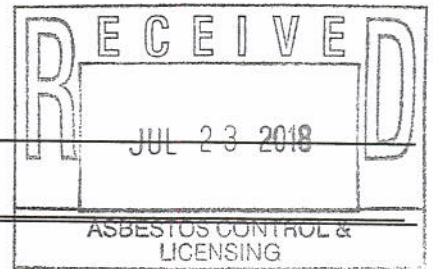
Job Cancelled NOCK

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

RECEIVED
JUL 23 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 07/03/18 7/19/18		Name of Building Owner/Operator (2) New Jersey State Police						
Agencies Notified	Type Notification	Street Address						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> <del>Amended</del> <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	P.O. Box 7068						
		City, State, Zip Code West Trenton, NJ 08628						
		Name of Contact Mike Genco	Telephone Number 609-882-2000					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) New Jersey State Police		Type of Facility (4)						
Street Address 1040 River Road		<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) Ewing Township		Square Feet	# of Floors 3					
County (6) Mercer		County Code (7) (STATE USE ONLY)	Bldg. Age 50					
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management INC		ASCM No. 00112	Name of Abatement Contractor (9) Advanced Specialty Contractors					
Street Address 344 West State Street		Street Address 2400 Main St. Extension Suite 10						
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Sayreville, NJ 08872						
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-656-8101	Telephone No. 732-525-0100					
Start Date (10) 07/23/2018		Scheduled Completion Date (11) 08/03/2018	License No. 00750					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Environmental Tactics, Inc.						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other -- Describe: _____		Street Address 64 Broad Street						
		City, State, Zip Code Matawan, NJ 07747						
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 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
Buildings 1a		x		10 sqf		x	x	
			O&M procedure described in attached document					
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Grows Landfill				
City, State Freehold, NJ		Disposal Date 08/03/2018		City, State Morrisville, PA				
Completed by Kurt Nale		Title Branch Manager	Signature <i>Kurt Nale</i>	Date 7/19/18				





Date of Notification (1) 07/16/18		Name of Building Owner/Operator (2) john duffin	
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 hawthorne, nj 07506	
Name of Contact john duffin		Telephone Number [REDACTED]	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) john duffin			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) hawthorne			County (6) PASSAIC		Bldg. Age
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 07/27/18		Sched. Completion Date (11) 08/27/18	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

## Scope of Work (check all that apply)

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

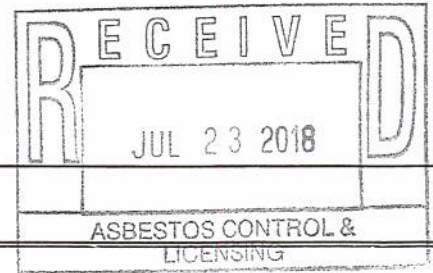
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement 3 locations		<input checked="" type="checkbox"/>		PIPE INSULATION	61 ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT storage Rm. 2 loc.		<input checked="" type="checkbox"/>		PIPE INSULATION	91 ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 07/30/18		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 07/16/2018



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

D&S Proj. #: 18-146



Date of Notification (1) 07/11/18		Name of Building Owner/Operator (2) [REDACTED]	
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 perth amboy, 08861	
Name of Contact ali rada		Telephone Number [REDACTED]	

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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet    # of Floors    Bldg. Age		
City (5) perth amboy			County (6) middlesex		County Code (7) (State use only)
Current Use (Prior if being demolished)					

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. [REDACTED]		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]		Street Address 20 California Ave.		City, State, Zip Code Paterson, NJ 07503	
City, State, Zip Code [REDACTED]		Telephone Number 973-345-8020		License Number 01169	
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]		Name of OSHA Monitor D & S Restoration, Inc.	
Start Date (10) 07/26/18		Sched. Completion Date (11) 08/10/18		Street Address 20 California Avenue	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

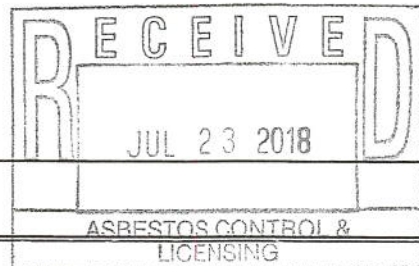
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Glovebag procedure
		<input 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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		PIPE INSULATION	150 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement (ABOVE ceiling)		<input checked="" type="checkbox"/>		PIPE INSULATION	40 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement crawl space		<input checked="" type="checkbox"/>		PIPE INSULATION	40 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 07/27/18		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature [REDACTED]		Date 07/16/2018



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



D&S Proj. #: 18-144

CH 7313

PAID

Date of Notification (1) 10/17/18		Name of Building Owner/Operator (2) tim haas	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Newton, NJ 07860	
Name of Contact tim haas		Telephone Number [REDACTED]	

FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. [REDACTED]	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]		Street Address 20 California Ave.		
City, State, Zip Code [REDACTED]		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 07/18/18		Sched. Completion Date (11) 08/17/18		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
Name of OSHA Monitor D & S Restoration, Inc.				
Street Address 20 California Avenue				
City, State, Zip Code Paterson, NJ 07503				

