

PAID

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

Check # 8442

Date of Notification (1) <b>07-22-19</b>		Name of Building Owner/Operator (2) <b>Barbara &amp; Jack Tarditi</b>								
Agencies Notified	Type Notification	Street Address [REDACTED]								
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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	City, State, Zip Code <b>Haddonfield, New Jersey 08033</b>								
		Name of Contact <b>Barbara Tarditi</b>								
Telephone Number [REDACTED]										
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>Residential Dwelling</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address [REDACTED]										
City (5) <b>Haddonfield</b>	County Code (7) <b>08033</b>	Square Feet <b>2650</b>	# of Floors <b>3</b>							
County (6) <b>Camden</b>	(STATE USE ONLY)	Bldg. Age <b>100+</b>								
Name of Monitoring Firm Hired by Building Owner (8) <b>Quality Environmental Concepts</b>		Current Use (Prior if being demolished) <b>Residence</b>								
ASCN No. <b>None</b>		Name of Abatement Contractor (9) <b>Quality Environmental Concepts</b>								
Street Address <b>1053 North Tuckahoe Road</b>		Street Address <b>1053 North Tuckahoe Road</b>								
City, State, Zip Code <b>Williamstown, New Jersey 08094</b>		City, State, Zip Code <b>Williamstown, New Jersey 08094</b>								
Project Manager for Monitoring Firm <b>Edward Knorr</b>		Telephone No. <b>856-629-1166</b>	License No. <b>01086</b>							
Start Date (10) <b>08-01-19</b>	Scheduled Completion Date (11) <b>08-02-19</b>	Name of OSHA Monitor <b>Quality Environmental Concepts</b>								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>1053 North Tuckahoe Road</b>								
		City, State, Zip Code <b>Williamstown, New Jersey 08094</b>								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) 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	Asbestos thin						
above suspended ceiling				cloth like insulation	12 SF	X		X		
				wrap on section of	Rem 2 SF					
				metal ductwork	Cap 10 SF					
Name of Registered Waste Hauler <b>Quality Environmental Concepts</b>		NJDEP Waste Hauler ID No. <b>19710</b>	Cubic Yards of Waste <b>2cy</b>	Name of Registered Landfill <b>Salem County Landfill</b>						
City, State <b>Williamstown, New Jersey</b>		Disposal Date <b>TBD</b>		City, State <b>Alloway Salem</b>						
Completed by <b>Edward Knorr</b>		Title <b>Vice President</b>		Signature <i>Edward Knorr</i>				Date <b>07-22-19</b>		

Inv# 13117

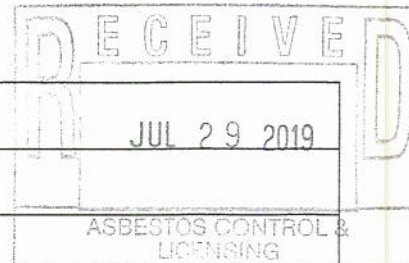


Check No.

Print Form

# PAID

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



Date of Notification (1) 07/24/2019		Name of Building Owner/Operator (2) Louis BELTRAN							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code MILLVILLE N J, 08332							
		Name of Contact Michael L. Freerksen	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) MILLVILLE N J, 08332		Square Feet 1900	# of Floors 2						
		Bldg. Age 55							
County (6) Cumberland County.	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) None		ASCM No. _____	Name of Abatement Contractor (9) ELCON Environmental Inc						
Street Address		Street Address 150 Glenwood Dr							
City, State, Zip Code		City, State, Zip Code Washington Crossing, PA 18977							
Project Manager for Monitoring Firm		Telephone No. 215-313-7427	License No. 01225						
Start Date (10) 8-5-19	Scheduled Completion Date (11) 8-10-19	Name of OSHA Monitor same							
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: exterior		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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	siding material	2000 SF	x			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland County Improvement Authc					
City, State New Castle DE		Disposal Date TBD		City, State Milleville, NJ					
Completed by Andre Gosek		Title Project Manager		Signature 		Date 07/24/2019			

Inv# - 13119



PAID

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

Check # 3573

Print Form

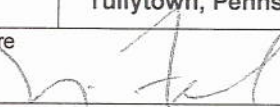
Date of Notification (1) 7/23/2019		Name of Building Owner/Operator (2) US Army Corps of Engineers/ NY District / NJ Civil Works Office							
Agencies Notified	Type Notification	Street Address 225 S Lincoln Avenue	<div style="border: 1px solid black; padding: 5px;"> RECEIVED  JUL 29 2019  ASBESTOS CONTROL &amp; LICENSING </div>						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Middlesex, NJ 08846							
		Name of Contact Mr. Paul Kara, Admin Constracting Office							
		Telephone Number (732) 667-7274							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1800	# of Floors 2						
City (5) Middlesex		Bldg. Age 60							
County (6) Middlesex		County Code (7) (STATE USE ONLY) 08846	Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	License No. 00874						
Start Date (10) 8/6/2019	Scheduled Completion Date (11) 9/6/2019	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 1385 Valley Road, Suite K							
		City, State, Zip Code Wayne, New Jersey 07470							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If		<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
Rear Entrance		X		VAT	40 SF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio					
Completed by Predrag Sarcev		Title Vice President		Signature 		Date 7/23/2019			



NO CHECK

**f New Jersey  
BESTOS ABATEMENT  
NJAC 8:60 and 5:16)**

original had  
# 37004

Date of Notification (1) <b>07 / 25 / 19</b>			Name of Building Owner/Operator (2) <b>The Gillespie Group</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>5 Chris Court, Suite G</b> City, State, Zip Code <b>Dayton, NJ 08810</b> Name of Contact <b>Melissa Senatore</b> Telephone Number <b>973-906-1862</b>						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>Jefferson Twp. Middle School</b>				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <b>1000 Weldon Road</b>				Square Feet <b>100,000</b>						
City (5) <b>Oak Ridge</b>				# of Floors <b>2</b>						
County (6) <b>Morris</b>				Bldg. Age <b>60</b>						
County Code (7) (STATE USE ONLY) <b></b>		Current Use (Prior if being demolished) <b>School</b>								
Name of Monitoring Firm Hired by Building Owner (8) <b>Karl &amp; Associates</b>			ASCM No. <b></b>		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>					
Street Address <b>20 Lauck Road</b>			Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code <b>Mohnton, PA 19540</b>			City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm <b>Ed Karl</b>		Telephone No. <b>610-856-7700</b>		License No. <b>00624</b>						
Start Date (10) <b>07 / 25 / 19</b>		Scheduled Completion Date (11) <b>07 / 26 / 19</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address <b>1056 Stelton</b> City, State, Zip Code <b>Piscataway, New Jersey 08854</b>						
Scope of Work (Check all that apply)										
<input checked="" type="checkbox"/> ≥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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>24 sf</b>	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Rooms 3, 4 & 6 B wing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	glue dots from chalkboard		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rooms 3, 4, 6 & B wing hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	hepa vacuum & wet wipe		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>			NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>1</b>		Name of Registered Landfill <b>T.R.R.F.</b>			
City, State <b>Toms River, New Jersey</b>			Disposal Date <b>7/26/19</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>			Title <b>Project Manager</b>		Signature 			Date <b>7/25/19</b>		



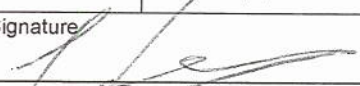
Check No.  
0021

PAID

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

0020

RECEIVED  
JUL 29 2019

Date of Notification (1) <b>7-18-19</b>		Name of Building Owner/Operator (2) <b>COUNTRY CLASSICS OF MONTGOMERY LLC.</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>36-BOWER LANE</b>						
			City, State, Zip Code <b>HILLSBOROUGH, NJ 08844</b>						
			Name of Contact <b>JEFF COE</b>						
		Telephone Number <b>908-359-8060</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <div style="background-color: black; width: 100px; height: 1.2em;"></div>		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 <div style="background-color: black; width: 100px; height: 1.2em;"></div>									
City (5) <b>SCOTCH PLAINS</b>		Square Feet <b>1200</b>	# of Floors <b>2</b>						
County (6) <b>UNION</b>		County Code (7) (STATE USE ONLY) _____	Bldg. Age <b>+50</b>						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>DINAGO CORP.</b>						
Street Address		Street Address <b>339-LAFAYETTE STREET</b>							
City, State, Zip Code		City, State, Zip Code <b>NEWARK, NJ 07105</b>							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <b>973-491-0877</b>						
		License No. <b>01240</b>							
Start Date (10) <b>7-27-19</b>	Scheduled Completion Date (11) <b>7-30-19</b>	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 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
EXTERIOR WALLS		X		TRANSITE	2400SQF.	X			
BASEMENT		X		PIPE INSULATION	30LF.	X			
Name of Registered Waste Hauler <b>NEWARK CARTING INC.</b>		NJDEP Waste Hauler ID No. <b>04509</b>	Cubic Yards of Waste	Name of Registered Landfill <b>ISES Bethlehem Landfill</b>					
City, State <b>Po. Box 5670, Newark, NJ 07105</b>			Disposal Date	City, State <b>2335-applebutler Road, Bethlehem, PA</b>					
Completed by <b>Carlos Gomes</b>		Title <b>President</b>	Signature 			Date <b>7-18-19</b>			

