

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



D&S Proj. #: 18-147

Ch 1323

Date of Notification (1) 07/12/18		Name of Building Owner/Operator (2) ALLISON LIM	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code HO HO KUS, NJ 07423	
		Name of Contact ALLISON LIM	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ALLISON LIM			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) HO HO KUS	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) 07/24/18	Sched. Completion Date (11) 08/16/18		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

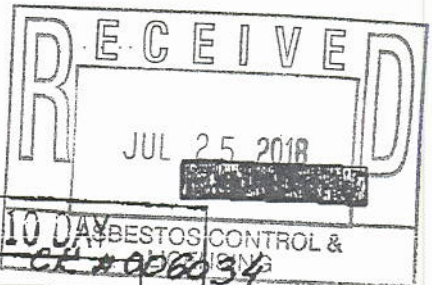
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> 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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT/GARAGE		<input checked="" type="checkbox"/>		PIPE INSULATION (5 RISERS)	45 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIRST FLOOR		<input checked="" type="checkbox"/>		PIPE INSULATION (WATER PIPE)	35 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT/GARAGE		<input checked="" type="checkbox"/>		PIPE INSULATION	110 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT/GARAGE (ABOVE CEILING)		<input checked="" type="checkbox"/>		PIPE INSULATION	45 L FT	<input checked="" 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 3 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 07/25/18	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 07/20/2018

CH000034

PAID



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

Date of Notification (1) 07/23/2018		Name of Building Owner/Operator (2) Island Heights Public Schools		DOL - 10 DAY BESTOS CONTROL & CE #008034	
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation		Street Address 115 Summit Ave City, State, Zip Code Island Heights, NJ 08732 Name of Contact Lil Brendel Telephone Number (732) 929-1248	
Name of Facility Where Abatement is Taking Place (3) Island Heights Elementary School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 115 Summit Ave		Square Foot 6,000		# of Floors 3	
City (5) Island Heights		County (8) Ocean		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc		ASCM No. 0003		Name of Abatement Contractor (9) Hazmat Diagnostic LLC	
Street Address 1253 North Church Street		City, State, Zip Code Moorestown, NJ 08057		Street Address 16 Glenwild Ave City, State, Zip Code Bloomington, NJ 07403	
Project Manager for Monitoring Firm Jim Gulland		Telephone No. (609) 314-1883		Telephone No. (973) 928-3991 License No. 01181	
Start Date (10) 07/24/2018		Scheduled Completion Date (11) 07/30/2018		Name of OSHA Monitor Hazmat Diagnostic LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:				Street Address 16 Glenwild Ave City, State, Zip Code Bloomington, NJ 07403	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥100 sf or ≥250 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)	
Foyer		Yes No N/A		Amount (Specify SF or LF) 140SF	
		X		Floor Tile / Mastic	
Name of Registered Waste Hauler Hazmat Diagnostic LLC		NJDEP Waste Hauler ID No. 0035440		Name of Registered Landfill G.R. O.W.S. North / Fairless Landfill	
City, State Bloomington, NJ		Cubic Yards of Waste TBD		City, State Morrisville, PA	
Disposal Date TBD		City, State Morrisville, PA		Date 07/23/2018	
Completed by Tadana Rotaru		Title Administrative Assistant		Signature <i>[Signature]</i>	

