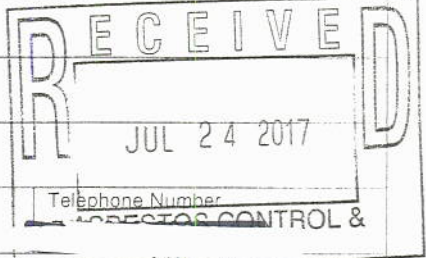


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check 16727



Date of Notification (1) 7/19/17		Name of Building Owner/Operator (2) JBM Management LLC							
Agencies Notified	Type Notification	Street Address 7 Tanglewood Lane							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code East Brunswick, NJ 08816							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Jim							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Old Vacant Bar		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 3630 Route 35		Square Feet 2500	# of Floors 2						
City (5) South Amboy		Bldg. Age 65							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) old bar/commercial							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 7/28/17	Scheduled Completion Date (11) 9/15/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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
Southwest Corner/HVAC ductwork			x	tar	100 SF	x			
Roof - 8 HVAC units			x	flashing/mechanical flashing	400 SF	x			
Exterior duct			x	tar	100 SF	x			
Exterior (under stucco)			x	felt paper	3,500 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title Presidnet		Signature 			Date 7/19/17		

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

Check 16727

Date of Notification (1) 7/19/17		Name of Building Owner/Operator (2) JBM Management LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 24 2017 CONTROL & LICENSING </div>
Agencies Notified	Type Notification	Street Address 7 Tanglewood Lane		
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Brunswick, NJ 08816		
		Name of Contact Jim		
		Telephone Number _____		

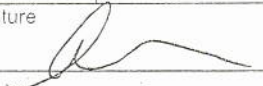
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Old Vacant Bar		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 3630 Route 35		Square Feet 2500	# of Floors 2
City (5) South Amboy		Bldg. Age 65	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) old bar/commercial	
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.	Telephone No. 973-764-2276	License No. 703
Start Date (10) 7/28/17	Scheduled Completion Date (11) 9/15/17	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other -- Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

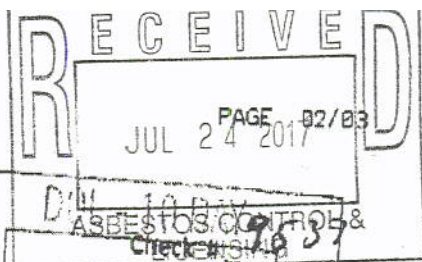
- | | | |
|--|--|--|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) 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 end - interior <u>TO BE ABATED</u>			x	9"x9" floor tile	200 SF	x			

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill
City, State Freehold NJ	Disposal Date TBD	City, State Birdsboro, PA	
Completed by A. Scott Higgins	Title Presidnet	Signature 	Date 7/19/17

07/18/2017 11:43 2812620321

AMAC



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

Date of Notification (1) 7/18/17		Name of Building Owner/Operator (2) PROGRESSIVE MANAGEMENT																
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation																
Street Address 2 SYLVAN WAY		City, State, Zip Code PARSIIPPANY NJ 07054																
Name of Contact RICHT SHAWALL		Telephone Number																
FACILITY INFORMATION																		
Name of Facility Where Abatement is Taking Place (3) CAMBRIDGE VILLAGE BUILDING #9		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 9 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)																
Street Address 189 LITTLETON ROAD		Squm Feet 8000																
City (5) PARSIIPPANY		# of Floors 3																
County (6)		Bldg. Age 62																
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) ARTS																
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.																
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.																
City, State, Zip Code		Street Address 185 Vreeland Ave.																
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, N.J.																
Telephone No.		Telephone No. 201-262-8841																
Start Date (10) 7/18/17		License No. 00156																
Scheduled Completion Date (11) 7/21/17		Name of OSHA Monitor Omega Environmental Services 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 280 Huyler Street																
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥250 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Fragile Procedure		City, State, Zip Code Hackensack, N.J. 07606																
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) CRAWL SPACE		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> <tr> <td></td> <td></td> <td>✓</td> </tr> <tr> <td></td> <td></td> <td>✓</td> </tr> <tr> <td></td> <td></td> <td>✓</td> </tr> <tr> <td></td> <td></td> <td>✓</td> </tr> </table>		Yes	No	N/A			✓			✓			✓			✓
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)																
PIPE		150' LF																
"		155' LF																
"		155' LF																
"		155' LF																
"		155' LF																
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04508																
City, State Newark, N.J. 07105		Cubic Yards of Waste 3																
Name of Registered Landfill Grand Central Sanitary Landfill		City, State Pen Argyl, PA 08072																
Completed by R. McDonald		Title President																
Signature R. McDonald		Date 7/18/17																

07/19/2017 11:47 2012520321

AMAC

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

RECEIVED
 JUL 24 2017
 PAGE 03/03
 9530
 JUL 19 2017
 APPROVED
 TELEPHONE NUMBER

Date of Notification (1) 7/18/17		Name of Building Owner/Operator (2) SNM 101 LLC	
Agencies Notified	Type Notification	Street Address 34 GROVE ST.	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LITTLE FERRY, N.J.	
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact NICHOLAS LOUROS	
Name of Facility Where Abatement is Taking Place (3) RESIDENCE			
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) TEANECK		Square Feet 1750	# of Floors 2
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Bldg. Age +50	
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior to being demolished) RESIDENTIAL	
Street Address		Name of Abatement Contractor (9) A.MAC Contracting Inc.	
City, State, Zip Code		Street Address 185 Vreeland Ave	
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, NJ 07432	
Telephone No.		Telephone No. (201)282-5841	License No. 00158
Start Date (10) 7/18/17	Scheduled Completion Date (11) 7/20/17	Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2180 sf or 2180 lf		City, State, Zip Code Hackensack, NJ 07606	
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) BASEMENT	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) PIPE & FITTINGS INSULATION	Amount (Specify SF or LF) 30 LF
Name of Registered Waste Hauler Newark Carting Inc.		Cubic Yards of Waste 51	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Newark, NJ 07105		Disposal Date 7/17/17	City, State Pen Argyl, PA 08702
Completed by Joseph Vocaturo		Signature J. Vocaturo	
Title Vice President		Date 7/18/17	

A85-41 (R-00-08)

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

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

ck# 3240

Pg 1

Date of Notification (1) <u>7</u> / <u>5</u> / <u>17</u>		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 2px solid black; padding: 10px; font-size: 24px; font-weight: bold; letter-spacing: 5px;">R E C E I V E D</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">JUL 24 2017</div>								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1-7/19/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 773 Summit Ave						
		City, State, Zip Code Jersey City, NJ, 07037				Name of Contact Alex Baylor						
						Telephone Number _____						
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Verizon Journal Square Central Office				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 773 Summit Ave				Square Feet 82,029								
City (5) Jersey City				# of Floors 4								
				Bldg. Age +50								
County (6) Hudson		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Verizon Communications								
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc.		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.								
Street Address 8346 Enterprise Ave				Street Address 1123 BEAVER STREET								
City, State, Zip Code Philadelphia, PA 19153				City, State, Zip Code BRISTOL, PA 19007								
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810		Telephone No. 215-788-6040								
				License No. 00509								
Start Date (10) <u>7</u> / <u>21</u> / <u>17</u>		Scheduled Completion Date (11) <u>8</u> / <u>5</u> / <u>17</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/ 5:00PM-2:00AM				Street Address 1123 BEAVER STREET								
				City, State, Zip Code BRISTOL, PA 19007								
Scope of Work (Check all that apply)												
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
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
1 st Floor Janitor's Closet		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation		60 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Meter Room		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation		17 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Building Storage		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9" VAT/Mastic		440 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Bottom of Stairwell		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9" VAT/Mastic		315 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL						
City, State NEW CASTLE, DE				Disposal Date TBD		City, State WAYNESBURG, OH						
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dillan DeCaro / jle</i>				Date 7/19/17				

CL# 3240
Pg. 2

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

Date of Notification (1) <div style="text-align: center;">7 / 5 / 17</div>		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 2px solid black; padding: 5px; margin: 0 auto; width: 150px;"> RECEIVED JUL 24 2017 ASBESTOS CONTROL & 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 checked="" type="checkbox"/> Amended Amendment #1-7/19/171 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 773 Summit Ave			
		City, State, Zip Code Jersey City, NJ, 07037				Name of Contact Alex Baylor			
						Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Journal Square Central Office				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 773 Summit Ave									
City (5) Jersey City				Square Feet 82,029	# of Floors 4				
County (6) Hudson				Bldg. Age +50					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon Communications							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc.		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 8346 Enterprise Ave				Street Address 1123 BEAVER STREET					
City, State, Zip Code Philadelphia, PA 19153				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) <div style="text-align: center;">7 / 21 / 17</div>		Scheduled Completion Date (11) <div style="text-align: center;">8 / 5 / 17</div>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / 5:00PM-2:00AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input 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 Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9" VAT/Mastic	290 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Battery Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9" VAT/Mastic	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE		Disposal Date TBD		City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dillan DeCaro/jl</i>		Date 7/19/17			

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

Pg. 1

chk #3235

Date of Notification (1) <div style="text-align: center;">7 / 5 / 17</div>		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="margin-top: 10px; font-weight: bold;">JUL 24 2017</div> <div style="margin-top: 10px; font-weight: bold; font-size: 0.8em;">ASBESTOS CONTROL & REMEDIATION</div>
Agencies Notified <input checked="" type="checkbox"/> EPA 6558 <input checked="" type="checkbox"/> DOLWD 6695 <input checked="" type="checkbox"/> DOH 6565 <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 773 Summit Ave		
		City, State, Zip Code Jersey City, NJ, 07037		
		Name of Contact Alex Baylor		
		Telephone Number		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Journal Square Central Office		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 773 Summit Ave			
City (5) Jersey City	Square Feet 82,029	# of Floors 4	Bldg. Age +50
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communications	

Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 8346 Enterprise Ave		Street Address 1123 BEAVER STREET		
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509	

Start Date (10) <div style="text-align: center;">7 / 20 / 17</div>	Scheduled Completion Date (11) <div style="text-align: center;">8 / 4 / 17</div>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM 5:00 PM - 2:00 AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

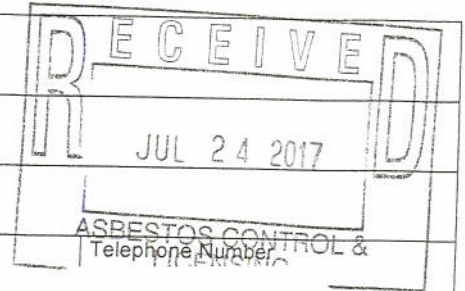
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> 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
1 st Floor Janitor's Closet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Meter Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	17 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Building Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9" VAT/Mastic	440 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Bottom of Stairwell	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9" VAT/Mastic	315 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE		Disposal Date TBD	City, State WAYNESBURG, OH		
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature <i>Dillan DeCaro / gk</i>		Date 7-5-17	