Inv# - 138269



Check No: 0081

**PAID**

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

# 0020

Date of Notification (1) <b>7-18-19</b>		Name of Building Owner/Operator (2) <b>COUNTRY CLASSICS OF MONTGOMERY LLC</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>   <b>JUL 29 2019</b> </div>	
Agencies Notified		Street Address <b>36-BOWER LANE</b>			
<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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code <b>HILLSBOROUGH, NJ 08844</b>	
		Name of Contact <b>JEFF COE</b>		Telephone Number <b>908-359-8060</b>	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) [REDACTED]			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]					
City (5) <b>SCOTCH PLAINS</b>			Square Feet <b>1200</b>	# of Floors <b>2</b>	Bldg. Age <b>+50</b>
County (6) <b>UNION</b>		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>RESIDENTIAL</b>		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>DINAGO CORP.</b>		
Street Address		Street Address <b>339-LAFAYETTE STREET</b>			
City, State, Zip Code		City, State, Zip Code <b>NEWARK, NJ 07105</b>			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <b>973-491-0877</b>	License No. <b>01240</b>	
Start Date (10) <b>7-27-19</b>		Scheduled Completion Date (11) <b>7-30-19</b>		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		

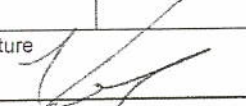
  

Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT</b>		<b>X</b>		<b>PIPE INSULATION</b>	<b>30LF.</b>	<b>X</b>			

Name of Registered Waste Hauler <b>NEWARK CARTING INC.</b>		NJDEP Waste Hauler ID No. <b>04509</b>	Cubic Yards of Waste	Name of Registered Landfill <b>ISES LANDFILL</b>	
City, State <b>PO.BOX 5670, NEWARK, NJ 07105</b>			Disposal Date	City, State	
Completed by <b>CARLOS GOMES</b>		Title <b>PRESIDENT</b>	Signature 		Date <b>7-18-19</b>



check NO. 36997

PAID

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

RECEIVED  
36997  
JUL 29 2019  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 07 / 23 / 19		Name of Building Owner/Operator (2) Monmouth County Park System							
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 805 Newman Springs Road							
		City, State, Zip Code Lincroft, NJ 07738							
		Name of Contact John Eisemann	Telephone Number 732-766-1929						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hominy Hill Golf Course-Bldg 1301		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 92 Mercer Road									
City (5) Colts Neck		Square Feet 3000 sf	# of Floors 2						
		Bldg. Age 80							
County (6) Monmouth	County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Building						
Name of Monitoring Firm Hired by Building Owner (8) Briggs		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address 3 Crosswicks Street		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Mike Hoodak		Telephone No. 609-298-5520	Telephone No. 732-349-9932						
		License No. 00624							
Start Date (10) 07 / 24 / 19	Scheduled Completion Date (11) 07 / 25 / 19		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 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
1 <sup>st</sup> floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	wrap & cut pipe insulation	16 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 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 07/25/19		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fericola		Title Project Manager		Signature 		Date 7/23/19			



check NO. 210998

PAID

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

RECEIVED  
JUL 29 2019

Date of Notification (1) 07 / 23 / 19		Name of Building Owner/Operator (2) Resipro	
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 3630 Peachtree Road NE Suite 1500 City, State, Zip Code Atlanta, GA 30326	
		Name of Contact Gary Hagopian	Telephone Number 29 2019

ASBESTOS CONTROL & LICENSING

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) Piscataway	Square Feet 2000 sf	# of Floors 1	Bldg. Age 70
County (6) Middlesex	County Code (7)(STATE USE ONLY) 08854	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone No. 732-349-9932	Telephone No. 732-349-9932	License No. 00624
Start Date (10) 08 / 02 / 19	Scheduled Completion Date (11) 08 / 05 / 19	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 checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	120 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 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 08/05/19		City, State Tullytown, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 7/23/19	





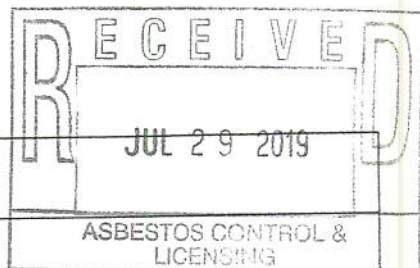
Date of Notification (1) <b>07 / 23 / 19</b>		Name of Building Owner/Operator (2) <b>NJDPMC</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>20 West State Street</b>							
		City, State, Zip Code <b>Trenton, NJ 08608</b>							
		Name of Contact <b>Joseph Ferrogine</b>	Telephone Number <b>609-292-6869</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Beneficial Insect Rearing Laboratory</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>20 State Police Drive</b>									
City (5) <b>West Trenton</b>		Square Feet <b>21,000</b>	# of Floors <b>2</b>						
		Bldg. Age <b>34</b>							
County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Laboratory</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Matrix New World Engineering</b>		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>							
Street Address <b>26 Columbia Turnpike, Second Floor</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Florham Park, NJ 07932</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Gavin Gilmore</b>	Telephone No. <b>201-738-3311</b>	Telephone No. <b>856-755-0099</b>	License No. <b>00842</b>						
Start Date (10) <b>08 / 01 / 19</b>	Scheduled Completion Date (11) <b>08 / 06 / 19</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>Boiler</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Gaskets</b>	<b>6 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Fairless Landfill</b>					
City, State <b>Freehold, NJ</b>			Disposal Date <b>08/06/2019</b>	City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Margie Muller</b>		Title <b>Administrative Manager</b>		Signature 			Date <b>7-23-19</b>		

Inv#-13131



INV-13155  
CH4700

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:68 and 5:16)



Date of Notification (1) 07 / 26 / 19		Name of Building Owner/Operator (2) McWilliams Forge Company						
Agencies Notified <input 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 387 Franklin Ave.						
		City, State, Zip Code Rockaway, NJ 07866						
		Name of Contact William Hunnicutt	Telephone Number 973-627-0200					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) McWilliams Forge Company		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 387 Franklin Ave		Square Feet 10,000	# of Floors 1					
City (5) Rockaway		Bldg. Age 50+						
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.						
Street Address		Street Address 265A Route 46 Suite 3D						
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-256-7010	License No. 0666					
Start Date (10) 08 / 07 / 19	Scheduled Completion Date (11) 08 / 09 / 19	Name of OSHA Monitor Bako Construction & 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 Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 265A Route 46 Suite 3D						
		City, State, Zip Code Totowa, NJ 07512						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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) 30 LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Laboratory bldg outside	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Pipe	<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 Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Hills/ Waste Management				
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA				
Completed By (Print or Type) Damir Valjevac	Title Project Manager		Signature 		Date 07/26/19			



RECEIVED  
JUL 29 2019  
ASBESTOS CONTROL &  
LICENSING

Date of Notification (1) <u>7</u> / <u>25</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>County of Passaic</b>		JUL 29 2019	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>401 Grand Street</b>		ASBESTOS CONTROL & LICENSING	
		City, State, Zip Code <b>Paterson, NJ 07505</b>			
		Name of Contact <b>Andrew Thompson</b>		Telephone Number <b>(973) 881-4424</b>	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Passaic County Courthouse Annex Building</b>		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 and commercial buildings, homes, etc.)		
Street Address <b>63 Hamilton Street</b>				
City (5) <b>Paterson</b>		Square Feet <b>35,000</b>	# of Floors <b>3</b>	Bldg. Age <b>127 yrs</b>
County (6) <b>Passaic</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>		

Name of Monitoring Firm Hired by Building Owner (8) <b>Langan</b>		ASCM No. <b>00099</b>	Name of Abatement Contractor (9) <b>Superior Abatement Inc</b>	
Street Address <b>300 Kimball Drive</b>			Street Address <b>2 Henderson Drive</b>	
City, State, Zip Code <b>Parsippany, NJ 07054</b>			City, State, Zip Code <b>West Caldwell, NJ 07006</b>	
Project Manager for Monitoring Firm <b>Vijay Patel</b>		Telephone No. <b>(973) 560-4900</b>	Telephone No. <b>(973) 808-1616</b>	License No. <b>00411</b>