CH4264

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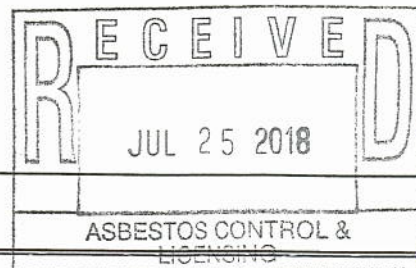
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Print Form
RECEIVED
JUL 25 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 07/19/2018		Name of Building Owner/Operator (2) Bernards Township 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 101 Peachtree Road City, State, Zip Code Basking Ridge NJ 07920 Name of Contact Roderic McLaughlin Telephone Number (908) 204-2600																																										
FACILITY INFORMATION																																												
Name of Facility Where Abatement is Taking Place (3) Oak Street Elementary 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 70 West Oak Street		Square Feet 90,000																																										
City (5) Basking Ridge NJ 07920		# of Floors 1																																										
County (6) Somerset		Bldg. Age 30+ years																																										
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Public School																																										
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants		ASCM No. 0057																																										
Street Address PO Box 385		Name of Abatement Contractor (9) Savic Construction Corp																																										
City, State, Zip Code Oceanville, NJ, 08231-0385		Street Address 205 Route 46 Suite 15 City, State, Zip Code Totowa, NJ 07512																																										
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833																																										
Start Date (10) 08/06/2018		Telephone No. 973-339-9735																																										
Scheduled Completion Date (11) 08/10/2018		License No. 01034																																										
Name of OSHA Monitor Savic Construction Corp		Street Address 205 Route 46 Suite 15 City, State, Zip Code Totowa, NJ 07512																																										
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: _____																																												
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>																																												
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Yes</th> <th style="width: 25%;">No</th> <th style="width: 25%;">N/A</th> </tr> <tr> <td style="text-align: center;">Classroom 41</td> <td style="text-align: center;">X</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	Classroom 41	X											Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 12.5%;">Removal</th> <th style="width: 12.5%;">Repair</th> <th style="width: 12.5%;">Encapsulate</th> <th style="width: 12.5%;">Enclosure</th> </tr> <tr> <td style="text-align: center;">x</td> <td></td> <td style="text-align: center;">x</td> <td></td> </tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> </table>				Removal	Repair	Encapsulate	Enclosure	x		x													
Yes	No	N/A																																										
Classroom 41	X																																											
Removal	Repair	Encapsulate	Enclosure																																									
x		x																																										
Name of Registered Waste Hauler Savic Construction Corp		NJDEP Waste Hauler ID No. 109596		Cubic Yards of Waste		Name of Registered Landfill GROWS																																						
City, State Totowa NJ		Disposal Date 07/10/2017		City, State Morrisville, PA		Completed by Sava Savic																																						
Title President		Signature <i>Sava Savic</i>		Date 07/19/2018																																								

D&S Proj. #: 18-152

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



Date of Notification (1) 10/17/18		Name of Building Owner/Operator (2) kay zhu	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____	Street Address [REDACTED]	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code glen rock, nj 07452	
	Name of Contact kay zhu		Telephone Number [REDACTED]

FACILITY INFORMATION

Name of facility where abatement is taking place (3) kay zhu			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	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) 07/31/18		Sched. Completion Date (11) 08/15/18	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	45 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement (inside wood enclosure)		<input checked="" type="checkbox"/>		PIPE INSULATION	10 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 08/01/18	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 07/19/2018

Date of Notification (1)

7/24/18

no ch

Name of Building Owner/Operator (2)

Rutgers, The State University of New Jersey

Street Address

74 Street 1603, Building 4116

City, State, Zip Code

Piscataway, NJ 08854-8036

Name of Contact

Michael Smith

RECEIVED	
JUL 25 2018	
ASBESTOS CONTROL & LICENSING	
Telephone Number 848-445-2550	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Labor Education Center

Type of Facility (4)

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

Street Address

50 Labor Center Way

City (5)

New Brunswick

Square Feet

12,000

of Floors

1

Bldg. Age

50+

County (6)

Middlesex

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

Labor Education Center

Name of Monitoring Firm Hired by Building Owner (8)

ATC Group Services

ASCM No

Name of Abatement Contractor (9)

ecoservices, LLC

Street Address

3 Terri Lane, Suite 4 - 5

Street Address

303 B National Road

City, State, Zip Code

Burlington, NJ

City, State, Zip Code

Exton, PA 19341

Project Manager for Monitoring Firm

Brian Kearney

Telephone No.

609-386-8800

Telephone No.