Pg. 2
CHK #3235

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



Date of Notification (1) <u>7</u> / <u>5</u> / <u>17</u>		Name of Building Owner/Operator (2) Verizon Communications							
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 773 Summit Ave City, State, Zip Code Jersey City, NJ, 07037 Name of Contact Alex Baylor							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Journal Square Central Office		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 773 Summit Ave		Square Feet 82,029							
City (5) Jersey City		# of Floors 4							
County (6) Hudson		Bldg. Age +50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon Communications							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc.		ASCM No.							
Street Address 8346 Enterprise Ave		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code Philadelphia, PA 19153		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Mark Jenkins		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 215-365-5810		Telephone No. 215-788-6040							
License No. 00509		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Start Date (10) <u>7</u> / <u>20</u> / <u>17</u>		Scheduled Completion Date (11) <u>8</u> / <u>4</u> / <u>17</u>							
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-2:00AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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 Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9" VAT/Mastic	290 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Battery Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9" VAT/Mastic	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE		Disposal Date TBD		City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dillan DeCaro/gk</i>		Date 7-5-17			

ASB-41
JAN 13 **DP17034**

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

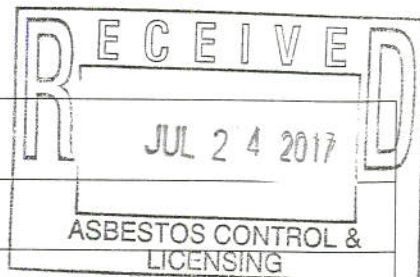
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CIL 4191

Date of Notification (1) 7/20/17		Name of Building Owner/Operator (2) MS MARIE GOMEZ						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	City, State, Zip Code JERSEY CITY . NJ . 07304					
		Name of Contact MS. GOMEZ	Telephone Number [REDACTED]					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MS MARIE GOMEZ		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 2800	# of Floors 2					
City (5) JERSEY CITY		Bldg. Age 1945						
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE						
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 South River Street						
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07601						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388					
Start Date (10) 8/1/17	Scheduled Completion Date (11) 8/3/17	Name of OSHA Monitor Omega Environmental						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM TO 5:00 PM		Street Address 280 Huyler Street						
		City, State, Zip Code South Hackensack, NJ 07606						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BASEMENT	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) VAT + MASTIC	Amount (Specify SF or LF) 700 SF	Abatement Type			
					Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler Best Removal Inc		NUEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2+2 CY	Name of Registered Landfill Minverva Enterprises, LLC				
City, State Hackensack, NJ 07601		Disposal Date 8/3/17	City, State Waynesburg, OH 44688					
Completed by J. Maiorano		Title Estimator	Signature <i>[Signature]</i>		Date 7/20/17			

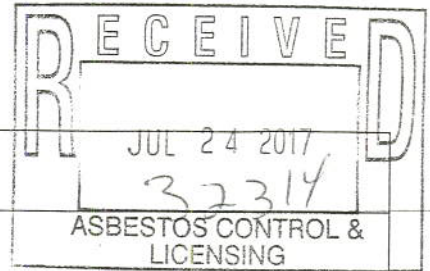
Ch32313

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



Date of Notification (1) 07 / 20 / 17		Name of Building Owner/Operator (2) Brian Hoffnagle							
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 <div style="background-color: black; width: 100px; height: 15px;"></div>							
		City, State, Zip Code Seaside Heights, NJ 08751							
		Name of Contact Brian Hoffnagle	Telephone Number 						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>									
City (5) Seaside Heights		Square Feet 1500	# of Floors 1						
		Bldg. Age 65							
County (6) Ocean		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 07 / 31 / 17	Scheduled Completion Date (11) 08 / 01 / 17	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1400 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 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 8/02/17		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 7/20/17			

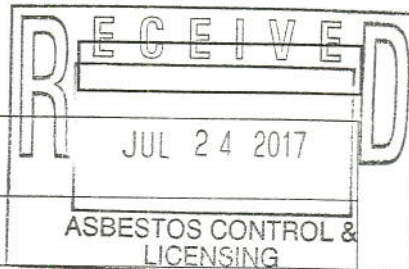
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 07 / 20 / 17		Name of Building Owner/Operator (2) Lertch Wrecking & Disposal							
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 P O Box 1362							
		City, State, Zip Code Wall, NJ 07719							
		Name of Contact Doug							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Freehold		Square Feet 5620	# of Floors 2						
		Bldg. Age 70							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 08 / 03 / 17	Scheduled Completion Date (11) 08 / 11 / 17	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos roof	5620 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 40	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 08/14/17		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 				Date 7/20/17			

Check#2833

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



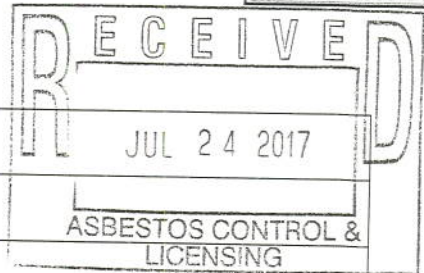
Date of Notification (1) 07 / 19 / 17		Name of Building Owner/Operator (2) Rafael Souza							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" 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 Elizabeth, NJ 07206							
		Name of Contact Rafael Souza	Telephone Number _____						
FACILITY INFORMATION									
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 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Elizabeth, NJ 07206		Square Feet	# of Floors						
County (6) Union		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
ASCN No.		Gr Tech LLC							
Street Address		Street Address							
		576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code							
		Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		973-638-1777	01127						
Start Date (10) 07 / 28 / 17	Scheduled Completion Date (11) 07 / 29 / 17	Name of OSHA Monitor							
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		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 checked="" 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"/> 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	50 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		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
Gr Tech LLC		0033785	TBD	T.R.R.F. Inc					
City, State			Disposal Date	City, State					
Wayne, NJ 07470			TBD	Tullytown, PA					
Completed By (Print or Type)		Title	Signature	Date					
N.Jevtic		Owner	<i>N.Jevtic</i>	07/19/17					

ASB-41

MAY 11

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

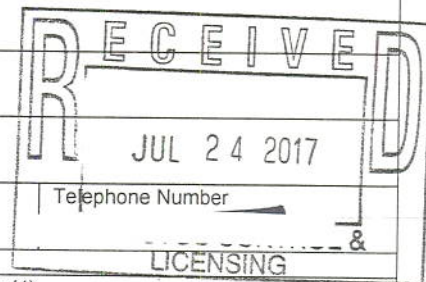
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 7/18/2017 Check #3042		Name of Building Owner/Operator (2) Sacred Heart School							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	620 Valley Brook Avenue							
		City, State, Zip Code Lyndhurst, NJ							
		Name of Contact Rae	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Sacred Heart School		Type of Facility (4)							
Street Address 620 Valley Brook Avenue		<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) Lyndhurst		Square Feet 15,000	# of Floors 2						
County (6) BERGEN		Bldg. Age 60+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		EA Services Corporation							
City, State, Zip Code		Street Address 426 69th Street							
Project Manager for Monitoring Firm		City, State, Zip Code Guttenberg, NJ 07093							
Telephone No.		Telephone No. 201-295-1700	License No. 01074						
Start Date (10) 7/29/17	Scheduled Completion Date (11) 7/31/2017	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 checked="" type="checkbox"/> Other - Describe: Starting at 8 AM		City, State, Zip Code							
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 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
1st Floor-Big Room		X		Ceiling Plaster	3 SF		X		
Name of Registered Waste Hauler Tri-State Transfer Assoc.		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprises					
City, State Bronx, NY		Disposal Date tbd		City, State Waynesburg, OH					
Completed by Gina Betances		Title Office Manager		Signature 			Date 7/17/17		

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

CR# 026707



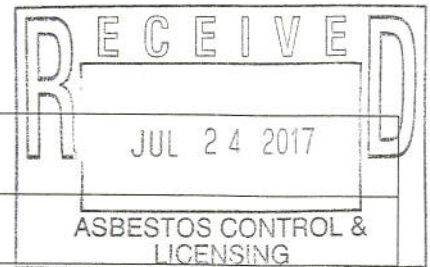
Date of Notification (1) 07/19/17		Name of Building Owner/Operator (2) Hasbrouck Heights Board of Education							
Agencies Notified	Type Notification	Street Address 379 Boulevard							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hasbrouck Heights, NJ 07604							
		Name of Contact Ms. Dina Messery							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hasbrouck Heights High School/Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 365 Boulevard		Square Feet 10,000 +	# of Floors 2						
City (5) Hasbrouck Heights		Bldg. Age 50 +							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental, Inc.		ASCM No. 00127	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address 307 North Walnut Street		Street Address 1141 Route 23							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm Mr. Philip Conteh		Telephone No. 610-431-7545	Telephone No. 973-628-9200						
License No. 00408									
Start Date (10) 07/21/17	Scheduled Completion Date (11) 07/24/17	Name of OSHA Monitor Enviro Vision Consultants, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		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 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
Hallway			X	Pipe Fittings	43 Each	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 10	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey		Disposal Date		City, State Penn Argyl, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager		Signature			Date 07/19/17		

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

Check # 9519

Date of Notification (1) 7/6/17		Name of Building Owner/Operator (2) CHRIS BLASSUCI	
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code MILFORD, N.J. 08848	
		Name of Contact CHRIS BLASSUCI	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1,600	
City (5) MILFORD		# of Floors 2	
County (6) HUNTERDON		Bldg. Age 24	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) A.MAC Contracting Inc.	
Street Address		Street Address 185 Vreeland Ave	
City, State, Zip Code		City, State, Zip Code Midland Park, NJ 07432	
Project Manager for Monitoring Firm		Telephone No. (201)262-5841	
Telephone No.		License No. 00156	
Start Date (10) 7/29/17		Scheduled Completion Date (11) 8/02/17	
Name of OSHA Monitor Omega Environmental Services 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 280 Huyler Street	
		City, State, Zip Code Hackensack, NJ 07606	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) or Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
BASEMENT			PIPE INSULATION
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 1
City, State Newark, NJ 07105		Name of Registered Landfill Grand Central Sanitary Landfill	
Disposal Date 7/29/17		City, State Pen Argyl, PA 188702	
Completed by Joseph Vocaturo		Title Vice President	Signature J. Vocaturo
		Date 7/6/17	