Start Date (10) <u>07</u> / <u>26</u> / <u>19</u>	Scheduled Completion Date (11) <u>7</u> / <u>29</u> / <u>19</u>	Name of OSHA Monitor <b>Superior Abatement Inc</b>
--	--	---

<p>Occupancy Status During Abatement (Check only one)</p> <p><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement</p> <p><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe</p> <p>Time of Abatement: ____AM-____PM/____PM-____AM</p>	<p>Street Address</p> <p><b>2 Henderson Drive</b></p> <hr/> <p>City, State, Zip Code</p> <p><b>West Caldwell, NJ 07006</b></p>
--	--

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
Ground Floor behind New Elevator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall Plaster	32 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Ceiling of Stairs 125	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Floor Multi Purpose Room 201	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	5 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 <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>Yardsley, PA</b>			Disposal Date <b>Various</b>	City, State <b>Waynesburgh, OH</b>	
Completed By (Print or Type) <b>Nick Petrovski</b>	Title <b>President</b>		Signature 	Date <b>7-25-19</b>	



Chuma

EDS19-051

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

Print Form

RECEIVED

Check #4779 JUL 29 2019

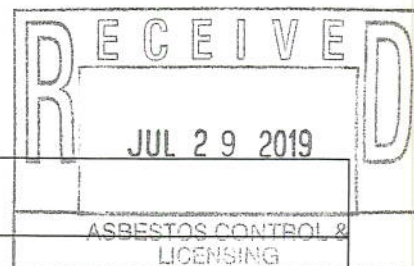
**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) 07/26/2019 <b>Inv 13153</b>		Name of Building Owner/Operator (2) Little FerryBOE							
Agencies Notified	Type Notification	Street Address 130 Liberty Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Ferry, NJ 0643							
		Name of Contact Lou Albanese	Telephone Number 201-641-6192						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Memorial 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 130 Liberty Street		Square Feet 40 000+	# of Floors 2						
City (5) Little Ferry		Bldg. Age 40+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Educational							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 127	Name of Abatement Contractor (9) GL Group Inc.						
Street Address 1248 Wright Lane		Street Address 140 Hamburg Turnpike							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Bloomingdale NJ 07403							
Project Manager for Monitoring Firm Philip A Conteh		Telephone No. 610-431-7545	License No. 01084						
Start Date (10) 08/01/2019	Scheduled Completion Date (11) 08/08/2019	Name of OSHA Monitor GL Group 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 140 Hamburg Turnpike							
		City, State, Zip Code Bloomingdale NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 101	x			Ceiling Tiles	1008 SF	X			
Room 102	x			Ceiling Tiles	1408 SF	X			
Room 103	x			Ceiling Tiles	960 SF	X			
Room 104	x			Ceiling Tiles	1080 SF	X			
Name of Registered Waste Hauler GL Group Inc.		NJDEP Waste Hauler ID No. 0033034		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS North Landfill/				
City, State Bloomingdale				Disposal Date TBD	City, State Morrisville, PA				
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>		Date 07/26/2019			



Inv 13148  
CK1738

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



Date of Notification (1) <b>07 / 25 / 19</b>		Name of Building Owner/Operator (2) <b>Brian Aloia</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <b>Verona, NJ 07044</b>	
		Name of Contact <b>Warren Sprake</b>	Telephone Number -

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residential</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) <b>Verona, NJ</b>		Square Feet	# of Floors
County (6) <b>Essex</b>		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>Mark Jovic Consulting LLC</b>		ASCM No.	
Street Address <b>87 Main Street, Suite A</b>		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>	
City, State, Zip Code <b>Lincoln Park, NJ 07035</b>		Street Address <b>27 Outwater Lane</b>	
Project Manager for Monitoring Firm <b>Mark Jovic</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>	
Telephone No. <b>973-650-0932</b>		Telephone No. <b>973-928-4888</b>	License No. <b>1188</b>
Start Date (10) <b>08 / 03 / 19</b>	Scheduled Completion Date (11) <b>08 / 30 / 19</b>	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>27 Outwater Lane</b>	
		City, State, Zip Code <b>Garfield, NJ 07026</b>	

Scope of Work (Check all that apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<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) 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
Crawlspace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Aircell Pipe Insulation	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum/Tile	220 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 <b>Century Waste, LLC / Newark Carting</b>		NJDEP Waste Hauler ID No. <b>32797 /</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>GROWS North Landfill / Fairless Landfill / Grand Central Sanitary Landfill</b>	
City, State <b>Elizabeth, NJ / Newark, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Morrisville, PA / Pen Argyl, PA</b>	
Completed By (Print or Type) <b>Allen Monchik</b>	Title <b>Project Manager</b>	Signature <i>Allen Monchik</i>		Date <b>7/25/19</b>	



NO CK  
EDS19-033

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

RECEIVED  
JUL 29 2019  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 07/25/019		Name of Building Owner/Operator (2) Park Ridge BOE							
Agencies Notified	Type Notification	Street Address 85 Pasckack Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code Park Ridge, NJ 07656							
		Name of Contact Mr. Robert Wright	Telephone Number 201-573-1209						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Park Ridge High 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.)							
Street Address 2 W Park Ave.		Square Feet 20 000+	# of Floors 2						
City (5) Park Ridge		Bldg. Age 50+							
County (6) Bergen County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Educational							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 127	Name of Abatement Contractor (9) GL Group Inc.						
Street Address 1248 Wright Lane		Street Address 140 Hamburg Turnpike							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Bloomington, NJ 07403							
Project Manager for Monitoring Firm Philip Chester, PA		Telephone No. 610-431-7545	License No. 01084						
Start Date (10) 08/02/2019	Scheduled Completion Date (11) 08/07/2019	Name of OSHA Monitor GL Group 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 140 Hamburg Turnpike							
		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"/> ≥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
Band Store Room		x		Wood Shelving With Floor Tile	70 SF	x			
				and Mastic					
Name of Registered Waste Hauler GL Group Inc.		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS North Landfill/Fairless Landfill					
City, State Bloomington, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 07/25/2019			



CH478  
EDS19-033

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

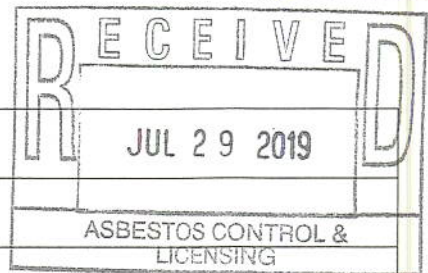
Check #47829 2019

Date of Notification (1) 07/24/2019		Name of Building Owner/Operator (2) Park Ridge BOE		ASBESTOS CONTROL & LICENSING				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 85 Pascack Road				
		City, State, Zip Code Park Ridge, NJ 07656						
		Name of Contact Mr. Robert Wright		Telephone Number 201-573-6000 x 1209				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Park Ridge High 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.)					
Street Address 2 W Park Ave.								
City (5) Park Ridge			Square Feet 20 000+	# of Floors 2	Bldg. Age 50+			
County (6) Bergen County		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Educational					
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 127	Name of Abatement Contractor (9) GL Group Inc.					
Street Address 1248 Wright Lane		Street Address 140 Hamburg Turnpike						
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Bloomingtondale, NJ 07403						
Project Manager for Monitoring Firm Philip A Conteh		Telephone No. 610-431-7545	Telephone No. 201-710-9725	License No. 01084				
Start Date (10) 08/02/2019		Scheduled Completion Date (11) 08/07/2019		Name of OSHA Monitor GL Group 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 140 Hamburg Turnpike					
			City, State, Zip Code Bloomingtondale, NJ 07403					
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If		<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
Band Store Room		x	Wood Shelving With Floor Tile	70SF	x			
			and Mastic					
Name of Registered Waste Hauler GL Group Inc.		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS North Landfill / Fairless Landfill				
City, State Bloomingtondale, NJ			Disposal Date TBD	City, State Morrisville, PA				
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>		Date 07/24/2019			



CK4124

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



Date of Notification (1) 07/26/2019 <i>Inv 13146</i>		Name of Building Owner/Operator (2) Newark Public Schools	
Agencies Notified	Type Notification	Street Address 190 Mudammad Ali Avenue	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07108	
		Name of Contact Benjamin Olagadeyo	Telephone Number 973-938-7544