484-872-8884

License No.

01161

Start Date (10)

5/23/18

Scheduled Completion Date (11)

8/31/18

Name of OSHA Monitor

EMSL

Occupancy Status During Abatement (Check Only One)

- ☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: 4 pm - 12 am

Street Address

200 Route 130

City, State, Zip Code

Cinnaminson, NJ

Scope of Work (Check All That Apply)

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

- ☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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
Bldg. 6109, Basement, Chase			X	Pipe fitting insulation*	110 LF	X			
Bldg. 6109, Floor 1			X	Pipe fitting insulation*	110 LF	X			
				*cut and wrap procedure					

Name of Registered Waste Hauler

Waste Management of NJ

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

20

Name of Registered Landfill

GROWS Landfill

City, State

Trenton, NJ

Disposal Date

TBD

City, State

Morrisville, PA

Completed by

Jack Bally

Title

Sr. Project Manager

Signature

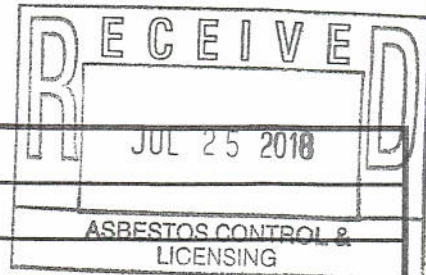
Jack Bally @

Date

7/24/18

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



Date of Notification (1) 07 / 20 / 18		Name of Building Owner / Operator (2) HUDSON RIVER ASSOCIATES, LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Street Address 1000 PORTSIDE DRIVE City, State, Zip Code EDGEWATER, NJ 07020	
Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input checked="" type="checkbox"/> Cancellation		Name of Contact DANNY DAIBES	
		Telephone Number 201-840-0050	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 115 RIVER ROAD			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 115 RIVER ROAD					
City (5) EDGEWATER	County (6) Bergen	County Code (7)	Square Feet 35,000	# Of Floors 3	Building Age 40 +
			Current Use (Prior if being demolished) OFFICE		
Name of Monitoring Firm Hired by Bldg. Owner (8) AET			ASCM NO NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 907 Doolittle Drive			Street Address		
City, State, Zip Code Bridgewater, NJ 08807			32 Williams Parkway		
Project Mngr. For Monitoring Firm Eric Houseknecht			City, State, Zip Code East Hanover, NJ 07936		
Telephone Number 908-218-1108					
Scheduled Start Date (10) 07 / 30 / 18		Sched. Completion Date (11) 10 / 31 / 18		Telephone Number 973-884-8682	
				License Number 00860	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 7:00AM - 3:30PM MON-FRI			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		

Scope of Work (Check All That Apply)

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

Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				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
	YES NO N/A						
ROOF	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	TAR SEALANT	3,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	COPING TAR	2,300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	FLASHING	8,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	ROOFING	6,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL		
City, State EAST HANOVER, NJ 07936		Disposal Date	City, State MORRISVILLE, PA 10967			
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature 		Date 07/24/18	

CH 15198

PAID

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

RECEIVED	JUL 25 2018
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 7 / 19 / 18		Name of Building Owner/Operator (2) Victaulic REH, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4901 Kesslerville Road	
		City, State, Zip Code Easton, PA 18044-0031	
		Name of Contact Kraig Hume	Telephone Number 610-559-3300

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Victaulic REH, LLC. - Building #2		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 119 Edison Road			
City (5) Stewartsville		Square Feet 20,800	# of Floors 1
		Bldg. Age 112	
County (6) Warren	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacant	
Name of Monitoring Firm Hired by Building Owner (8) EMI		Name of Abatement Contractor (9) Neuber Environmental Services, Inc.	
Street Address 34 East Germantown Pike, Suite 204		Street Address 1100 Grosser Road, Suite C	
City, State, Zip Code East Norriton, PA 19401		City, State, Zip Code Gilbertsville, PA 19525	
Project Manager for Monitoring Firm Ray Giordano	Telephone No. 610-277-0405	Telephone No. 610-933-4332	License No. 00836
Start Date (10) 8 / 6 / 18	Scheduled Completion Date (11) 10 / 1 / 18	Name of OSHA Monitor Neuber 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 - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 1100 Grosser Road, Suite C	
		City, State, Zip Code Gilbertsville, PA 19525	