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		PIPE INSULATION	62 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement		<input checked="" type="checkbox"/>		bare heating pipes	70 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

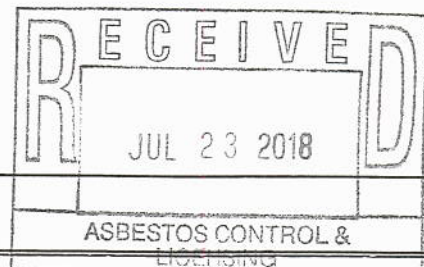
Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 07/19/18		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature [REDACTED]		Date 07/16/2018



D&amp;S Proj. #: 18-150

# PAID

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



Date of Notification (1) 10/17/18		Name of Building Owner/Operator (2) craig adelhardt	
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 #: _____	Street Address [REDACTED]	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code wood ridge, nj 07075	
	Name of Contact craig adelhardt		Telephone Number [REDACTED]

## FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address [REDACTED]			Street Address 20 California Ave.		
City, State, Zip Code [REDACTED]			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 07/30/18		Sched. Completion Date (11) 08/17/18	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

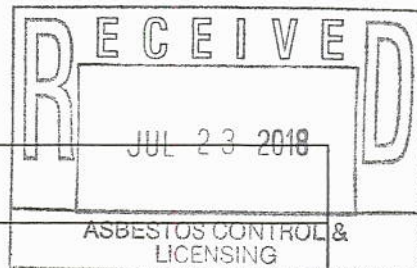
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	101 ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		bare heating pipes	301 ft	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 07/31/18		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature [REDACTED]	
				Date 07/18/2018	



CH 1242

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



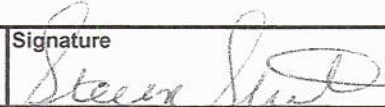
Date of Notification (1) 07 / 19 / 18		Name of Building Owner/Operator (2) Muhlenberg Urban Renewal, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Broad Street, Suite 400							
		City, State, Zip Code Bloomfield, NJ 07003							
		Name of Contact Warren Sprake	Telephone Number 908-670-5711						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1200 Randolph Road- Building 7		Square Feet	# of Floors						
City (5) Plainfield		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) 07 / 30 / 18	Scheduled Completion Date (11) 08 / 31 / 18	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM- _____ AM <input checked="" type="checkbox"/> Saturday		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Wrap and Cut <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation- Wrap and Cut	400 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elbow Insulation	18 Elbows	<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 ATC/ Century Waste, LLC		NJDEP Waste Hauler ID No. SW-24310/32797		Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises/ GROWS Landfill/ Fairless Landfill				
City, State Shirley, NY/ Elizabeth, NJ		Disposal Date TBD		City, State Waynesburg, OH/ Morrisville, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature Allen Monchik		Date 7/19/18			



PAID

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

Check # 3152

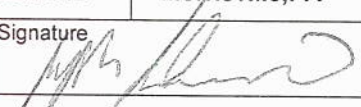
Date of Notification (1) 07 / 20 / 18		Name of Building Owner / Operator (2) HUDSON RIVER ASSOCIATES, LLC		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED  JUL 23 2018  ASBESTOS CONTROL &amp; LICENSING </div>	
Agencies Notified		Street Address 1000 PORTSIDE DRIVE			
Type of Notification		City, State, Zip Code EDGEWATER, NJ 07020			
		Name of Contact DANNY DAIBES			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Telephone Number 201-840-0050	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) 115 RIVER ROAD			Type of Facility (4)		
Street Address 115 RIVER ROAD			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
City (5) EDGEWATER	County (6) Bergen	County Code (7)	Square Feet 35,000	# Of Floors 3	Building Age 40 +
			Current Use (Prior if being demolished) OFFICE		
Name of Monitoring Firm Hired by Bldg. Owner (8) AET			ASCM NO NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 907 Doolittle Drive			Street Address 32 Williams Parkway		
City, State, Zip Code Bridgewater, NJ 08807			City, State, Zip Code East Hanover, NJ 07936		
Project Mngr. For Monitoring Firm Eric Houseknecht			Telephone Number 908-218-1108		
Scheduled Start Date (10) 07 / 30 / 18		Sched. Completion Date (11) 10 / 31 / 18		Telephone Number 973-884-8682	
				License Number 00860	
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: 7:00AM - 3:30PM MON-FRI			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf					
<input checked="" type="checkbox"/> Renovation <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  TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	YES NO N/A			R E M O V A L	E N C A P S U L
ROOF	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	TAR SEALANT	3,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	COPING TAR	2,300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	FLASHING	8,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	ROOFING	6,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL	
City, State EAST HANOVER, NJ 07936		Disposal Date	City, State MORRISVILLE, PA 10967		
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature 		Date 07/20/18