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Ann Street 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 30 Ann Street		Square Feet 19,500	# of Floors 5
City (5) Newark		Bldg. Age 74	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) SMAC Corp.
Street Address 1253 North Church Street		Street Address 431 North Midland Ave	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Saddle Brook, NJ 07663	
Project Manager for Monitoring Firm James Guilardi		Telephone No. 856-840-8800	Telephone No. 201-791-6777
License No. 01110			
Start Date (10) 07/29/2019	Scheduled Completion Date (11) 08/02/2019	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Facility occupied during abatement</u>		Street Address 1056 Shelton Ave	
		City, State, Zip Code Piscataway, NJ 08854	

## Scope of Work (Check All That Apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf                | <input checked="" type="checkbox"/> 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"/> Glovebag Procedure                                    |
|  |  | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

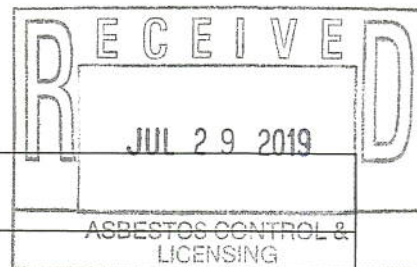
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 2A		X		Floor Tile and Mastic	237 SF	X			
Room 3A		X		Floor Tile and Mastic	242 SF	X			
Room 3C		X		Floor Tile and Mastic	247 SF	X			
Room 209		X		Vapor Barrier	700 SF	X			

Name of Registered Waste Hauler SMAC Corp.	NJDEP Waste Hauler ID No. 18590	Cubic Yards of Waste 40	Name of Registered Landfill Grows Landfill
City, State Saddle Brook, NJ 07663		Disposal Date 08/02/2019	City, State Morrisville, PA
Completed by Borce Gjorsoski	Title President	Signature <i>Borce Gjorsoski</i>	Date 07/26/2019



Inv-13145  
CK1723

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

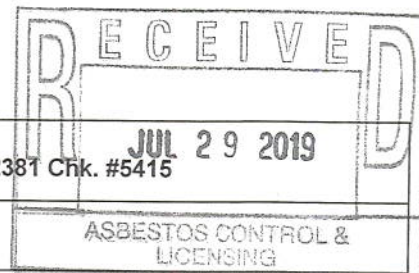


Date of Notification (1) <b>07 / 25 / 19</b>		Name of Building Owner/Operator (2) <b>Mulberry Green Realty, LLC</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>9 Kensington Place</b> City, State, Zip Code <b>Roseland, NJ 07068</b>							
		Name of Contact <b>Jose Lopez</b>	Telephone Number <b>973-578-4599</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Commercial</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>58 Green Street</b>									
City (5) <b>Newark, NJ</b>		Square Feet	# of Floors						
County (6) <b>Essex</b>		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Mark Jovic Consulting LLC</b>		ASCM No.							
Street Address <b>87 Main Street, Suite A</b>		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>							
City, State, Zip Code <b>Lincoln Park, NJ 07035</b>		Street Address <b>27 Outwater Lane</b>							
Project Manager for Monitoring Firm <b>Mark Jovic</b>		Telephone No. <b>973-650-0932</b>	Telephone No. <b>973-928-4888</b>						
License No. <b>1188</b>									
Start Date (10) <b>08 / 03 / 19</b>	Scheduled Completion Date (11) <b>08 / 30 / 19</b>	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>27 Outwater Lane</b>							
		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior- Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Roofing Material	1,200 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 <b>Century Waste, LLC</b>		NJDEP Waste Hauler ID No. <b>32797</b>		Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>GROWS North Landfill / Fairless Landfill</b>				
City, State <b>Elizabeth, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature <i>Allen Monchik</i>			Date <b>7/25/19</b>		



Inv 13144  
Ch 5415

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



Date of Notification (1) 7 / 25 / 19		Name of Building Owner/Operator (2) The Reserve at Grace LLC/ Job #1811-2381 Chk. #5415	
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 2001 College Drive Ste 11 City, State, Zip Code Somerdale, NJ 08083 Name of Contact George Chollaj/MCR Telephone Number 856-317-0006	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) The Reserve @ Grace		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 35 North White Horse Pike		Square Feet Various	
City (5) Somerdale		# of Floors Various	Bldg. Age Various
County (6) Somerdale	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant-Rectory/Church/School/Gym/Resids	
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 617 Stokes Road, Suite 4-318		Street Address 3859 Sylon Boulevard	
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code Hainesport, NJ 08036	
Project Manager for Monitoring Firm Rebecca Rubnitz		Telephone No. 888-715-2211	License No. 00862
Start Date (10) 8 / 12 / 19	Scheduled Completion Date (11) 8 / 20 / 19	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)

☐  $\geq 3$  sf or  $\geq 3$  lf  
☒  $\geq 160$  sf or  $\geq 260$  lf

☐ Renovation  
☒ Demolition

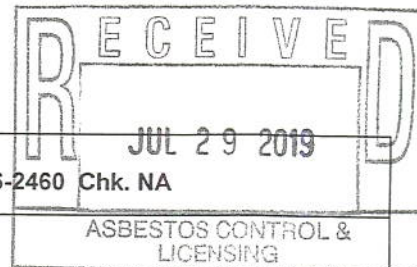
☒ Full Containment with Negative Pressure Enclosure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (\*) and Non-Friable Procedure

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
Gymnasium Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Double Layer Tile and Mastic	5,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room at Bottom of Steps Outside	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and Mastic	270 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnasium Entrance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 8/20/2019	City, State Penn Argyle, PA		
Completed By (Print or Type) Kimberly A. Trumbetti	Title Office Coordinator	Signature 	Date 7-25-2019		



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



Date of Notification (1) <u>7</u> / <u>9</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>Airport Investors, LP</b> / Job #1906-2460 Chk. NA	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>484 Evesham Road #7</b>	
	City, State, Zip Code <b>Cherry Hill, NJ</b>		
		Name of Contact <b>Jeffrey Hipple</b>	Telephone Number <b>856-428-5750</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Airport Plaza</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>7941 - 7953 Crescent Blvd</b>			
City (5) <b>Pennsauken</b>		Square Feet <b>34725</b>	# of Floors <b>1</b>
County (6) <b>Camden</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>50</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>Finog Environmental</b>		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>	
Street Address <b>617 Stokes Road, Suite 4-318</b>		Street Address <b>3859 Sylon Boulevard</b>	
City, State, Zip Code <b>Medford, NJ 08055</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>	
Project Manager for Monitoring Firm <b>Rebecca Rubnitz</b>		Telephone No. <b>888-715-2211</b>	License No. <b>00862</b>
Start Date (10) <u>7</u> / <u>22</u> / <u>19</u>	Scheduled Completion Date (11) <u>7</u> / <u>29</u> / <u>19</u>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <b>200 U.S. Route 130 North</b>	
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	

Scope of Work (Check all that apply)

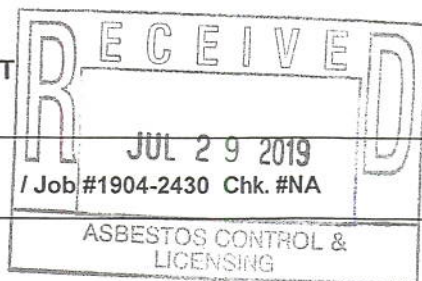
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <i>Enclosure</i>
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Space #7945, Unit 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	2,050 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 <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Grand Central</b>	
City, State <b>Lafayette, NJ</b>		Disposal Date <b>7/29/19</b>		City, State <b>Penn Argyle, PA</b>	
Completed By (Print or Type) <b>Kaysi Gruner</b>	Title <b>Office Assistant</b>	Signature 			Date <b>7-25-19</b>



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



Date of Notification (1) <u>7</u> / <u>17</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>Trustees of Newark Academy</b>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JUL 29 2019  / Job #1904-2430 Chk. #NA  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <b>91 South Orange Avenue</b>		City, State, Zip Code <b>Livingston, NJ 07039</b>		Name of Contact <b>Brian Stephenson</b>					
				Telephone Number <b>201-247-1617</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Newark Academy</b>				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 and commercial buildings, homes, etc.)					
Street Address <b>91 South Orange Avenue</b>				Square Feet <b>250,000</b>					
City (5) <b>Livingston</b>				# of Floors <b>2</b>					
				Bldg. Age <b>1965</b>					
County (6) <b>Essex</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>School</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Envirovision</b>		ASCM No.		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>					
Street Address <b>20-21 Wagaraw Road, Bld. 35 E</b>				Street Address <b>3859 Sylon Boulevard</b>					
City, State, Zip Code <b>Fair Lawn, NJ 07410</b>				City, State, Zip Code <b>Hainesport, NJ 08036</b>					
Project Manager for Monitoring Firm <b>Fred Larson</b>		Telephone No. <b>973-633-9145</b>		Telephone No. <b>609-702-0400</b>					
				License No. <b>00862</b>					
Start Date (10) <u>6</u> / <u>24</u> / <u>19</u>		Scheduled Completion Date (11) <u>7</u> / <u>26</u> / <u>19</u>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>					
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 <b>200 U.S. Route 130 North</b>					
				City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Throughout</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Ceiling Plaster</b>	<b>4,400 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>17273</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Grand Central</b>				
City, State <b>Lafayette, NJ</b>		Disposal Date <b>7/26/19</b>		City, State <b>Penn Argyle, PA</b>					
Completed By (Print or Type) <b>Kim Trumbetti</b>		Title <b>Ops Coordinator</b>		Signature 			Date <b>7-24-19</b>		