Scope of Work (Check all that apply)

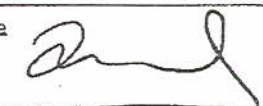
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		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

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

Name of Registered Waste Hauler Clean Harbors Environmental Services, Inc.		NJDEP Waste Hauler ID No. 16666	Cubic Yards of Waste ~ 40	Name of Registered Landfill Waste Connections	
City, State Norwell, MA		Disposal Date 8/2018		City, State Bethlehem, PA	
Completed By (Print or Type) Timothy Walter	Title Project Manager	Signature <i>T. Walter</i>		Date 7-19-18	

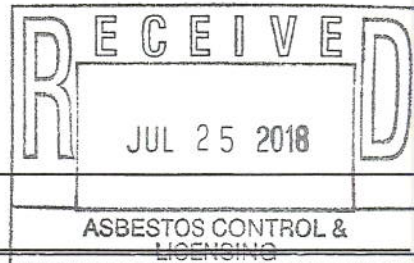
PAID

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 05/10/2018		Name of Building Owner/Operator (2) 33 Washington Street, LLC	
Agencies Notified (X) EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA	Type of Notification (X) Initial Notification () Amended Amendment # _____ (X) Emergency (including justification) () Cancellation	Street Address 33 Washington Street	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 25 2018 ASBESTOS CONTROL & REMEDIATION 407-903-4310 </div>
		City, State, Zip Code Newark, NJ 07102	
		Name of Contact Jared Berger	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Commercial Property 33 Washington Street		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 33 Washington Street		Sq. Feet: 200,000 sf # of Floors 19 Bldg. Age 80	
City (5) Newark	County (6) Hudson	County Code (7) (State Use Only)	Current Use (if being demolished):
Name of Monitoring Firm Hired by Bldg. Owner (8) ISES, Inc		ASCM No.	Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.
Street Address 3300 Hudson Avenue		Street Address 3300 Hudson Avenue	
City, State, Zip Code Union City, NJ 07087		City, State, Zip Code Union City, NJ 07087	
Project Manager for Monitoring Firm David Camacho	Telephone Number (201)325-0055	Telephone Number (201)325-0055	License Number 01124
Scheduled Start Date (10) 05/11/2018	Scheduled Completion Date (11) 05/16/2018	Name of OSHA Monitor ISES, Inc.	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - () Other - Describe:		Street Address 3300 Hudson Avenue	
		City, State, Zip Code Union City, NJ 07087	
Source of Work (Check all that apply) () Demolition (X) Renovation () Minor Project (< 25 SF or < 10 LF ACM) (X) Full Containment with Negative Pressure () Small Project (>25 <160 SF or >10 <260 LF ACM) () Mini-Enclosure (X) Large Project (>160 SF or > 260 LF ACM) () Glove-bag Procedure (X) 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 or Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	Amount (Specify SF or LF)
			Abatement Type Removal Repair Encapsulation Enclosure
Basement storage room	X	VAT Floor Tile	~ 800 SFT X
Name of Reg. Waste Hauler Newark Carting	NJDEP Waste Hauler ID # 04509	Cubic Yards of Waste 10	Name of Reg. Landfill IESI BETHLEHEM LANDFILL
City, State 369 Raymond Blvd., Newark, NJ 07105	Disp. Date 05/16/2018	City, State BETHLEHEM, PA 18015	
Completed by (Print or Type) David Camacho	Title Project Supervisor	Signature 	Date 05/10/2018