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



Date of Notification (1) <u>07</u> / <u>21</u> / <u>17</u>		Name of Building Owner/Operator (2) Bank of America	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 655 Third Avenue 12th Floor City, State, Zip Code New York, NY 10017	
		Name of Contact Dino Nappi	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 336 Park Avenue			
City (5) Scotch Plain	Square Feet 10,000	# of Floors 1	Bldg. Age 30
County (6) Union	County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) New York Environmetal		ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc	
Street Address 88 Harbor Road		Street Address 47 Foster Road		
City, State, Zip Code Port Washington, NY 11050		City, State, Zip Code Staten Island NY 10309		
Project Manager for Monitoring Firm Mike Baudo	Telephone No. 516-944-9500	Telephone No. 718-605-6256	License No. 00774	

Start Date (10) <u>07</u> / <u>30</u> / <u>17</u>	Scheduled Completion Date (11) <u>08</u> / <u>10</u> / <u>17</u>	Name of OSHA Monitor Testor Tech
--	---	--

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>Sunday AM-</u> <u>PM/8:00 am to 8:00PM-</u> <u>AM</u>	Street Address 10 59 Jackson Avenue City, State, Zip Code LIC, NY 11101
--	--

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"/> 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
1 st Floor Restroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Joint Compound	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 10	Name of Registered Landfill IESI	
City, State Newark, NJ		Disposal Date 08/10/17	City, State Bethlehem, PA		
Completed By (Print or Type) Ralph Barnhardt	Title Project Manager	Signature 	Date 07-21-2017		

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

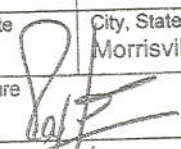
check # 11346

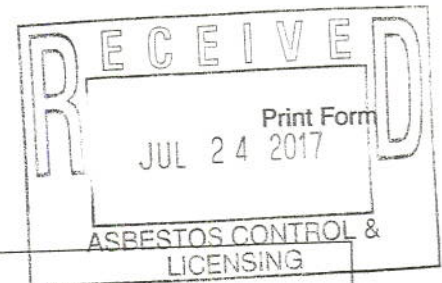
Date of Notification (1) 7 / 21 / 17		Name of Building Owner/Operator (2) City of Camden		<div style="border: 2px solid black; padding: 10px; font-size: 24px; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">JUL 24 2017</div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address PO Box 95120			
		City, State, Zip Code Camden, NJ 08101				Name of Contact James Rizzo			
						Telephone Number ASBESTOS CONTROL &			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 220 No 37th STREET STRUCTURE				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 220 No 37th STREET STRUCTURE									
City (5) Camden				Square Feet varies	# of Floors varies				
				Bldg. Age 50+					
County (6) CAMDEN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) HOUSING DEEMED UNSAFE					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 215 542 7000	License No. 00847					
Start Date (10) 7 / 24 / 17		Scheduled Completion Date (11) 8 / 31 / 17		Name of OSHA Monitor CES					
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: 7:00AM-5:00PM/ 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 type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached Notice of Hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Attached Notice of Hazard	200 YD per res	<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 Waste Management of NJ		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 200/residenc	Name of Registered Landfill GROWS				
City, State Fairless Hills, PA		Disposal Date 8/31/17		City, State Tullytown PA					
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>		Date 7/21/2017			

CKD13598

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

RECEIVED
JUL 24 2017
Print Form
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 07-19-17		Name of Building Owner/Operator (2) PSEG							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 4000 Hadley Road		City, State, Zip Code South Plainfield, NJ 07086							
Name of Contact Arthur Stengel Jr.		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG EAST RIVERTON SUBSTATION		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 545 NORTH READ AVENUE		Square Feet N/A	# of Floors N/A						
City (5) CINNAMINSON, NJ		Bldg. Age N/A							
County (6) BURLINGTON		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SWITCHING YARD						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services, Inc.						
Street Address N/A		Street Address 17 Old Dock Road							
City, State, Zip Code N/A		City, State, Zip Code Yaphank, NY 11980							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 631-924-8111						
Start Date (10) 07-24-17		Scheduled Completion Date (11) 12-20-17	License No. 01136						
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: Work performed during ongoing construction		Name of OSHA Monitor Same as above							
		Street Address Same as above							
		City, State, Zip Code Same as above							
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 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
26 KV Switching yard			x	Transite pipe (Encased conduit)	400 LF	x			
Name of Registered Waste Hauler Waste Management Services		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 100	Name of Registered Landfill GROWS Landfill North					
City, State Newark, NJ 07114		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by Raymond Tutiven		Title Project Manager		Signature 		Date 07-19-17			



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

Date of Notification (1) 07/20/2017		Name of Building Owner/Operator (2) ECLC of New Jersey						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 21 Lum Ave.		City, State, Zip Code Chatham, NJ 07928						
Name of Contact Joe Dimino		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) ECLC of New Jersey		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 21 Lum Avenue		Square Feet 35,000	# of Floors 2					
City (5) Chatham		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) RK Occupational & Environmental Analysis, Inc		ASCM No. 0090	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.					
Street Address 401 St. James Avenue		Street Address 265A Route 46 Suite 3D						
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa, NJ 07512						
Project Manager for Monitoring Firm Jon Gilbert		Telephone No. 908-454-6316	Telephone No. 973-256-7010					
Start Date (10) 08/04/2017		Scheduled Completion Date (11) 08/04/2017	License No. 0666					
Name of OSHA Monitor Bako Construction & Restoration, Inc.		Street Address 265A Route 46 Suite 3D						
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:		City, State, Zip Code Totowa, NJ 07512						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <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) 16LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Crawlspace		X	Pipe Insulation		X			
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Totowa, New Jersey		Disposal Date 08/07/2017		City, State Tullytown, PA				
Completed by Damir Valjevac		Title Project Manager		Signature 		Date 07/20/2017		

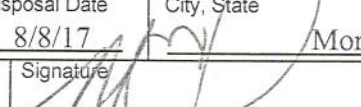
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

Check # 25548

Date of Notification (1) <u>7/21/17</u>		Name of Building Owner/Operator (2) <u>Feller</u>	
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 <u>Highland Park, NJ 08904</u>	
		Name of Contact <u>Art Feller</u>	Telephone Number <u>CENSING</u>

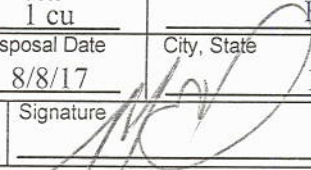
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) <u>Highland Park, NJ 08904</u>		Square Feet <u>2200</u>	# of Floors <u>2</u>
		Bldg. Age <u>70+/-</u>	
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>8/1/17</u>	Scheduled Completion Date (11) <u>8/7/17</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8 am to 4 pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input 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	

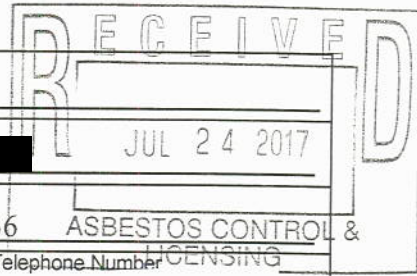
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>		<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>	<u>155 lf</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>		<input checked="" type="checkbox"/>		<u>VAT</u>	<u>575 sq.</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>3 cu</u>	Name of Registered Landfill <u>Fairless Landfill</u>	
City, State <u>Allentown, NJ</u>		Disposal Date <u>8/8/17</u>	City, State <u>Morrisville, PA</u>		
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>7/21/17</u>		

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

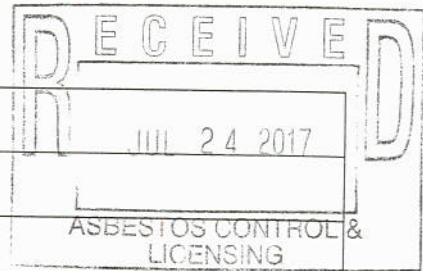
Check # 25547

Date of Notification (1) <u>7/21/17</u>		Name of Building Owner/Operator (2) <u>Wasko</u>	
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 <u>Linden, NJ 07036</u>	
		Name of Contact <u>Dennis Wasko</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) <u>Linden, NJ 07036</u>		Square Feet <u>1800</u>	# of Floors <u>2</u>
		Bldg. Age <u>70+/-</u>	
County (6) <u>Union</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>8/3/17</u>	Scheduled Completion Date (11) <u>8/7/17</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8 am to 4 pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
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)
	Yes	No	
<u>Basement</u>	<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 cu</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>8/8/17</u>	Name of Registered Landfill <u>Fairless Landfill</u>
		City, State <u>Morrisville, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>7/21/17</u>



Ch1010

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

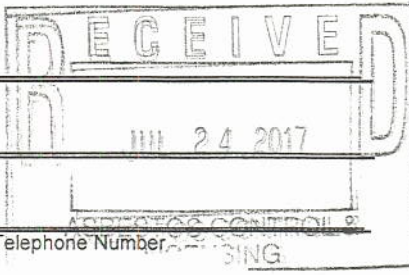


Date of Notification (1) 07/20/2017		Name of Building Owner/Operator (2) Jessica Llamas							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bloomfield NJ 07003							
		Name of Contact Jessica Llamas	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Bloomfield		Square Feet	# of Floors						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Removal Safety LLC						
Street Address		Street Address 8 Crosby Ave							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07502							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 08/02/2017		Scheduled Completion Date (11) 08/03/2017	Name of OSHA Monitor Removal Safety LLC						
Occupancy Status During Abatement (Check Only One)		Street Address 8 Crosby Ave							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00am-4:30pm		City, State, Zip Code Paterson, NJ 07502							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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	100 LF	x		x	
Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 2	Name of Registered Landfill GROWS North					
City, State Paterson, NJ			Disposal Date 08/04/2017	City, State Morrisville, PA					
Completed by Lasko Veskov		Title President	Signature <i>Lasko Veskov</i>	Date 07/20/2017					

B & G proj. #: 2017-94

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

Check # 8496

Date of Notification (1) <u>10/17/12</u> / <u>11/17/17</u>		Name of Building Owner/Operator (2) Bill Huebner		
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"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Glen Ridge, NJ 07028		
		Name of Contact Bill Huebner		
		Telephone Number		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Bill Huebner			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) Glen Ridge, NJ 07028	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]			Street Address 105 Ryerson Road		
City, State, Zip Code [REDACTED]			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 08/03/2017		Sched. Completion Date (11) 08/04/2017		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____				Street Address 105 Ryerson Road	
				City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

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

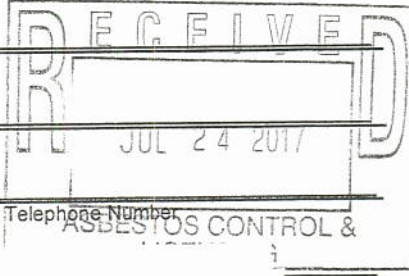
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
boiler room, storage room, & main room above drop ceiling			X	pipe insulation	111 lf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 3	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 08/04/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 07/21/2017