Inv 13B9  
Ch 11650

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:68 and 12:128)

RECEIVED  
JUL 29 2019  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 07.17.2019		Name of Building Owner/Operator (2) NORTH PLAINFIELD SCHOOL DISTRICT	
Agencies Notified	Type Notification	Street Address 33 Mountain Av.	ASBESTOS CONTROL & LICENSING
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code North Plainfield N.J.	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact MILTON MATHIS	
		Telephone Number 908-769-6058	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) HARRISON 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 12 HARRISON AV.		Square Feet	# of Floors
City (5) NORTH PLAINFIELD N.J.		Bldg. Age	
County (6) SOMERSET	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) GARDEN STATE ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) DIVINE DEVELOPMENT LLC	
Street Address 555 South Broad St.		Street Address 572 S 12TH STREET APT:1		
City, State, Zip Code Glen Rock, N.J.		City, State, Zip Code NEWARK N.J. 07103		
Project Manager for Monitoring Firm BRUCE WOLF		Telephone No. 201-652-1119	Telephone No. 907 216 5472	License No. 01375

Start Date (10) 07.30.2019	Scheduled Completion Date (11) 08.02.2019	Name of OSHA Monitor THIS ENVIRONMENTAL LABORATORIES	
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 2335 US HWY 22 WEST	
		City, State, Zip Code WEST UNION N.J. 07083	

Scope of Work (Check All That Apply)

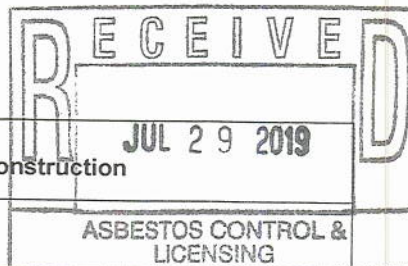
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOM : 3			<input checked="" type="checkbox"/>	VAT / MASTIC	900 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 3 YARD	Name of Registered Landfill IESI LANDFILL	
City, State NEWARK N.J.		Disposal Date TBD	City, State BETHLEHEM PA		
Completed by JOVAN SYRDOSKI	Title OWNER	Signature 	Date 07.17.2019		



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



Date of Notification (1) <u>6</u> / <u>17</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>Princeton University-Office of Design and Construction</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <b>1-7/19/19</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>200 Elm Dr.</b> City, State, Zip Code <b>Princeton, NJ 08544</b>							
		Name of Contact <b>Robert Ortego</b>	Telephone Number <b>609-258-1841</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Firestone Library</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>Washington Road</b>									
City (5) <b>Princeton</b>		Square Feet	# of Floors <b>70</b>						
County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Library</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental Inc</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Street Address <b>1253 North Church Rd</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Michael Keehn</b>		Telephone No. <b>609-386-8800</b>	License No. <b>00509</b>						
Start Date (10) <u>7</u> / <u>1</u> / <u>19</u>	Scheduled Completion Date (11) <u>8</u> / <u>30</u> / <u>19</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
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: <b>7:00AM-5:30PM</b> / <u>      </u> PM - <u>      </u> AM		Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Exterior of Penthouses 1 and 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waterproofing	280 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 <b>BRISTOL ENVIRONMENTAL, INC.</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste	Name of Registered Landfill <b>FAIRLESS LANDFILL</b>					
City, State <b>BRISTOL, PA 19007</b>			Disposal Date	City, State <b>FAIRLESS HILLS, PA</b>					
Completed By (Print or Type) <b>Brian Scafiro</b>	Title <b>Estimator</b>	Signature <i>Brian Scafiro</i>				Date <b>7/19/19</b>			



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

*CHK#3591*

Date of Notification (1) 6 / 17 / 19		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 6194 <input checked="" type="checkbox"/> DHSS 6157 <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 200 Elm Dr.	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JUL 29 2019  DEPT. OF ENVIRONMENTAL PROTECTION  ASBESTOS CONTROL &amp; LICENSING </div>
		City, State, Zip Code Princeton, NJ 08544	
		Name of Contact Robert Ortego	
		Telephone Number 609-258-1844	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library		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 Washington Road		Square Feet	# of Floors
City (5) Princeton		Bldg. Age 70	
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Library	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 1253 North Church Rd		Street Address 1123 BEAVER STREET	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Michael Keehn	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 7 / 1 / 19	Scheduled Completion Date (11) 7 / 19 / 19	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: 7:00AM-5:30PM/ _____PM-_____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 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

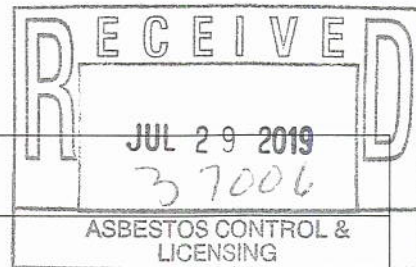
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior of Penthouses 1 and 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waterproofing	280 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 BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL	
City, State BRISTOL, PA 19007			Disposal Date	City, State FAIRLESS HILLS, PA	
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>	Date 6-17-19		



Inv-13137  
CH37006

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



Date of Notification (1) <u>07</u> / <u>24</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>Jacobs Demolition</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>P O Box 9</b> City, State, Zip Code <b>Manasquan, NJ 08736</b> Name of Contact <b>Linda</b> Telephone Number <b>732-528-3800</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <b>1000 sf</b>	
City (5) <b>Point Pleasant</b>		# of Floors <b>1</b>	Bldg. Age <b>65</b>
County (6) <b>Ocean</b>	County Code (7)(STATE USE ONLY) <b>08742</b>	Current Use (Prior if being demolished) <b>Residence</b>	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No. [REDACTED]	
Street Address [REDACTED]		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>	
City, State, Zip Code [REDACTED]		Street Address <b>1889 Route 9, Unit 61</b>	
Project Manager for Monitoring Firm [REDACTED]		City, State, Zip Code <b>Toms River, New Jersey 08755</b>	
Telephone No. [REDACTED]		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>
Start Date (10) <u>08</u> / <u>05</u> / <u>19</u>	Scheduled Completion Date (11) <u>08</u> / <u>06</u> / <u>19</u>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>1056 Stelton</b>	
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		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>	

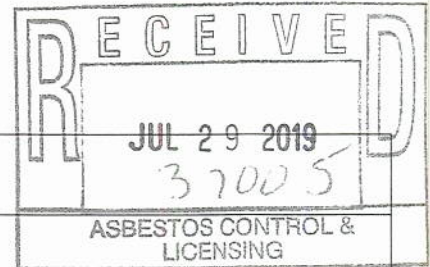
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1000 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 <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>	Disposal Date <b>08/06/19</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>7/24/19</b>



INV 13043  
CK37005

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



Date of Notification (1) <b>07 / 24 / 19</b>		Name of Building Owner/Operator (2) <b>The Gillespie Group</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>5 Chris Court, Suite G</b>	
		City, State, Zip Code <b>Dayton, NJ 08810</b>	
		Name of Contact <b>Melissa Senatore</b>	Telephone Number <b>973-906-1862</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Ellen T. Briggs Elementary School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>1 Jefferson Drive</b>			
City (5) <b>Lake Hopatcong</b>	Square Feet <b>100,000</b>	# of Floors <b>1</b>	Bldg. Age <b>60</b>
County (6) <b>Morris</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>School</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Karl &amp; Associates</b>		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>	
Street Address <b>20 Lauck Road</b>		Street Address <b>1889 Route 9, Unit 61</b>	
City, State, Zip Code <b>Mohnton, PA 19540</b>		City, State, Zip Code <b>Toms River, New Jersey 08755</b>	
Project Manager for Monitoring Firm <b>Ed Karl</b>	Telephone No. <b>610-856-7700</b>	Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>
Start Date (10) <b>07 / 25 / 19</b>	Scheduled Completion Date (11) <b>07 / 26 / 19</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>1056 Stelton</b>	
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <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 rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	glue dots from chalkboard	10 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 <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>T.R.R.F.</b>	
City, State <b>Toms River, New Jersey</b>			Disposal Date <b>7/26/19</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 		Date <b>7/24/19</b>	