D&S Proj. #: 18-147

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



Date of Notification (1) 07/12/18		Name of Building Owner/Operator (2) ALLISON LIM	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code HO HO KUS, NJ 07423	
Name of Contact ALLISON LIM		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ALLISON LIM			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) HO HO KUS	County (6) bergen	County Code (7) (State use only)	Current Use (Prior if being demolished)		

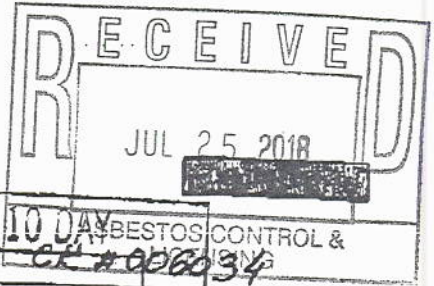
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 07/24/18	Sched. Completion Date (11) 08/16/18			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
Name of OSHA Monitor D & S Restoration, Inc.				
Street Address 20 California Avenue				
City, State, Zip Code Paterson, NJ 07503				

Scope of Work (check all that apply)				<input 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			
<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				

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						
BASEMENT/GARAGE		<input checked="" type="checkbox"/>		PIPE INSULATION (5 RISERS)	45 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIRST FLOOR		<input checked="" type="checkbox"/>		PIPE INSULATION (WATER PIPE)	35 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT/GARAGE		<input checked="" type="checkbox"/>		PIPE INSULATION	110 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT/GARAGE (ABOVE CEILING)		<input checked="" type="checkbox"/>		PIPE INSULATION	45 L 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"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 3 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 07/25/18		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature	
				Date 07/20/2018	

PAID



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

DOL - 10 DAY
BESTOS CONTROL &
REMITIATION

Date of Notification (1) 07/23/2018		Name of Building Owner/Operator (2) Island Heights Public Schools		DOL - 10 DAY BESTOS CONTROL & REMITIATION	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation		Street Address 115 Summit Ave City, State, Zip Code Island Heights, NJ 08732 Name of Contact Lil Brendel Telephone Number (732) 929-1248	
Name of Facility Where Abatement is Taking Place (3) Island Heights Elementary School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 115 Summit Ave		Squares Feet 6,000		# of Floors 3	
City (5) Island Heights		County (6) Ocean		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc		ASCM No. 0003		Name of Abatement Contractor (9) Hazmat Diagnostic LLC	
Street Address 1253 North Church Street		City, State, Zip Code Moorestown, NJ 08057		Street Address 16 Glenwild Ave City, State, Zip Code Bloomingdale, NJ 07403	
Project Manager for Monitoring Firm Jim Gullardi		Telephone No. (609) 314-1583		Telephone No. (973) 928-3931	
Start Date (10) 07/24/2018		Scheduled Completion Date (11) 07/30/2018		License No. 01181	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:				Name of OSHA Monitor Hazmat Diagnostic LLC	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf ≥180 sf or ≥250 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted ("") and Non-Friable Procedure				Street Address 16 Glenwild Ave City, State, Zip Code Bloomingdale, NJ 07403	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Foyer		X		Floor Tile / Mastic	
				Amount (Specify SF or LF) 140SF	
				Abatement Type Removal X Repair Encapsulate Enclosure	
Name of Registered Waste Hauler Hazmat Diagnostic LLC		NJDEP Waste Hauler ID No. 0035440		Cubic Yards of Waste TBD	
City, State Bloomingdale, NJ		Disposal Date TBD		Name of Registered Landfill G.R. O.W.S. North / Fairless Landfill	
City, State Morrisville, PA					
Completed by Tadana Rotaru		Title Administrative Assistant		Signature Date 07/23/2018	