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

B & G proj. #: 2017-88

Check # 8495

Date of Notification (1) 01/17/2017		Name of Building Owner/Operator (2) Chaim Mandelbaum		
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"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Passaic, NJ 07055		
		Name of Contact Chaim Mendelbaum		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Chaim Mendelbaum			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) Passaic, NJ 07055	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address [REDACTED]			Street Address 105 Ryerson Road	
City, State, Zip Code [REDACTED]			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 08/02/2017		Sched. Completion Date (11) 08/03/2017		
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"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	pipe (wrap & cut)	130 lf	X			

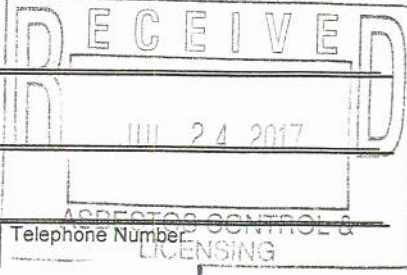
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2 1/2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 08/01/2017		City, State Tullytown, PA

Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 07/21/2017
--	------------------------------	----------------------------------	--------------------

B & G proj. #: 2017-89

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

Check # 8494

Date of Notification (1) 10/17/2017		Name of Building Owner/Operator (2) Richard Downes		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code Glen Rock, NJ 07452		
		Name of Contact Richard Downes		
		Telephone Number		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Rich Downes			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) Glen Rock, NJ 07452	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]			Street Address 105 Ryerson Road		
City, State, Zip Code [REDACTED]			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 07/31/2017		Sched. Completion Date (11) 08/01/2017			
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.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

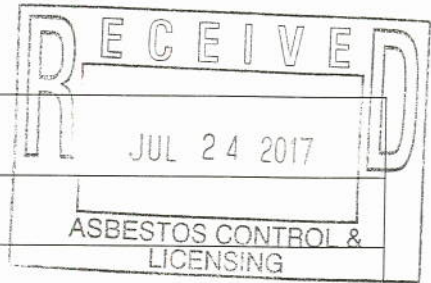
Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
2nd floor bedroom attic			X	pipe insulation	8 lf	X			
family room closet			X	pipe insulation	8 lf	X			

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 1/2	Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ		Disposal Date 08/01/2017		City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer	Signature <i>Gordana Luna</i>		Date 07/21/2017

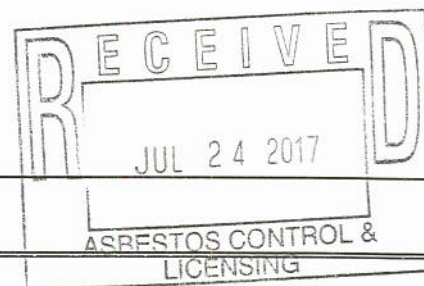
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <div style="text-align: center;">7 / 21 / 17</div>		Name of Building Owner/Operator (2) ExxonMobil							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1545 Route 33 East City, State, Zip Code Annandale, NJ 08801 Name of Contact Kyle Tucker Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ExxonMobil Clinton Research		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 1545 Route 22 East		Square Feet 850,000	# of Floors 3 Bldg. Age 30+						
City (5) Annandale, NJ 08801	County (6) Hunterdon	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Research						
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address 700 Turner Way		Street Address 550 East Union St.							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Don Heim		Telephone No. 610-558-8902	Telephone No. 610-701-9000 License No. 00508						
Start Date (10) <div style="text-align: center;">5 / 30 / 17</div>	Scheduled Completion Date (11) <div style="text-align: center;">8 / 25 / 17</div>	Name of OSHA Monitor Vertex							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM -AM		Street Address 700 Turner Way City, State, Zip Code Aston, PA 19014							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Labs LF-LH-1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	12,000 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 Veola		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 120	Name of Registered Landfill Western Berks Community Landfill					
City, State Flanders, NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed By (Print or Type) Mark Griffin		Title Estimator		Signature 			Date 7/21/17		

CK 7087
D&S Proj. #: 17-193

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



Date of Notification (1) 10/17/17		Name of Building Owner/Operator (2) CHRIS FREY	
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 #: _____	Street Address [REDACTED]	
	<input checked="" type="checkbox"/> Emergency (including justification)	City, State, Zip Code VERONA, NJ 07044	
	<input type="checkbox"/> Cancellation	Name of Contact CHRIS FREY	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) CHRIS FREY			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) VERONA	County (6) ESSEX	County Code (7) (State use only)	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			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) 07/19/17	Sched. Completion Date (11) 07/31/17		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) 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						
garage		<input checked="" type="checkbox"/>		ROOF (BURNT MATERIAL)	468 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

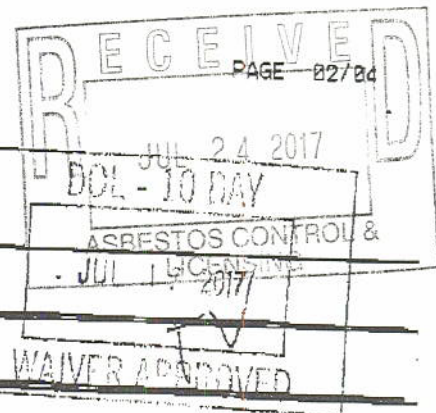
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 5 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 07/17/2017

87/17/2017 11:24AM 9733458868

D&S RESTORATIO

D&S Proj. #: 17-193

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



Date of Notification (1) 07/17/17		Name of Building Owner/Operator (2) CHRIS FREY	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code VERONA, NJ 07044	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact CHRIS FREY	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (Including Justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) CHRIS FREY			Type of Facility (4)		
Street Address [REDACTED]			<input type="checkbox"/> School (K-12)		
City (5) VERONA			<input type="checkbox"/> Subchapter S (Other than K-12)		
County (6) ESSEX			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
County Code (7) (State use only)			Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (Prior if being demolished)		
Street Address			Name of Abatement Contractor (9)		
City, State, Zip Code			D & S RESTORATION, INC.		
Project Manager for Monitoring Firm			Street Address		
Phone Number			20 California Ave.		
Start Date (10) 07/19/17			City, State, Zip Code Paterson, NJ 07503		
Sched. Completion Date (11) 07/31/17			Telephone Number 973-345-8020		
Occupancy Status During Abatement (Check only one)			License Number 01169		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement			Name of OSHA Monitor		
<input type="checkbox"/> Abatement performed outside of normal facility hours. Describe:			D & S Restoration, Inc.		
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address		
Scope of Work (check all that apply)			20 California Avenue		
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf			City, State, Zip Code Paterson, NJ 07503		
<input type="checkbox"/> Renovation			Full Containment w/negative pressure		
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf			<input type="checkbox"/> Mini-enclosure		
<input checked="" type="checkbox"/> Demolition			<input type="checkbox"/> Glovebag procedure		
Location of asbestos-containing material (acm) to be abated in facility (12)			Non-Exempted (*) and Non-friable procedure		

Location of asbestos-containing material (acm) to be abated in facility (12)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encap	Encl
	Yes	No	N/A						
garage		X		ROOF (BURNT MATERIAL)	468 SQ FT	X			

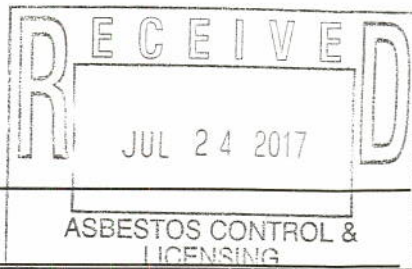
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 5 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 07/17/2017

A98-41

Do not use this form for asbestos licensure exempted activities.

D&S Proj. #: 17-196

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



Date of Notification (1) 10/17/17		Name of Building Owner/Operator (2) julius blum&co.inc.	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	p.o.box 816	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	carlstadt, nj 07072	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	jon russell	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) julius blum&co.inc.			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K - 12)		
50 Blum Boulevard			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5) carlstadt			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
County (6) BERGEN			Square Feet		
County Code (7) (State use only)			# of Floors		
			Bldg. Age		
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (Prior if being demolished)		
Street Address			Name of Abatement Contractor (9)		
City, State, Zip Code			D & S RESTORATION, INC.		
Project Manager for Monitoring Firm			Street Address		
Phone Number			20 California Ave.		
Start Date (10) 07/22/17			City, State, Zip Code		
Sched. Completion Date (11) 07/31/17			Paterson, NJ 07503		
Occupancy Status During Abatement (Check only one)			Telephone Number		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			973-345-8020		
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____			License Number		
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			01169		
Scope of Work (check all that apply)			Name of OSHA Monitor		
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf			D & S Restoration, Inc.		
<input checked="" type="checkbox"/> Renovation			Street Address		
<input type="checkbox"/> ≥160 sf or ≥260 lf			20 California Avenue		
<input type="checkbox"/> Demolition			City, State, Zip Code		
			Paterson, NJ 07503		

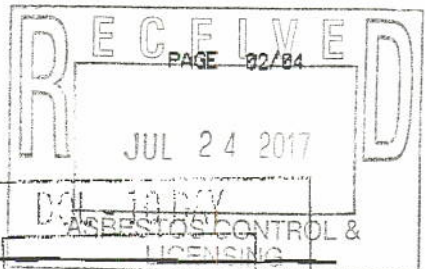
Location of asbestos-containing material (acm) to be abated in facility (13)			Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)			Amount (Specify SF or LF)			R e m o v e			R e p a i r			E n c a p			E n c l					
GROUND LEVEL bathroom			Yes			No			PIPE INSULATION			23 lf			<input checked="" type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
Registered Waste Hauler			NJDEP Hauler ID#			Cubic Yards of Waste			Name of Registered Landfill																	
D & S RESTORATION, INC.			13506			1 yd			TULLYTOWN, RESOURCE RECOVERY																	
City, State			Disposal Date			City, State																				
PATERSON, NJ 07503			07/23/17			TULLYTOWN, PA																				
Completed by (Print or Type)			Title			Signature			Date																	
BOGDAN JOLDZIC			PRESIDENT						07/17/2017																	

07/17/2017 02:57PM 9733459060

D&S RESTORATIO

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

D&S Proj. #: 17-196



Date of Notification (1) 07/17/17		Name of Building Owner/Operator (2) Julius blum & co. inc.	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	p.o. box 816	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment #:	carlstadt, nj 07072	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Jon russell	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Julius blum & co. inc.			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 50 Blum Boulevard			Square Feet # of Floors Bldg. Age		
City (5) carlstadt	County (6) BERGEN	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) 07/22/17	Sched. Completion Date (11) 07/31/17		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