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

CK#523

Date of Notification (1) 07 / 20 / 18		Name of Building Owner/Operator (2) Verizon		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  JUL 23 2018  ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <b>1 Verizon Way</b> City, State, Zip Code <b>Basking Ridge, NJ 07920</b> Name of Contact <b>Brian Kingsbury</b>			
Telephone Number <b>301-802-5112</b>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Verizon			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 2700 Secaucus Road			Square Feet 10,000						
City (5) North Bergen, NJ 07047			# of Floors 1		Bldg. Age 50				
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Managaement Inc.		ASCM No.		Name of Abatement Contractor (9) JVN Restoration Inc					
Street Address 8436 Enterprise Avenue		Street Address 47 Foster Road		City, State, Zip Code Staten Island NY 10309					
City, State, Zip Code Philadelphia, PA 19153		Telephone No. 215-365-5810		License No. 00774					
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 718-605-6256		Name of OSHA Monitor Testor Tech					
Start Date (10) 08 / 06 / 18		Scheduled Completion Date (11) 09 / 31 / 18		Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/5:00PM-1:30AM					
Street Address 10 59 Jackson Avenue		City, State, Zip Code LIC NY 11101							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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 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
Ground Floor Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fitting Insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collar Insulation	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor Hallways	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	530 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566		Cubic Yards of Waste 15	Name of Registered Landfill G.R.O.W.S., Inc.				
City, State Hackettstown, NJ		Disposal Date 08/28/2018		City, State Morrisville, PA					
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 		Date 07-20-18			



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

check # 1639

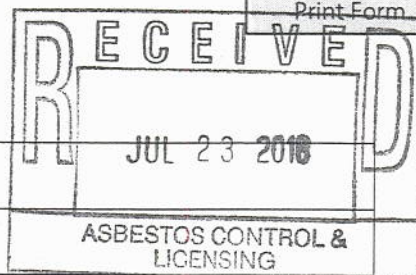
Date of Notification (1) 7 / 20 / 18		Name of Building Owner/Operator (2) Morris School District		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  JUL 23 2018  ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input 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 31 Hazel Street							
		City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Kevin Knowles	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Morristown High School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 50 Early Street									
City (5) Morris				Square Feet	# of Floors 3				
				Bldg. Age 50+					
County (6) Morris		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) school					
Name of Monitoring Firm Hired by Building Owner (8) Aero Environmental Services		ASCM No.		Name of Abatement Contractor (9) Controlled Environmental Systems					
Street Address 275 Route 10 East, Suite 220-306				Street Address 1121 N. Bethlehem Pike - Suite 60					
City, State, Zip Code Succasunna, NJ 07876				City, State, Zip Code Spring House, PA 19477					
Project Manager for Monitoring Firm Mike Berta		Telephone No. 973 542 7000		Telephone No. 215 542 7000	License No. 00847				
Start Date (10) 8 / 1 / 18		Scheduled Completion Date (11) 8 / 3 / 18		Name of OSHA Monitor CES					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-7:00PM/ _____ PM- _____ AM				Street Address 1121 N. Bethlehem Pike - Suite 60					
				City, State, Zip Code Spring House, PA 19477					
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 255B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Pipe	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Geppert Recycling		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill Western Berks Communitiy Landfill				
City, State Hatfield, PA				Disposal Date	City, State Birdsboro, PA 19508				
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>		Date 7/20/18			



CH 1740

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



Date of Notification (1) 07/17/18		Name of Building Owner/Operator (2) Bergen County Technical School District							
Agencies Notified	Type Notification	Street Address 327 East Ridgewood Ave	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus NJ							
		Name of Contact Tom Jodice	Telephone Number 201-3436000						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Midland Park High School		Type of Facility (4)							
Street Address 250 Prospect st		<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) Midland Park NJ 07432		Square Feet	# of Floors Bldg. Age						
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		ASCM No.	Name of Abatement Contractor (9) DYV ENTERPRISES LLC						
Street Address 1253 N Church St		Street Address 28 Lisa Lane							
City, State, Zip Code Moorestown NJ 08057		City, State, Zip Code Lincoln Park NJ 07035							
Project Manager for Monitoring Firm Michael R Stocku		Telephone No. 609-3043969	Telephone No. 973-9426924 License No. 01129						
Start Date (10) 8-02-18	Scheduled Completion Date (11) 8-07-18	Name of OSHA Monitor TTI Environmental Inc							
Occupancy Status During Abatement (Check Only One)		Street Address 1253 N Church St							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Moorestown							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room #34			x	VAT	400 SF	x			
Room #34			x	Mastic	400 SF	x			
Name of Registered Waste Hauler DYV Enterprises LLC		NJDEP Waste Hauler ID No. 00341140	Cubic Yards of Waste 10Yds	Name of Registered Landfill Newark Carting Inc.					
City, State Lincoln Park NJ			Disposal Date 8-07-18	City, State Newark NJ 07105					
Completed by Dorian Carpio		Title Manager	Signature 			Date 07/17/18			