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

Print Form

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JUL 25 2018

ASBESTOS CONTROL & LICENSING

CH 4264

Date of Notification (1) 07/19/2018		Name of Building Owner/Operator (2) Bernards Township School District							
Agencies Notified	Type Notification	Street Address 101 Peachtree 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 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 Basking Ridge NJ 07920							
		Name of Contact Roderic McLaughlin	Telephone Number (908) 204-2600						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Oak Street Elementary School		Type of Facility (4)							
Street Address 70 West Oak Street		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Basking Ridge NJ 07920		Square Feet 90,000	# of Floors 1						
County (6) Somerset		County Code (7) (STATE USE ONLY) _____	Bldg. Age 30+ years						
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants		ASCM No. 0057	Name of Abatement Contractor (9) Savic Construction Corp						
Street Address PO Box 385		Street Address 205 Route 46 Suite 15							
City, State, Zip Code Oceanville, NJ, 08231-0385		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	License No. 01034						
Start Date (10) 08/06/2018	Scheduled Completion Date (11) 08/10/2018	Name of OSHA Monitor Savic Construction Corp							
Occupancy Status During Abatement (Check Only One)		Street Address 205 Route 46 Suite 15							
<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 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
Classroom 41		X		VAT & mastic	1080 SF	x		x	
Name of Registered Waste Hauler Savic Construction Corp		NJDEP Waste Hauler ID No. 109596	Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Totowa NJ		Disposal Date 07/10/2017		City, State Morrisville, PA					
Completed by Sava Savic		Title President		Signature <i>Sava Savic</i>		Date 07/19/2018			

D&S Proj. #: 18-152

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

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JUL 25 2018	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 10/17/18		Name of Building Owner/Operator (2) kay zhu	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code glen rock, nj 07452	
		Name of Contact kay zhu	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) kay zhu			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	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) 07/31/18	Sched. Completion Date (11) 08/15/18		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	45 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement (inside wood enclosure)		<input checked="" type="checkbox"/>		PIPE INSULATION	10 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 08/01/18		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 07/19/2018

Date of Notification (1)
7/24/18

no ch

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JUL 25 2018
ASBESTOS CONTROL & LICENSING
Telephone Number
848-445-2550

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA
Type Notification
☐ Initial
☒ Amended
Amendment # 3
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
Rutgers, The State University of New Jersey
Street Address
74 Street 1603, Building 4116
City, State, Zip Code
Piscataway, NJ 08854-8036
Name of Contact
Michael Smith

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Labor Education Center
Street Address
50 Labor Center Way
City (5)
New Brunswick
County (6)
Middlesex
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
12,000
of Floors
1
Bldg. Age
50+
Current Use (Prior if being demolished)
Labor Education Center
Name of Monitoring Firm Hired by Building Owner (8)
ATC Group Services
ASCM No
Name of Abatement Contractor (9)
ecoservices, LLC
Street Address
3 Terri Lane, Suite 4 - 5
Street Address
303 B National Road
City, State, Zip Code
Burlington, NJ
City, State, Zip Code
Exton, PA 19341
Project Manager for Monitoring Firm
Brian Kearney
Telephone No.
609-386-8800
Telephone No.
484-872-8884
License No.
01161
Start Date (10)
5/23/18
Scheduled Completion Date (11)
8/31/18
Name of OSHA Monitor
EMSL
Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: 4 pm - 12 am
Street Address
200 Route 130
City, State, Zip Code
Cinnaminson, NJ

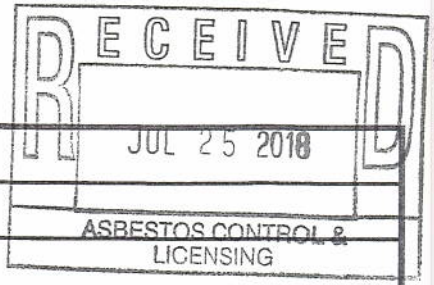
Scope of Work (Check All That Apply)
☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf
☒ Renovation
☐ Demolition
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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
Bldg. 6109, Basement, Chase			X	Pipe fitting insulation*	110 LF	X			
Bldg. 6109, Floor 1			X	Pipe fitting insulation*	110 LF	X			
				*cut and wrap procedure					