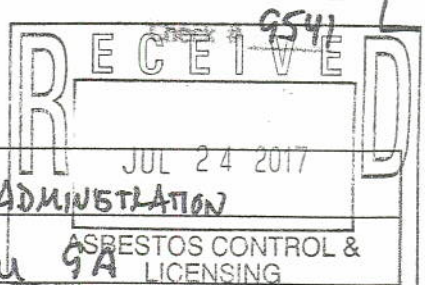
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> 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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	M o n i t o r
	Yes	No	N/A						
GROUND LEVEL bathroom		X		PIPE INSULATION	231 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 07/23/17		City, State TULLYTOWN, PA
Completed by (Print or Type) BOGDAN JODZIC	Title PRESIDENT	Signature	Date 07/17/2017

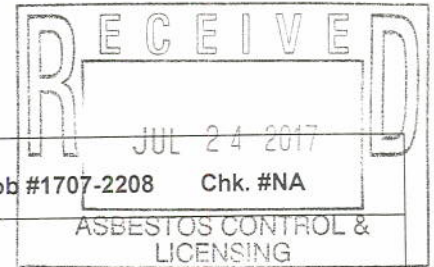
For use only by the State of New Jersey for asbestos abatement activities

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



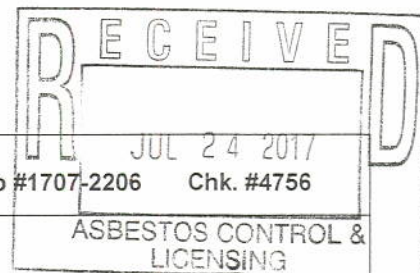
Date of Notification (1) 7/19/17		Name of Building Owner/Operator (2) FEDERAL AVIATION ADMINISTRATION							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1515 TRACON RM 9A						
	City, State, Zip Code WEST BURY, N.Y 11590		ASBESTOS CONTROL & LICENSING						
		Name of Contact PATRICK LEE	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Caldwell Airport		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 27 WRIGHT WAY.		Square Feet 50,000	# of Floors 2						
City (5) FAIRFIELD		Bldg. Age +50							
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) AIRPORT							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A.MAC Contracting Inc.						
Street Address		Street Address 185 Vreeland Ave							
City, State, Zip Code		City, State, Zip Code Midland Park, NJ 07432							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. (201)262-5841						
Start Date (10) 8/4/17		Scheduled Completion Date (11) 8/10/17	License No. 00156						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Omega Environmental Services Inc.							
		Street Address 280 Huyler Street							
		City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
STAIRWELL			<input checked="" type="checkbox"/>	FLOOR TILE	30SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ 07105		Disposal Date 8/4/17 On		City, State Pen Argyl, PA 08702					
Completed by Joseph Vocaturo		Title Vice President		Signature J. Vocaturo			Date 7/19/17		

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



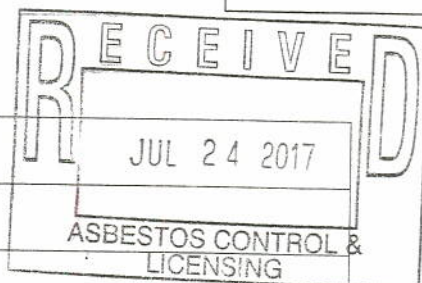
Date of Notification (1) 7 / 20 / 17		Name of Building Owner/Operator (2) USCG CEU Cleveland		/ Job #1707-2208 Chk. #NA					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1240 East 9th Street, Room 2179						
			City, State, Zip Code Cleveland, OH 44199						
			Name of Contact LT Ian Ashner						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) USCG Station Atlantic City				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 900 Beach Thorofare				Square Feet 360 SF	# of Floors 1				
City (5) Atlantic City				Bldg. Age 50					
County (6) Atlantic		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Vacant					
Name of Monitoring Firm Hired by Building Owner (8) Criterion Labs		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 400 Street Road		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Mike Panepresso		Telephone No. 215-244-1300		Telephone No. 609-702-0400	License No. 00862				
Start Date (10) 8 / 2 / 17		Scheduled Completion Date (11) 8 / 2 / 17		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM				Street Address 200 U.S. Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	480 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central				
City, State Lafayette, NJ		Disposal Date 8/3/17		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 			Date 7-20-17		

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



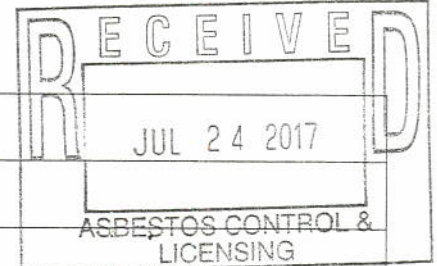
Date of Notification (1) 7 / 20 / 17		Name of Building Owner/Operator (2) Montgomery Township BOE / Job #1707-2206 Chk. #4756							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1014 Route 601 City, State, Zip Code Skillman, NJ 08558 Name of Contact Annette Wells Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Orchard Hill Elementary School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 244 Orchard Road		Square Feet 50000	# of Floors 1						
City (5) Skillman		Bldg. Age 1960s							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) PARS Environmental	ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address 500 Horizon Drive, Suite 540		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Robbinsville, NJ 08691		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Julian Fernandez	Telephone No. 609-890-7277	Telephone No. 609-702-0400	License No. 00862						
Start Date (10) 7 / 21 / 17	Scheduled Completion Date (11) 7 / 21 / 17	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
1 Lg. Bathroom & 3 Small Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	6 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management	NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central						
City, State Lafayette, NJ		Disposal Date 7/21/17	City, State Penn Argyle, PA						
Completed By (Print or Type) Kimberly A. Trumbetti	Title Office Coordinator	Signature 	Date 7-20-17						

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



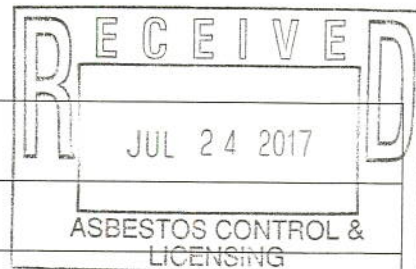
Date of Notification (1) 07/17/2017		Name of Building Owner/Operator (2) Middlesex County College							
Agencies Notified	Type Notification	Street Address 2600 Woodbridge Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Edison, NJ 08818							
		Name of Contact Donald R. Drost	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Main Hall Science Wing		Type of Facility (4)							
Street Address 2600 Woodbridge 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) Edison		Square Feet	# of Floors						
County (6) Middlesex		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) school							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc		ASCM No. 0030	Name of Abatement Contractor (9) VMC Company, Inc						
Street Address 120 N. Warren Street		Street Address 208 Piaget Avenue							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Clifton NJ 07011							
Project Manager for Monitoring Firm Roland C. Jones		Telephone No. 609-392-4200	Telephone No. 973-253-8828						
Start Date (10) 08/21/2017		Scheduled Completion Date (11) 08/26/2017	License No. 00704						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor VMC Company Inc							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: occupied		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 224		x		Soffit plaster	500 SF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date 08/28/17		City, State Pen Agryl, PA					
Completed by Voytek Roszkowski		Title President	Signature <i>Voytek Roszkowski</i>			Date 07/17/2017			

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



Date of Notification (1) 07/17/2017		Name of Building Owner/Operator (2) Middlesex County College							
Agencies Notified	Type Notification	Street Address 2600 Woodbridge Avenue							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Edison, NJ 08818							
		Name of Contact Donald R. Drost	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Main Hall Science Wing		Type of Facility (4)							
Street Address 2600 Woodbridge Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Edison		Square Feet	# of Floors						
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc		ASCM No. 0030	Name of Abatement Contractor (9) VMC Company Inc						
Street Address 120 N. Warren Street		Street Address 208 Piaget Avenue							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Clifton NJ 07011							
Project Manager for Monitoring Firm Roland C. Jones		Telephone No. 973-253-8828	License No. 00704						
Start Date (10) 08/30/2017	Scheduled Completion Date (11) 09/12/2017	Name of OSHA Monitor VMC Company Inc							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Science Wing		x		VAT/Mastic	13,000 SF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ			Disposal Date	City, State Pen Argyl, PA					
Completed by Voytek Roszkowski		Title President	Signature 	Date 07/17/2017					

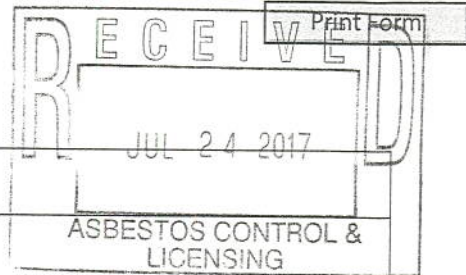
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 7 / 20 / 17		Name of Building Owner/Operator (2) CVS							
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 2400 Fair Lawn Ave.							
		City, State, Zip Code Fair Lawn, NJ 07410							
		Name of Contact Terry Bongard	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CVS		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 2400 Fair Lawn Ave.									
City (5) Fair Lawn, NJ 07410		Square Feet 13,730	# of Floors 1						
		Bldg. Age 45+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Retail							
Name of Monitoring Firm Hired by Building Owner (8) Vertex	ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems							
Street Address 700 Turner Way		Street Address 550 East Union St.							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Don Heim	Telephone No. 610-558-8902	Telephone No. 610-701-9000	License No. 00508						
Start Date (10) 8 / 7 / 17	Scheduled Completion Date (11) 9 / 29 / 17	Name of OSHA Monitor Vertex							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM-AM		Street Address 700 Turner Way							
		City, State, Zip Code Aston, PA 19014							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Store Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	2460 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glue Dots	2460 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacant Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	670 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 Richard Burns		NJDEP Waste Hauler ID No. 19955	Cubic Yards of Waste 30	Name of Registered Landfill Western Berks Community Landfill					
City, State Phila., PA		Disposal Date TBD		City, State Birdsboro, PA					
Completed By (Print or Type) Mark Griffin		Title Estimator		Signature 			Date 7/20/17		

no ch

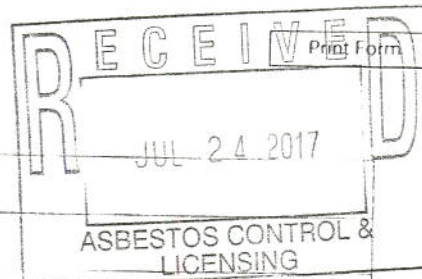
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 07-20-17		Name of Building Owner/Operator (2) PSE&G							
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	ON HOLD <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	4000 Hadley Road							
		City, State, Zip Code South Plainfield, NJ							
		Name of Contact Dawn Neville							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Hackensack Substation		Type of Facility (4)							
Street Address 202 South River Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hackensack, NJ		Square Feet N/A	# of Floors N/A						
		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Electrical Switching yard							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services, Inc.						
Street Address N/A		Street Address 17 Old Dock Rd							
City, State, Zip Code N/A		City, State, Zip Code Yaphank NY 11980							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 01136						
Start Date (10) 07-21-17 (ON HOLD)	Scheduled Completion Date (11) 10-21-17	Name of OSHA Monitor WRS Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 17 Old Dock Rd							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Work perform during ongoing construction</u>		City, State, Zip Code Yaphank, NY 11980							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <div style="float: right;"> <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 </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Control House			x	VAT	244 SF	x			
Control House			x	Stucco	1180 SF	x			
Control House			x	Cement Panel	200 SF	x			
Control House			x	Caulk	257 LF	x			
Name of Registered Waste Hauler Waste Management Services		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 20	Name of Registered Landfill Grows Landfill North					
City, State Newark NJ 07114			Disposal Date TBD	City, State Morrisville PA 19067					
Completed by Amanda Vallone		Title Admin Operations Manager	Signature 	Date 07-20-17					