RECEIVED  
JUL 29 2019  
37004  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>07</u> / <u>24</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>The Gillespie Group</b>		JUL 29 2019 37604	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>5 Chris Court, Suite G</b>		ASBESTOS CONTROL & LICENSING	
		City, State, Zip Code <b>Dayton, NJ 08810</b>			
		Name of Contact <b>Melissa Senatore</b>		Telephone Number <b>973-906-1862</b>	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Jefferson Twp. Middle School</b>				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>1000 Weldon Road</b>				Square Feet <b>100,000</b>	# of Floors <b>2</b>
City (5) <b>Oak Ridge</b>				Bldg. Age <b>60</b>	
County (6) <b>Morris</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>School</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Karl &amp; Associates</b>		ASCN No.		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>	
Street Address <b>20 Lauck Road</b>		Street Address <b>1889 Route 9, Unit 61</b>			
City, State, Zip Code <b>Mohnton, PA 19540</b>		City, State, Zip Code <b>Toms River, New Jersey 08755</b>			
Project Manager for Monitoring Firm <b>Ed Karl</b>		Telephone No. <b>610-856-7700</b>		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>
Start Date (10) <b>07 / 25 / 19</b>	Scheduled Completion Date (11) <b>07 / 26 / 19</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address <b>1056 Stelton</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3 rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	glue dots from chalkboard	24 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"/>

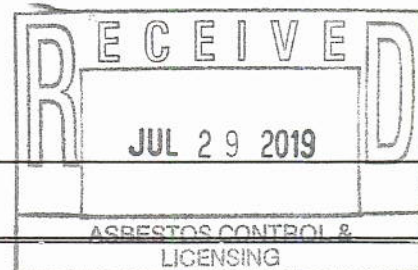
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>T.R.R.F.</b>	
City, State <b>Toms River, New Jersey</b>			Disposal Date <b>7/26/19</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>		Signature 	Date <b>7/24/19</b>	



INV-13135

Proj. #: 19-155

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



Date of Notification (1) 07/12/19		Name of Building Owner/Operator (2) Mara Winstein	
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 Montclair, NJ 07042	
Name of Contact Mara Winstein		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 2,400		
City (5) Montclair, NJ 07042			County (6) Essex		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			ASCM No.		
Street Address			Name of Abatement Contractor (9) KLOMAX, LLC		
City, State, Zip Code			Street Address 309 W. End Ave		
Project Manager for Monitoring Firm			Telephone Number 833-455-6629		License Number 02007
Start Date (10) 08/06/19			Sched. Completion Date (11) 08/13/19		
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 KLOMAX, LLC		
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			Street Address 309 W. End Ave		
Location of asbestos-containing material (acm) to be abated in facility (13) Attic			Is location normally used solely by maintenance/custodial staff (12) Yes No N/A <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		City, State, Zip Code Hopatcong, NJ 07843

Full Containment w/negative pressure		<input checked="" type="checkbox"/>	
Mini-enclosure		<input type="checkbox"/>	
Glovebag procedure		<input type="checkbox"/>	
Non-Exempted (*) and Non-friable procedure		<input type="checkbox"/>	

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						
Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vermiculite	638 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 6 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Hopatcong, NJ 07843	Disposal Date TBD	City, State TULLYTOWN, PA	
Completed by (Print or Type) Paige Boylan	Title Owner	Signature 	Date 07/22/19



ATTN: FRANK MEYER  
\*REQ. FOR EMERGENCY WAIVER OF 10 DAY WAITING PERIOD

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

RECEIVED  
JUL 29 2019  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) JULY 24, 2019		Name of Building Owner/Operator (2) BISHOP GEORGE AHR HIGH SCHOOL	
Agencies Notified	Type Notification	Street Address 1 TINGLEY LANE	
<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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code EDISON, NJ 08820	
		Name of Contact JOHN KARABIN	Telephone Number 732-549-1108

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) BISHOP GEORGE AHR HIGH SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1 TINGLEY LANE		Square Feet 50,000	# of Floors 3
City (5) EDISON		Bldg. Age 50 YRS	
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HIGH SCHOOL	
Name of Monitoring Firm Hired by Building Owner (8) MCCABE ENVIRONMENTAL SERVICES,		ASCM No. 00118	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.
Street Address 464 VALLEY BROOK AVENUE		Street Address 17 THOMPSON STREET	
City, State, Zip Code LYNDHURST, NJ 07071		City, State, Zip Code WEST LONG BRANCH, NJ 07764	
Project Manager for Monitoring Firm JOHN CHEVALIER		Telephone No. 201-438-4839	Telephone No. 732.222.8372
License No. 00040			
Start Date (10) 7/25/19	Scheduled Completion Date (11) 8/1/19	Name of OSHA Monitor N/A	
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"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
CLASSROOM 235			X	REMOVAL OF VAT & DECONTAM.	1100 SF	X			

Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc.		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 5 CY	Name of Registered Landfill FAIRLESS LANDFILL	
City, State WEST LONG BRANCH, NJ 07764			Disposal Date 8/1/19	City, State MORRISVILLE, PA	
Completed by JOSEPH P. MILLER		Title PRESIDENT	Signature <i>Joseph P. Miller</i>	Date 7/24/19	



CH4670

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

Check # 4670

JUL 29 2019

Project #

Date of Notification (1)

07/22/2019

Name of Building Owner/Operator (2)

Saint Mary's Church

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL

☒ DOH  
☐ DCA

Type Notification

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

Street Address

19 Pompton Ave

City, State, Zip Code

Pompton Lakes, NJ 07442

Name of Contact

Phil Epstein

Telephone Number

(201)953-2641

**ASBESTOS CONTROL &  
LICENSING**
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

Saint Mary's Church

Street Address

19 Pompton Ave

City (5)

Pompton Lakes

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

County (6)

Passaic County

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

RAMM

ASCM No.

Name of Abatement Contractor (9)

Nick Restoration LLC

Street Address

77 Nottingham Rd

Street Address

72 Brookside Rd

City, State, Zip Code

Fair Lawn

City, State, Zip Code

Randolph NJ 07869

Project Manager for Monitoring Firm

Rodger Headrick

Telephone No.

(201)475-9880

Telephone No.

973-933-2550

License No.

01358

Start Date (10)

08/01/2019

Scheduled Completion Date (11)

08/05/2019

Name of OSHA Monitor

Nick Restoration LLC

Occupancy Status During Abatement (Check Only One)

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

Street Address

72 Brookside Rd

City, State, Zip Code

Randolph NJ 07869

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
Basement area		X		TSIwrap & cut	450 LF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Nick Restoration LLC	33782	TBD	G.R.O.W.S
City, State	Disposal Date	City, State	
Randolph, NJ 07869	TBD	Tullytown, PA	
Completed by	Title	Signature	Date
Elvira Mrda	President	<i>Elvira Mrda</i>	07/22/2019



Inv 13132  
CH5889

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

RECEIVED	
JUL 29 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 07 / 23 / 19		Name of Building Owner/Operator (2) Catholic Partnership Schools	
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 808 Market Street City, State, Zip Code Camden, NJ 08105 Name of Contact John Niwore Telephone Number 856-338-0966	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Saint Joseph's Pro Cathedral School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2907 Federal Street		Square Feet 36,000	
City (5) Camden		# of Floors 3	Bldg. Age 78
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 1000 Maplewood Drive		Street Address 623 Cutler Avenue	
City, State, Zip Code Maple Shade, NJ 08052		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Chris Macri	Telephone No. 856-755-9300	Telephone No. 856-755-0099	License No. 00842
Start Date (10) 08 / 01 / 19	Scheduled Completion Date (11) 08 / 02 / 19	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

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

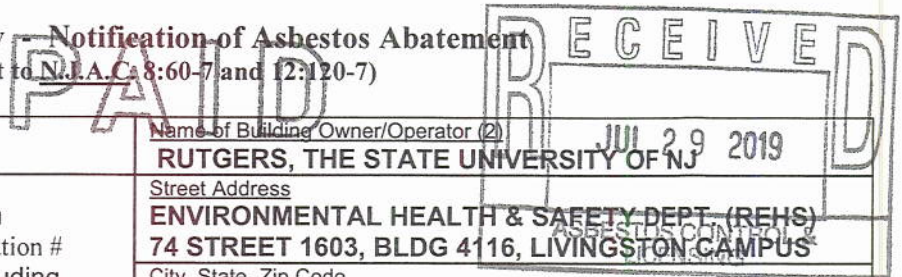
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Boiler Insualtion	20 SF	<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"/>