Name of Registered Waste Hauler
Waste Management of NJ
NJDEP Waste Hauler ID No.
Cubic Yards of Waste
20
Name of Registered Landfill
GROWS Landfill
City, State
Trenton, NJ
Disposal Date
TBD
City, State
Morrisville, PA
Completed by
Jack Bally
Title
Sr. Project Manager
Signature
Jack Bally
Date
7/24/18

NOCK

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



Date of Notification (1) 07 / 20 / 18		Name of Building Owner / Operator (2) HUDSON RIVER ASSOCIATES, LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Street Address 1000 PORTSIDE DRIVE City, State, Zip Code EDGEWATER, NJ 07020 Name of Contact DANNY DAIBES Telephone Number 201-840-0050	
Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input checked="" type="checkbox"/> Cancellation		ASBESTOS CONTROL & LICENSING	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) 115 RIVER ROAD			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 115 RIVER ROAD		City (5) EDGEWATER		County (6) Bergen	County Code (7)
Square Feet 35,000		# Of Floors 3		Building Age 40 +	
Current Use (Prior if being demolished) OFFICE					
Name of Monitoring Firm Hired by Bldg. Owner (8) AET			ASCM NO		
Street Address 907 Doolittle Drive			NORTHSTAR CONTRACTING GROUP, INC.		
City, State, Zip Code Bridgewater, NJ 08807			Street Address 32 Williams Parkway		
Project Mngr. For Monitoring Firm Eric Houseknecht			City, State, Zip Code East Hanover, NJ 07936		
Telephone Number 908-218-1108		Telephone Number 973-884-8682		License Number 00860	
Scheduled Start Date (10) 07 / 30 / 18		Sched. Completion Date (11) 10 / 31 / 18			
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 7:00AM - 3:30PM MON-FRI			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		

Scope of Work (Check All That Apply)

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

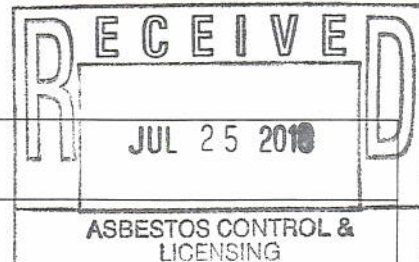
Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
ROOF	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	TAR SEALANT	3,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	COPING TAR	2,300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	FLASHING	8,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	ROOFING	6,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL	
City, State EAST HANOVER, NJ 07936		Disposal Date	City, State MORRISVILLE, PA 10967		
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature 		Date 07/24/18

CH 15198

PAID

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



Date of Notification (1) 7 / 19 / 18		Name of Building Owner/Operator (2) Victaulic REH, LLC		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4901 Kesslerville Road City, State, Zip Code Easton, PA 18044-0031 Name of Contact Kraig Hume Telephone Number 610-559-3300	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Victaulic REH, LLC. - Building #2				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 119 Edison Road				Square Feet 20,800	
City (5) Stewartsville				# of Floors 1	
County (6) Warren				Bldg. Age 112	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) vacant			
Name of Monitoring Firm Hired by Building Owner (8) EMI		ASCM No.		Name of Abatement Contractor (9) Neuber Environmental Services, Inc.	
Street Address 34 East Germantown Pike, Suite 204		Street Address 1100 Grosser Road, Suite C			
City, State, Zip Code East Norriton, PA 19401		City, State, Zip Code Gilbertsville, PA 19525			
Project Manager for Monitoring Firm Ray Giordano		Telephone No. 610-277-0405		License No. 00836	
Start Date (10) 8 / 6 / 18		Scheduled Completion Date (11) 10 / 1 / 18		Name of OSHA Monitor Neuber 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 - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM				Street Address 1100 Grosser Road, Suite C	
				City, State, Zip Code Gilbertsville, PA 19525	
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
SEE ATTACHED		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <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 Clean Harbors Environmental Services, Inc.		NJDEP Waste Hauler ID No. 16666		Cubic Yards of Waste ~ 40	
City, State Norwell, MA		Disposal Date 8/2018		Name of Registered Landfill Waste Connections	
City, State Bethlehem, PA					
Completed By (Print or Type) Timothy Walter		Title Project Manager		Signature Timothy Walter	
				Date 7-19-18	