no ch

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



Date of Notification (1) 7/21/17		Name of Building Owner/Operator (2) Jeryl Industrial Park							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation							
Street Address P.O. Box 485		City, State, Zip Code Kearny, NJ 07032							
Name of Contact Brian Maninno									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Alpha Metals - Building 24		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 590 Belleville Turnpike		Square Feet 10,000	# of Floors 1						
City (5) Kearny		Bldg Age 50+/-							
County (6) Hudson		Current Use (Prior if being demolished) Unoccupied / Electronics							
County Code (7) (STATE USE ONLY)									
Name of Monitoring Firm Hired by Building Owner (8) ACER Associates		ASCM No	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 1012 Industrial Drive		Street Address 303 B National Road							
City, State, Zip Code West Berlin, NJ		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Matt DePalma		Telephone No 856-809-1202	Telephone No 484-872-8884						
License No 01161									
Start Date (10) 7/17/17		Scheduled Completion Date (11) 8/31/17							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe		Name of OSHA Monitor EMSL							
Street Address 200 Route 130 North		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached									
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No	Cubic Yards of Waste 200+/-	Name of Registered Landfill GROWS Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager		Signature Jack Bally		Date 7/21/17			

ASB-41 (R-05-08)

Do not use this form for asbestos licensure exempted activities

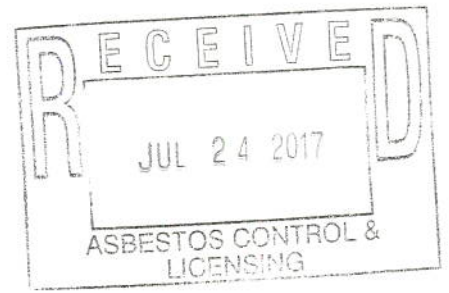
⊗ Work temporarily stopped. We will amend the notification prior to work resumption.

Location	Normally Used Solely by Custodial Staff		Description of Material	Amount	Removal	Repair	Encapsulate	Enclosure	Permit (Y/N)
Furnace Room			Floor tile / mastic	50 SF	x				N
Office / Restroom			Joint compound / drywall	0	x				N
Warehouse			ACPI / Fitting Insulation	62 LF	x				N
Exterior Walls			Window Glaze	850 SF	x				Y
South Wall, exterior			Textured Paint	4100 SF	x				Y
Roof			Roof and Flashing	14500 SF	x				Y
Lab Room			Transite in lab hood	25 SF	x				N
Loading Dock Roof			Transite roofing	1000 SF	x				Y
Boiler Room			Boiler	35 SF	x				N
Throughout			Fire doors	500 SF	x				N


Fee Summary:		
Exterior Work	Roof, Roof flashing, Windows, Paint	\$200.00
Interior Work	Joint Compound on Drywall	\$200.00
Change of Start date	from 7/5 to 7/10	\$200.00
TOTAL:		\$600.00
Previously paid		(\$400.00)
Total Due		\$200.00

Please contact Jack Bally, Project Manager with any questions regarding permit fee calculation and total amount.

Jack Bally - 610-755-7563



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

Date of Notification (1) 7 / 19 / 17		Name of Building Owner/Operator (2) General Growth Properties							
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 110 N. Whacker Drive							
		City, State, Zip Code Chicago, IL 60606							
		Name of Contact Kelly Webb	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Willowbrook Mall		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 1400 Willowbrook Mall									
City (5) Wayne	Square Feet 1,633,000	# of Floors 2	Bldg. Age 48						
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories, Inc.		Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 3370 Progress Drive, Suite J		Street Address 623 Cutler Avenue							
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Michael Panepresso	Telephone No. 215-244-1300	Telephone No. 856-755-0099	License No. 00842						
Start Date (10) 8 / 1 / 17	Scheduled Completion Date (11) 8 / 11 / 17	Name of OSHA Monitor Criterion Laboratories, Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/10:00PM-7:00AM		Street Address 3370 Progress Drive, Suite J							
		City, State, Zip Code Bensalem, PA 19020							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bloomington Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cement Board	1,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40	Name of Registered Landfill GROWS North Landfill					
City, State Freehold, NJ		Disposal Date 8/11/2017		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations			Signature 			Date 7/19/17		

Jul 19 2017 02:40pm

P001/001

New Jersey Department of Health
Consumer, Environmental and Occupational Health Service
PO Box 369
Trenton, NJ 08625-0369
Telephone: 609-826-4950 Fax: 609-826-4975

APPROVED	
NJ Dept. of Health & Senior Services	
<i>Paul C. Horner</i> (signature)	
Date: 7/19/17	Time: 2:34 PM

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

I. NOTIFICATION INFORMATION	
Date of Notification:	7 / 19 / 2017
<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amended
<input type="checkbox"/> Cancellation	<input checked="" type="checkbox"/> Emergency (must include justification)
Type of Work:	<input type="checkbox"/> Demolition
	<input checked="" type="checkbox"/> Renovation

II. BUILDING INFORMATION	
Name of Building Owner/Operator:	Rancocas Valley Regional High School District
Street Address:	520 Jacksonville Road
City:	Mount Holly
State:	NJ
Zip:	08060
Name of Contact:	John Gaunt
Telephone No.:	609-864-0835

III. FACILITY INFORMATION		
Name of Facility Where Work Activity is to Take Place:	Rancocas Valley Regional High School	
Describe Facility Use:	School	
Street Address:	520 Jacksonville Road	
City:	Mount Holly	
State:	NJ	
Zip:	08060	
County Name:	Burlington	
County Code (State Use Only):		
Scheduled Start Date:	07 / 24 / 2017	
Scheduled Completion Date:	07 / 25 / 2017	
Occupancy Status During Activity (check only one):		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Activity		
<input type="checkbox"/> Activity Performed Outside Normal Facility Hours—Describe: _____		
<input type="checkbox"/> Other—Describe: _____		
Scope of Work (check all that apply):		
<input checked="" type="checkbox"/> Floor Tile	Square Footage: 465 SF	Percentage Asbestos: %
<input checked="" type="checkbox"/> Mastic	Square Footage: 465 SF	Percentage Asbestos: %

IV. CONTRACTOR INFORMATION	
Company Name:	Shade Environmental, LLC
Telephone No.:	856-755-0099
Street Address:	623 Cutler Avenue
City:	Maple Shade
State:	NJ
Zip:	08052
New Jersey Asbestos License Number (if applicable):	00842
Monitoring Firm (if applicable):	Coastal Environmental Compliance
Telephone No.:	609-820-9312

V. SIGNATURE	
Completed By (type or print legibly):	Christina Lynch
Title:	Vice President of Operations
Signature:	<i>Christina Lynch</i>
Date:	July 19, 2017

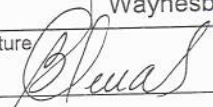
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

OK # 3038

Date of Notification (1) 7/13/2017 Check # 3038		Name of Building Owner/Operator (2) Golden Door Charter School							
Agencies Notified	Type Notification	Street Address 3044 Kennedy Blvd							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07306							
		Name of Contact Mr Pooran							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Golde Door Charter School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 3044 Kennedy Blvd		Square Feet	# of Floors 2						
City (5) Jersey City, NJ		Bldg. Age 60+							
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EA Services Corporation						
Street Address		Street Address 426 69th Street							
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093							
Project Manager for Monitoring Firm		Telephone No. 201-295-1700	License No. 01074						
Start Date (10) 07/24/2017	Scheduled Completion Date (11) 07/25/2017	Name of OSHA Monitor Same as above							
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: Starting 1:00 PM		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥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
Basement Boiler Room		X		Pipe insulation debris	10 SF	X			
Name of Registered Waste Hauler Tri-State Transfer Assoc		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises Inc					
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Gina Betances		Title Office Manager	Signature <i>Gina Betances</i>	Date 07/13/2017					

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

01C# 3041

Date of Notification (1) 7/17/2017 Check #3041		Name of Building Owner/Operator (2) Church of Little Flower							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 110 Roosevelt Avenue							
		City, State, Zip Code Berkeley Heights, NJ							
		Name of Contact Nick Sblendorio	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Church of Little Flower		Type of Facility (4) <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.)							
Street Address 110 Roosevelt Avenue		Square Feet 20,000	# of Floors 1						
City (5) Berkely Heights		Bldg. Age 60+							
County (6) <u>UNION</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) EA Services Corporation						
Street Address		Street Address 426 69th Street							
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093							
Project Manager for Monitoring Firm		Telephone No. 201-295-1700	License No. 01074						
Start Date (10) 7/28/17	Scheduled Completion Date (11) 7/29/2017	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Starting at 3 PM</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Chapel Area		x		Ceiling Plaster	12 SF	x			
Name of Registered Waste Hauler Tri-State Transfer Assoc.		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprises					
City, State Bronx, NY		Disposal Date tbd		City, State Waynesburg, OH					
Completed by Gina Betances		Title Office Manager		Signature 			Date 7/17/17		

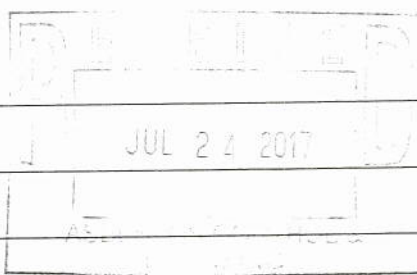
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 7/11/17		Name of Building Owner/Operator (2) Bergen County Technical School							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	327 East Ridgewood Ave Caranvus, NJ 07652							
		City, State, Zip Code Caranvus, NJ 07652							
		Name of Contact Thomas Jodice							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Teterboro Greenhouse		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 504 US highway 46		Square Feet 1500							
City (5) Teterboro, NJ 07608		# of Floors 1							
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Greenhouse							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		Name of Abatement Contractor (9) DYU Enterprises LLC							
Street Address 1253 North Church Street		Street Address 254 Cumberland Ave							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Paterson, NJ 07502							
Project Manager for Monitoring Firm Mike Stocko		Telephone No. 856-840-8800							
Start Date (10) 8/2/17		License No. 01129							
Scheduled Completion Date (11) 8/18/17		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Greenhouse				Transite panel	10 sq.f	<input checked="" type="checkbox"/>			
Greenhouse				int. window caulk	1,000 LF	<input checked="" type="checkbox"/>			
Greenhouse				ext. window caulk	1,000 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler DYU Enterprises LLC		NJDEP Waste Hauler ID No. 0034140		Cubic Yards of Waste 2004	Name of Registered Landfill TRRF Waist Management				
City, State Paterson, NJ 07502		Disposal Date		City, State					
Completed by Donan Dargaw		Title Project Manager		Signature Donan		Date 7/11/17			