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill	
City, State Freehold, NJ		Disposal Date 08/02/2019	City, State Morrisville, PA		
Completed By (Print or Type) Margie Muller	Title Administrative Manager	Signature 	Date 7-23-19		



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

GAC Project # 060-19



Date of Notification (1) <b>July 22, 2019</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>
		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
		Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>	Telephone Number <b>848-445-2550</b>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>HURTADO HEALTH CTR., BLDG# 3061</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>60+ years</b>	
Street Address <b>COLLEGE AVENUE CAMPUS</b>			
City (5) <b>NEW BRUNSWICK</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Street Address <b>511 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		Telephone Number <b>609-386-8800</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>08/02/19</b>		Scheduled Completion Date (11) <b>08/05/19</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5PM - 5AM Daily (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $>3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>015 Corridor, 015D, 015E</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>	Amount (Specify SF or LF) <b>1200 SF</b>
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>			
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>20 CY</b>
Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>			
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>08/05/2019</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>July 22, 2019</b>

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



CH3376

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

Check # 12376

Print Form	
<b>RECEIVED</b>	
JUL 29 2019	
<b>ASBESTOS CONTROL &amp; LICENSING</b>	


Date of Notification (1) 7/23/2019 <i>JNV 13/27</i>		Name of Building Owner/Operator (2) US Army Corps of Engineers/ NY District / NJ Civil Works Office	
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	225 S Lincoln Avenue	
		City, State, Zip Code	
		Middlesex, NJ 08846	
		Name of Contact	Telephone Number
		Mr. Paul Kara, Admin Constracting Office	(732) 667-7274

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residential Property		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) Middlesex		Square Feet 1000 SF	# of Floors 1
		Bldg. Age 60	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC
Street Address		Street Address 1385 Valley Road, Suite K	
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. (973) 928-5040	License No. 00874
Start Date (10) 8/6/2019	Scheduled Completion Date (11) 9/6/2019	Name of OSHA Monitor Sky Contracting, LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 1385 Valley Road, Suite K	
<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 Wayne, New Jersey 07470	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bedroom First Floor		x		VAT	150 SF	x			

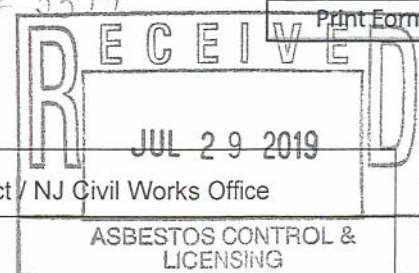
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprises, LLC	
City, State New Castle, Delaware		Disposal Date TBD	City, State Waynesburg, Ohio		
Completed by Predrag Sarcev	Title Vice President	Signature 	Date 7/23/2019		



Check # 3374

Print Form

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



Date of Notification (1) 7/23/2019		Name of Building Owner/Operator (2) US Army Corps of Engineers/ NY District / NJ Civil Works Office	
Agencies Notified	Type Notification	Street Address 225 S Lincoln Avenue	ASBESTOS CONTROL & LICENSING
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Middlesex, NJ 08846  Name of Contact Mr. Paul Kara, Admin Constracting Office	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2300 SF	# of Floors 2
City (5) Middlesex		Bldg. Age 60	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC
Street Address		Street Address 1385 Valley Road, Suite K	
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470	
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	License No. 00874
Start Date (10) 8/6/2019	Scheduled Completion Date (11) 9/6/2019	Name of OSHA Monitor Sky Contracting, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1385 Valley Road, Suite K	
		City, State, Zip Code Wayne, New Jersey 07470	

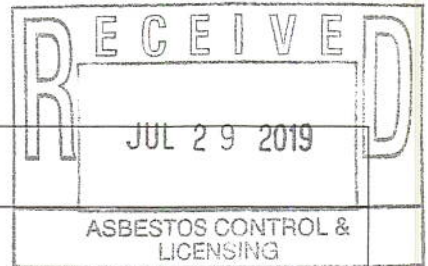
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input 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
See Attached									

Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprises, LLC	
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio	
Completed by Predrag Sarcev		Title Vice President	Signature 	Date 7/23/2019	



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



Date of Notification (1) <b>07 / 24 / 19</b>		Name of Building Owner/Operator (2) <b>Lindenwold Board of Education</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>801 Egg Harbor Road</b>	
		City, State, Zip Code <b>Lindenwold, NJ 08021</b>	
		Name of Contact <b>Kathleen Huder</b>	Telephone Number <b>856-783-0276 x 3102</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Lindenwold Middle School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>40 White Horse Avenue</b>			
City (5) <b>Lindenwold</b>		Square Feet <b>20,000</b>	# of Floors <b>2</b>
		Bldg. Age <b>80</b>	
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>School</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental Group, Inc.</b>		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>	
Street Address <b>PO Box 316</b>		Street Address <b>623 Cutler Avenue</b>	
City, State, Zip Code <b>Thorofare, NJ 08086</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>	
Project Manager for Monitoring Firm <b>Steve Flanigan</b>	Telephone No. <b>856-848-0800</b>	Telephone No. <b>856-755-0099</b>	License No. <b>00842</b>
Start Date (10) <b>08 / 12 / 19</b>	Scheduled Completion Date (11) <b>08 / 14 / 19</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>200 Route 130 North</b>	
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <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
Room No. B110	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	616 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 <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Fairless Landfill</b>	
City, State <b>Freehold, NJ</b>		Disposal Date <b>08/14/2019</b>		City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Margie Muller</b>	Title <b>Administrative Manager</b>			Signature 	Date <b>7-24-19</b>



B &amp; G proj. #:

2019-113

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
\*\*\* RESUME 07/25/2019 \*\*\*

PAID

Check # 9456

Date of Notification (1)

10/17/2014/11/19

Name of Building Owner/Operator (2)

Atlantic Health System

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☐ Initial☒ Amendment☐ Cancellation

Street Address

100 Madison Avenue

City, State, Zip Code

Morristown, NJ 07960

Name of Contact

Peter Palmer

Telephone Number

(973)971-4194

RECEIVED
JUL 29 2019
ASBESTOS CONTROL & LICENSING

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Morristown Medical Center / Simon B

Street Address

100 Madison Avenue

City (5)

Morristown

County (6)

Morris

County Code (7)

(State use only)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Hospital (non sub 8)

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

T&amp;M Associates

ASCM No.

0145

Name of Abatement Contractor (9)

B &amp; G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

(973)696-6869

License Number

00378

Name of OSHA Monitor

B &amp; G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Kevin Burns

Phone Number

732-676-4000

Scheduled Start Date (10)

05/21/2019

Sched. Completion Date (11)

07/29/19

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-

Describe:

☒ Other-Describe: work shift 4:00 pm - 12:30 am

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Kitchen freezer rooms			<input checked="" type="checkbox"/>	pipe insulation	35 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen freezer rooms			<input checked="" type="checkbox"/>	fittings	25 fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler  
B & G Restoration, Inc.NJDEP Hauler ID#  
19563Cubic Yards of Waste  
4Name of Registered Landfill  
Tullytown Resource & Recovery CenterCity, State  
Lincoln Park, NJDisposal Date  
05/21/19 - 07/30/19City, State  
Tullytown, PACompleted by (Print or Type)  
Gordana LunaTitle  
Secretary/Treasurer

Signature

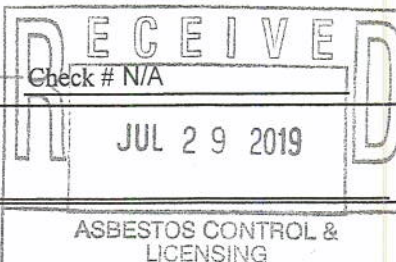
Gordana Luna

Date  
07/24/2019



B &amp; G proj. #: 2019-113

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



Date of Notification (1) 06/10/19		Name of Building Owner/Operator (2) Atlantic Health System	
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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 100 Madison Avenue			
City, State, Zip Code Morristown, NJ 07960			
Name of Contact Peter Palmer		Telephone Number (973)971-4194	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Morristown Medical Center / Simon B			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 100 Madison Avenue			Square Feet # of Floors Bldg. Age		
City (5) Morristown	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) Hospital (non sub 8)		