Material:	Location:	Quantity:
Building #3		
Cementitious Wall Patching	Building 3- On Walls as Patching and on Floor as Debris	5 ft ³
Mastic/Waterproofing	Building 3- On Walls & Ceiling (EHI 12/11/09 report)	600 ft ³
Building #2		
Tar Flashing	Building 2- On Sloped Roof of Loading Dock as Perimeter Flashing against Building	100 LF
Roofing	North Slanted Portion of Roof (EHI 12/11/09 report)	2,200 ft
White Building Caulk	Building 2- In Former Maintenance Shop along Exterior Wall- Expansion Wall Joint	180 LF
Tar Sealant	Building 2- Exterior Rear of Building on Collapsed Roof of Vault	25 ft ³
Asphaltic Seam Material	Building 2- In Basement below rough Concrete on Columns (EHI 12/11/09 report)	<3 ft ³ per Column

REMOVAL

REMOVAL

REMOVAL

REMOVAL

REMOVAL

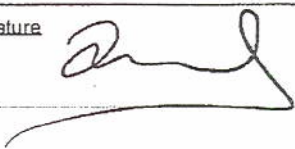
JUL 25 2018

RECEIVED

ASBESTOS CONTROL & LICENSING

PAID

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 05/10/2018		Name of Building Owner/Operator (2) 33 Washington Street, LLC	
Agencies Notified (X) EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA		Type of Notification (X) Initial Notification () Amended Amendment # _____ (X) Emergency (including justification) () Cancellation	
Street Address 33 Washington Street		City, State, Zip Code Newark, NJ 07102	
Name of Contact Jared Berger		ASBESTOS CONTROL & REMEDIATION (973) 903-4310	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Commercial Property 33 Washington Street		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 33 Washington Street		Sq. Feet: 200,000 sf # of Floors 19 Bldg. Age 80	
City (5) Newark	County (6) Hudson	County Code (7) (State Use Only)	Current Use (if being demolished):
Name of Monitoring Firm Hired by Bldg. Owner (8) ISES, Inc		Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.	
Street Address 3300 Hudson Avenue		Street Address 3300 Hudson Avenue	
City, State, Zip Code Union City, NJ 07087		City, State, Zip Code Union City, NJ 07087	
Project Manager for Monitoring Firm David Camacho	Telephone Number (201)325-0055	Telephone Number (201)325-0055	License Number 01124
Scheduled Start Date (10) 05/11/2018	Scheduled Completion Date (11) 05/16/2018	Name of OSHA Monitor ISES, Inc.	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - () Other - Describe:		Street Address 3300 Hudson Avenue	
		City, State, Zip Code Union City, NJ 07087	
Source of Work (Check all that apply) () Demolition (X) Renovation			
() Minor Project (< 25 SF or < 10 LF ACM) (X) Full Containment with Negative Pressure			
() Small Project (>25 <160 SF or >10 <260 LF ACM) () Mini-Enclosure			
(X) Large Project (>160 SF or > 260 LF ACM) () Glove-bag Procedure (X) 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 or Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	Amount (Specify SF or LF)
Basement storage room		VAT Floor Tile	~ 800 SFT
Name of Reg. Waste Hauler Newark Carting	NJDEP Waste Hauler ID # 04509	Cubic Yards of Waste 10	Name of Reg. Landfill IESI BETHLEHEM LANDFILL
City, State 369 Raymond Blvd., Newark, NJ 07105	Disp. Date 05/16/2018	City, State BETHLEHEM, PA 18015	
Completed by (Print or Type) David Camacho	Title Project Supervisor	Signature 	Date 05/10/2018