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

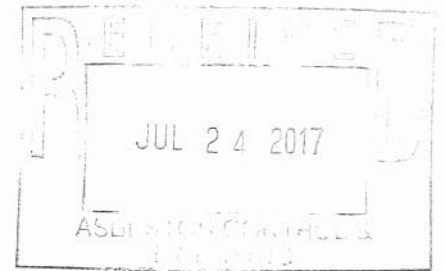
Date of Notification (1) 07 / 18 / 17		Name of Building Owner/Operator (2) MBR Wrecking & Construction, Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3774 West Devon Avenue							
		City, State, Zip Code Lincolnwood, IL 60712							
				Name of Contact Joel		Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) Brick				Square Feet 1200 sf	# of Floors 1				
				Bldg. Age 65					
County (6) Ocean		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-349-9932		License No. 00624				
Start Date (10) 07 / 28 / 17		Scheduled Completion Date (11) 07 / 31 / 17		Name of OSHA Monitor E.M.S.L. Analytical					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 1056 Stelton						
			City, State, Zip Code Piscataway, New Jersey 08854						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 1200	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 8/1/17		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 7/18/17		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)
PAL JOB#16-1089 Add Material



Date of Notification (1) 07/18/2017		Name of Building Owner/Operator (2) William Patterson							
Agencies Notified	Type Notification	Street Address 300 Pompton Road							
<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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne, NJ 07470							
		Name of Contact Karl Pettit							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) William Patterson University		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 Pompton Road - Hunziker (Hall)		Square Feet 91,500	# of Floors 3						
City (5) Wayne, NJ 07470		Bldg. Age 56							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No. N/A	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 1253 N Church Street		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Jeff Seaman		Telephone No. 856-889-5182	Telephone No. 718-349-0900						
License No. 00853									
Start Date (10) 06/19/2017	Scheduled Completion Date (11) 11/19/2017	Name of OSHA Monitor Wojciech Kowalaczyk							
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: Normal Hours 7:00am-3:30pm		Street Address 133 Beach 98th Street							
		City, State, Zip Code Rockaway Park, NY 11694							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
1st Floor	<input checked="" type="checkbox"/>	X		VAT & Mastic	1,300 SF	X			
2nd Floor		X		VAT & Mastic	2,000 SF	X			
Please see attached quantity sheet									
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 30 Yards	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967		Disposal Date 07/24/2017		City, State Waynesburg, OH 44688					
Completed by Ann A. Ali		Title Compliance Admin		Signature		Date 07/18/2017			

LOCATION	TYPE OF MATERIAL	QUANTITY
3RD FLOOR	VAT & MASTIC	250 SF
1ST - 3RD FLOOR	FIRE DOORS	210 SF
1ST FLOOR	PIPE INSULATION	60 LF
2ND FLOOR	PIPE INSULATION	60 LF
EXTERIOR	TAR PAPER	110 SF



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

Date of Notification (1)

7/19/2017

Name of Building Owner/Operator (2)

Rose Henderson

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial Notification☐ Amended Notification☐ EMERGENCY☐ Cancellation

Street Address

City, State, Zip Code

North Bergen, NJ, 07047

Name of Contact

Rose Henderson

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Rose Henderson

Street Address

Type of Facility (4)

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

Square Feet

2277

of Floors

2

Bldg. Age

106

Current Use (Prior if being demolished)

City (5)

North Bergen

County (6)

Hudson

County Code (7)

(STATE USE ONLY)

Name of Monitoring Firm hired by Building Owner (8)

N/A

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

Street Address

86 Christopher St.

City, State, Zip Code

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

08 01 2017

Month Day Year

Sched. Completion Date (11)

08 02 2017

Month Day Year

Name of OSHA Monitor

N/A

Occupancy Status During Abatement (Check only one)

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

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) 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 E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	150 LF	X			

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No. 17040

Cubic Yards of Waste 1.0

Name of Registered Landfill

Minerva Enterprise INC

City, State

Montclair, NJ 07042

Disposal Date

08/02/2017

City, State

Waynesburg, Ohio 44688

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Date

7/19/2017

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

Date of Notification (1)
7/19/2017

Name of Building Owner/Operator (2)
Isaac Miller

Street Address
 [REDACTED]

City, State, Zip Code
Montclair, NJ, 07043

Name of Contact
Isaac Miller

Telephone Number
 [REDACTED]

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

Type Notification
☒ Initial Notification
☐ Amended Notification
☐ EMERGENCY
☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Isaac Miller

Street Address
 [REDACTED]

City (5)
Montclair

County (6)
Essex

County Code (7)
 (STATE USE ONLY)

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

Square Feet
1500

of Floors
2

Bldg. Age
86

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)
N/A

Street Address
 [REDACTED]

City, State, Zip Code
 [REDACTED]

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, Inc.

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Project Manager for Monitoring Firm
N/A

Telephone Number
N/A

Telephone Number
(973) 744-8800

License Number
00371

Scheduled Start Date (10)
08 03 2017

Sched. Completion Date (11)
08 04 2017

Name of OSHA Monitor
N/A

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

Street Address
 [REDACTED]

City, State, Zip Code
 [REDACTED]

Scope of Work (Check all that apply)

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

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glove-bag Procedure
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) 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 L O S U R E
Basement			X	Boiler Insulation	45 SF	X			

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.
17040

Cubic Yards of Waste
1.5

Name of Registered Landfill
Minerva Enterprise INC

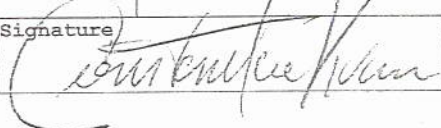
City, State
Montclair, NJ 07042

Disposal Date
08/04/2017

City, State
Waynesburg, Ohio 44688

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature


Date
7/19/2017

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

OK # 16021

Date of Notification (1) 7/19/2017		Name of Building Owner/Operator (2) Kellie D'Andrea	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Belleville, NJ, 07109	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Kellie D'Andrea	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kellie D'Andrea			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 2272		
City (5) Belleville			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors 2
			Bldg. Age 120		
			Current Use (Prior if being demolished) Residence		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address				Street Address 86 Christopher St.	
City, State, Zip Code				City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371

Scheduled Start Date (10) 07 28 2017		Sched. Completion Date (11) 07 29 2017		Name of OSHA Monitor N/A	
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					

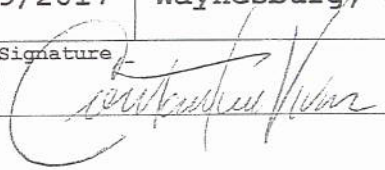
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition


☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glove-bag 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 E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	140 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.0	Name of Registered Landfill Minerva Enterprise INC	
City, State Montclair, NJ 07042		Disposal Date 07/29/2017		City, State Waynesburg, Ohio 44688	
Completed By (Print or Type) Constantine Vivian		Title President	Signature 		Date 7/19/2017

OK# 4428

1353-NJ-17A
24 2017

TBD	Melville, N
Signature	

JOB OFF HOLD ORIGINAL START DATE REMAIN THE SAME

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

RECEIVED
JUL 24 2017

Date of Notification (1) 7/19/17		Name of Building Owner/Operator (2) ARCHDIOCESE OF NEWARK / SAINT ELIZABETH							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 700 WYCKOFF AVE City, State, Zip Code WYCKOFF, NJ. 07481 Name of Contact FRED GIANNETTO							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ST ELIZABETH 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 700 WYCKOFF AVE		Square Feet 28,400	# of Floors 2						
City (5) WYCKOFF		Bldg. Age 1955							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES		ASCM No. 00012	Name of Abatement Contractor (9) Best Removal Inc						
Street Address 300 GRAND AVE		Street Address 450 South River Street							
City, State, Zip Code ENGLEWOOD, NJ 07631		City, State, Zip Code Hackensack, NJ 07601							
Project Manager for Monitoring Firm ANTHONY VALENTINE		Telephone No. 201-569-6708	Telephone No. 201-329-7444						
Start Date (10) 7/19/17		License No. 00388							
Scheduled Completion Date (11) 8/4/17		Name of OSHA Monitor Omega Environmental							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5:00 PM / OCCUPIED		Street Address 280 Huyler Street							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code South Hackensack, NJ 07606							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
BOILER ROOM			Y	THERMAL SYSTEMS INSULATION	325 LF	Y			
BOILER ROOM			Y	THERMAL SURFACING INSULATION	600 SF	Y			
Name of Registered Waste Hauler NEWARK CARTING		NIDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 30 CYs	Name of Registered Landfill Minerva Enterprises, LLC					
City, State NEWARK, NJ		Disposal Date 8/4/17	City, State Waynesburg, OH 44688						
Completed by J. Maiorano		Title Estimator	Signature <i>[Signature]</i>		Date 7/19/17				

AMENDED #2

NO CC

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:128)

Date of Notification (1) 7/18/17		Name of Building Owner/Operator (2) ARCHDIOCESE OF NEWARK / SAINT ELIZABETH	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification JOB ON HOLD <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 700 WYCKOFF AVE		City, State, Zip Code WYCKOFF, NJ. 07481	
Name of Contact FRED GIANNETTO		FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3) ST ELIZABETH 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 700 WYCKOFF AVE		Square Feet 28400	
City (5) WYCKOFF		# of Floors 2	
County (6) BERGEN		Bldg. Age 1955	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) SCHOOL	
Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES		ASCM No. 00012	
Street Address 300 GRAND AVE		Name of Abatement Contractor (9) Best Removal Inc	
City, State, Zip Code WYCKOFF		Street Address 450 South River Street	
Project Manager for Monitoring Firm ANTHONY VALENTINE		City, State, Zip Code Hackensack, NJ 07601	
Telephone No. 201-569-6708		Telephone No. 201-329-7444	
Start Date (10) 7/19/17		License No. 00388	
Scheduled Completion Date (11) 8/4/17		Name of OSHA Monitor Omega Environmental	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: TAIL TO SKY / OCCUPIED		Street Address 280 Huyler Street	
Scope of Work (Check All That Apply) <input type="checkbox"/> < 35 sf or < 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code South Hackensack, NJ 07606	
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Boiler Room		325 LF	
Boiler Room		600 SF	
Name of Registered Waste Hauler NEWARK CARTING		NUDEP Waste Hauler ID No. 04509	
City, State NEWARK, NJ		Cubic Yards of Waste 30 CY	
Disposal Date 8/4/17		Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
City, State PEN ARGYL, PA 18072		Signature J. Maiorano	
Completed by J. Maiorano		Date 7/18/17	

AMENDED # 2

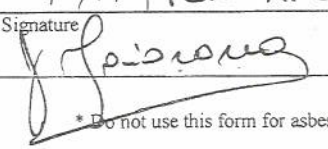
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

NO 010

Date of Notification (1) 7/18/17		Name of Building Owner/Operator (2) ARCHDIOCESE OF NEWARK / SAINT ELIZABETH							
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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	700 WYCKOFF AVE							
		City, State, Zip Code WYCKOFF, NJ. 07481							
		Name of Contact FRED GIANNETTO							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ST ELIZABETH SCHOOL		Type of Facility (4)							
Street Address 700 WYCKOFF 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) WYCKOFF	Square Feet 28400	# of Floors 2	Bldg. Age 1955						
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES		ASCM No. 00012	Name of Abatement Contractor (9) Best Removal Inc						
Street Address 300 GRAND AVE		Street Address 450 South River Street							
City, State, Zip Code WYCKOFF		City, State, Zip Code Hackensack, NJ 07601							
Project Manager for Monitoring Firm ANTHONY VALENTINE		Telephone No. 201-569-6708	Telephone No. 201-329-7444						
Start Date (10) 7/19/17		Scheduled Completion Date (11) 8/4/17	License No. 00388						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Omega Environmental							
<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: TAM TO SPK / OCCUPIED		Street Address 280 Huyler Street							
		City, State, Zip Code South Hackensack, NJ 07606							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BOILER ROOM			X	THERMAL SYSTEMS INSULATION	325 LF	X			
BOILER ROOM			X	THERMAL SURFACING INSULATION	600 SF	X			
Name of Registered Waste Hauler NEWARK CARTING									
NIDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 30 CY		Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL					
City, State NEWARK, NJ		Disposal Date 8/4/17		City, State PEN. ARGYL, PA 18072					
Completed by J. Maiorano		Title Estimator		Signature [Signature]		Date 7/18/17			


ORIGINAL

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

Date of Notification (1) 7/6/17		Name of Building Owner/Operator (2) ARCHDIOCESE OF NEWARK / SAINT ELIZABETH							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	700 WYCKOFF AVE City, State, Zip Code WYCKOFF, NJ. 07481							
		Name of Contact FRED GIANDETTO							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) SAINT ELIZABETH 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 700 WYCKOFF AVE		Square Feet 28400	# of Floors 2						
City (5) WYCKOFF		Bldg. Age 1955							
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES		ASCM No. 00012	Name of Abatement Contractor (9) BEST REMOVAL INC						
Street Address 300 GRAND AVE		Street Address 450 SOUTH RIDER ST							
City, State, Zip Code ENGLEWOOD, NJ. 07631		City, State, Zip Code HACKENSACK, NJ. 07601							
Project Manager for Monitoring Firm ANTHONY VALENTINE		Telephone No. 201-569-6708	License No. 00388						
Start Date (10) 7/19/17	Scheduled Completion Date (11) 8/1/17		Name of OSHA Monitor OMEGA ENVIRONMENTAL						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 280 HUYLER ST							
		City, State, Zip Code SOUTH HACKENSACK, NJ. 07606							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BOILER ROOM			X	THERMAL SYSTEMS INSULATION	3254 SF				
BOILER ROOM			X	THERMAL SURFACING INSULATION	600 SF				
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 0A509	Cubic Yards of Waste 30CY	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL					
City, State NEWARK, NJ		Disposal Date 8/1/17		City, State PEN ARGYL, PA 18072					
Completed by J. MAIORANO		Title ESTIMATOR		Signature 		Date 7/6/17			

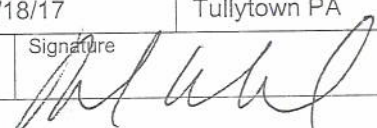
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

OK # 9810122464

Date of Notification (1) 07/17/2017		Name of Building Owner/Operator (2) David Allen							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="background-color: black; width: 150px; height: 20px;"></div> City, State, Zip Code West Orange, NJ 07052 Name of Contact David Allen							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		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) West Orange		Square Feet N/A	# of Floors N/A						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 07/27/2017		Scheduled Completion Date (11) 07/28/2017							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor D&S Abatement, Inc.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
Basement		X		pipe & fitting insulation	20 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 			Date 07/17/2017		

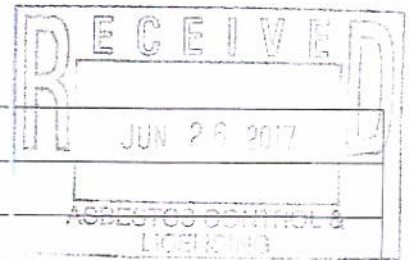
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # B1095

Date of Notification (1) 7-19-17		Name of Building Owner/Operator (2) The Port Authority of NY & NJ							
Agencies Notified	Type Notification	Street Address 1160 Mclester St Expressport Plaza Suite 7							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth NJ 07201							
		Name of Contact Uday Mehta							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Port Authority Marine Terminal Bldg 173		Type of Facility (4) <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.)							
Street Address Marsh & Export St		Square Feet 7500	# of Floors 2						
City (5) Newark		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) The Port Authority NY & NJ		ASCM No.	Name of Abatement Contractor (9) SCE Environmental Group						
Street Address 241 Erie St		Street Address 1380 Mt Cobb Rd							
City, State, Zip Code Jersey City NJ 07310		City, State, Zip Code Lake Ariel PA 18436							
Project Manager for Monitoring Firm Uday Mehta		Telephone No. 201-595-4881	Telephone No. 5703834151						
License No. 01216		Name of OSHA Monitor SCE Environmental Group Inc							
Start Date (10) 07/31/17	Scheduled Completion Date (11) 8/31/17								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1380 Mt Cobb Rd							
		City, State, Zip Code Lake Ariel PA 18436							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Second Floor Annex		X		Floor Tile	7000SF	X			
Second Floor Annex		X		Pipe Insulation	10LF	X			
Second Floor Annex		X		Cove Molding	480LF	X			
Second Floor Annex		X		Joint Compund	60LF	X			
Name of Registered Waste Hauler Cardella Waste		NJDEP Waste Hauler ID No. NJ-861		Cubic Yards of Waste 30	Name of Registered Landfill Fairless Hill/Grows Landfill				
City, State North Bergen NJ				Disposal Date 8/18/17	City, State Tullytown PA				
Completed by Mariah Wheeler		Title PMA		Signature 	Date 7/19/17				

CK 0530
CK 1158

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



Date of Notification (1): 06/19/2017		Name of Building Owner/Operator (2) South Orange/ Maplewood School District						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 525 Academy Street City, State, Zip Code: Maplewood, NJ 07040 Name of Contact: Andrea Del Guercio						
FACILITY INFORMATION								
Name of Facility: Tuscan Elementary School		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.)						
25 Harvard Avenue		Square Feet: _____ # of Floors: _____						
City/ (5) Maplewood	County (6): Essex	County Code (7): 07040	Bldg. Age Current Use : School					
Name of Monitoring Firm Hired by Building Owner: AHERA CONSULTANTS, INC.		ASCM No.: 0057	Name of Abatement Contractor (9): Apex Development, Inc.					
Street Address: PO Box 385		Street Address: 658 Rutgers Place						
City, State, Zip Code: Oceanville, NJ 08231		City, State, Zip Code: Paramus, NJ 07652						
Project Manager for Monitoring Firm: Eric Clarkson		Telephone No.: 609-947-8015	Telephone No.: (973) 350-0101 License No.: 01215					
Start Date (10): 7/17/17	Scheduled Completion Date (11): 09/26/17		Name of OSHA Monitor: Metro Analytical Laboratories					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: <input type="checkbox"/> Other Describe:		Street Address: 255 West 36th Street, Suite 203 City, State, Zip Code: New York, New York, 10018						
Scope of Work (Check all that apply): <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulat
EXTERIOR OF BUILDING ON PARKING LOT, FRONT AND PLAYGROUND SIDES OF THE FACILITY		X	GRAY WINDOW CAULKING	5,580 LF	*			*
Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING		NJDEP Waste Hauler ID No.: 19551	Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC. INC.				
City, State: Bronx, NY 10474		Disposal Date:		City, State: Waynesburg, OH 44688				
Completed By: Chinyelu Oraegbunam		Title: V. President	Signature: 	Date: 06/19/2017				

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



Date of Notification (1): 06/19/2017		Name of Building Owner/Operator (2) South Orange/ Maplewood School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 525 Academy Street City, State, Zip Code: Maplewood, NJ 07040 Name of Contact: Andrea Del Guercio	

JUL 24 2017

FACILITY INFORMATION			
Name of Facility: Tuscan Elementary School		Type of Facility (4): <input 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.)	
25 Harvard Avenue		Square Feet: Bldg. Age Current Use : School	
City/ (5) Maplewood	County (6): Essex	County Code (7): 07040	
Name of Monitoring Firm Hired by Building Owner: AHERA CONSULTANTS, INC.		ASCM No.: 0057	Name of Abatement Contractor (9): Apex Development, Inc.
Street Address: PO Box 385		Street Address: 658 Rutgers Place	
City, State, Zip Code: Oceanville, NJ 08231		City, State, Zip Code: Paramus, NJ 07652	
Project Manager for Monitoring Firm: Eric Clarkson		Telephone No.: 609-947-8015	Telephone No.: (973) 350-0101
Start Date (10): 7/17/17		Scheduled Completion Date (11): 09/26/17	License No.: 01215
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: _____ <input type="checkbox"/> Other Describe: _____		Name of OSHA Monitor: Metro Analytical Laboratories	
		Street Address: 255 West 36 th Street, Suite 203	
		City, State, Zip Code: New York, New York, 10018	
Scope of Work (Check all that apply):			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
EXTERIOR OF BUILDING ON PARKING LOT, FRONT AND PLAYGROUND SIDES OF THE FACILITY		X		GRAY WINDOW CAULKING	5,580 LF	*			*

Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING		NJDEP Waste Hauler ID No.: 19551	Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC. INC.
City, State: Bronx, NY 10474		Disposal Date:		City, State: Waynesburg, OH 44688
Completed By: Chinyelu Oraegbunam		Title: V. President	Signature: 	Date: 06/19/2017