Name of Monitoring Firm Hired by Bldg. Owner (8) T&M Associates		ASCM No. 0145	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 11 Tindall Road		Street Address 105 Ryerson Road		
City, State, Zip Code Middletown, NJ 07748		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Burns		Phone Number 732-676-4000	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 05/21/2019	Sched. Completion Date (11) 08/30/19			
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: work shift 3:30 pm - 12:00 am				
Name of OSHA Monitor B & G Restoration, Inc.				
Street Address 105 Ryerson Road				
City, State, Zip Code LincolnPark, NJ 07035				

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input 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

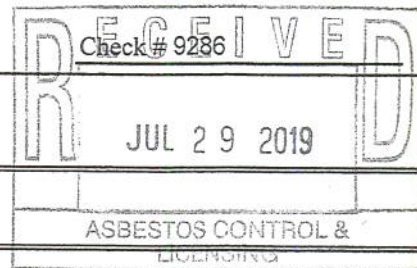
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Kitchen freezer rooms			<input checked="" type="checkbox"/>	small & large pipe insulation	40 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen freezer rooms			<input checked="" type="checkbox"/>	fittings	50 fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 4	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 05/21/19 - 08/30/19	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 06/07/2019



B &amp; G proj. #: 2019-113

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



Date of Notification (1) 05/10/19		Name of Building Owner/Operator (2) Atlantic Health System	
Agencies Notified	Type Notification	Street Address 100 Madison Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Morristown, NJ 07960	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Peter Palmer	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number (973)971-4194	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Morristown Medical Center / Simon B			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 100 Madison Avenue			Square Feet # of Floors Bldg. Age		
City (5) Morristown	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) Hospital (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8) T&M Associates		ASCM No. 0145	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 11 Tindall Road		Street Address 105 Ryerson Road			
City, State, Zip Code Middletown, NJ 07748		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Kevin Burns		Phone Number 732-676-4000	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 05/21/2019	Sched. Completion Date (11) 08/30/19		Name of OSHA Monitor B & G 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: work shift 3:30 pm - 12:00 am			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

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

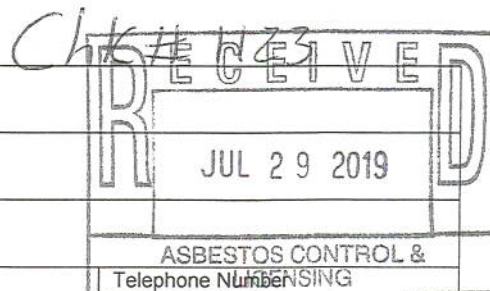
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Kitchen freezer rooms			<input checked="" type="checkbox"/>	small & large pipe insulation	40 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen freezer rooms			<input checked="" type="checkbox"/>	fittings	50 fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 4	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 05/21/19 - 08/30/19	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 05/10/2019



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

CH1123



Date of Notification (1) 07/22/2019 <i>Inv 13067</i>		Name of Building Owner/Operator (2) Delia Vialat							
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 Hillside, NJ 07205							
		Name of Contact Delia Vialat							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Property		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) Hillside, NJ 07205		Square Feet 1,733	# of Floors 2						
		Bldg. Age 1924							
County (6) Union	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) Danvic Contracting LLC						
Street Address		Street Address 240 South 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206							
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355						
Start Date (10) 07/31/2019	Scheduled Completion Date (11) 08/09/2019	Name of OSHA Monitor Iris Environmental Laboratories, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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	80 LF	X			
Crawlspace			X	Pipe Insulation	40 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, New Jersey			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature <i>Jeymy Donneys</i>			Date 07/22/2019			



Inv 13120  
MO 25835267166

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

**PAID**

25835267166  
**RECEIVED**  
JUL 29 2019  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>July 23, 2019</b>		Name of Building Owner/Operator (2) <b>BRE 1290 Wall Street Owner LLC</b> <b>c/o Link Industrial Properties</b>	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b>	<b>220 Commerce Drive, 4th Floor</b>	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Ft. Washington, PA 10934</b>	
		Name of Contact	Telephone Number
		<b>Project Manager</b>	<b>201-336-0477</b>

Name of Facility Where Abatement is Taking Place (3) <b>Office Building</b>			Type of Facility (4)		
Street Address <b>1290 Wall St</b>			<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) <b>Lyndhurst, NJ</b>			Square Feet <b>26000</b>	# of Floors <b>5</b>	Bldg. Age <b>1980's</b>
County (6) <b>Bergen</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Vacated</b>	


Name of Monitoring Firm Hired by Building Owner (8) <b>A.E.S.L.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Super, LLC</b>	
Street Address <b>2200 Paterson Plank rd # 7</b>		Street Address <b>203 Belmont Ave.</b>		
City, State, Zip Code <b>North Bergen, NJ 07047</b>		City, State, Zip Code <b>Haledon, NJ 07508</b>		
Project Manager for Monitoring Firm <b>Mr. Carmelo Altomonte</b>		Telephone No. <b>201-864-6583</b>	Telephone No. <b>(201) 673-5392</b>	License No. <b>01195</b>

Start Date (10) <b>8/5/19</b>	Scheduled Completion Date (11) <b>9/31/19</b>	Name of OSHA Monitor <b>Super, LLC</b>	
Occupancy Status During Abatement (Check Only One)		Street Address <b>203 Belmont Ave.</b>	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code <b>Haledon, NJ 07508</b>	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
Other - Describe: _____			

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input checked="" type="checkbox"/>			Flashing	4500 s/f	<input checked="" type="checkbox"/>			
"-	<input checked="" type="checkbox"/>			Tar on plywood	2450 s/f	<input checked="" type="checkbox"/>			
"-	<input checked="" type="checkbox"/>			flashing caulk	700 l/f	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>Newark Carting Inc.</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>76.5</b>	Name of Registered Landfill <b>G.R.O.W.S</b>	
City, State <b>Newark, NJ 07105</b>		Disposal Date <b>9/31/19</b>		City, State <b>MORRISVILLE PA</b>	
Completed by <b>Tailor Dominguez</b>		Title <b>Project Manager</b>	Signature 	Date <b>7/23/19</b>	



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

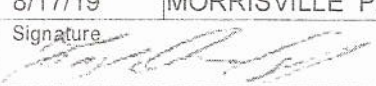
25490044978

Date of Notification (1) <b>July 09, 2019</b>		Name of Building Owner/Operator (2) <b>BRE 1290 Wall Street Owner LLC</b> c/o Link Industrial Properties	
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"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>220 Commerce Drive, 4th Floor</b>	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code <b>Ft. Washington, PA 10934</b>	
		Name of Contact <b>Project Manager</b>	Telephone Number <b>201-336-0477</b>

**RECEIVED**  
**JUL 29 2019**  
**ASBESTOS CONTROL & LICENSING**

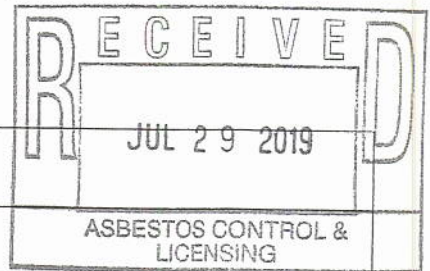
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Office Building</b>		Type of Facility (4)	
Street Address <b>1290 Wall St</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <b>Lyndhurst, NJ</b>	Square Feet <b>26000</b>	# of Floors <b>5</b>	Bldg. Age <b>1980's</b>
County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacated</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>A.E.S.L.</b>		Name of Abatement Contractor (9) <b>Super, LLC</b>	
Street Address <b>2200 Paterson Plank rd # 7</b>		Street Address <b>203 Belmont Ave.</b>	
City, State, Zip Code <b>North Bergen, NJ 07047</b>		City, State, Zip Code <b>Haledon, NJ 07508</b>	
Project Manager for Monitoring Firm <b>Mr. Carmelo Altomonte</b>		Telephone No. <b>201-864-6583</b>	License No. <b>01195</b>
Start Date (10) <b>7/25/19</b>	Scheduled Completion Date (11) <b>8/17/19</b>		Name of OSHA Monitor <b>Super, LLC</b>
Occupancy Status During Abatement (Check Only One)		Street Address <b>203 Belmont Ave.</b>	
<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 <b>Haledon, NJ 07508</b>	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Roof</b>	<input checked="" type="checkbox"/>			<b>Flashing</b>	<b>4500 s/f</b>	<input checked="" type="checkbox"/>			
<b>-"</b>	<input checked="" type="checkbox"/>			<b>Tar on plywood</b>	<b>2450 s/f</b>	<input checked="" type="checkbox"/>			
<b>-"</b>	<input checked="" type="checkbox"/>			<b>flashing caulk</b>	<b>700 lf</b>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>Newark Carting Inc.</b>	NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>76.5</b>	Name of Registered Landfill <b>G.R.O.W.S</b>
City, State <b>Newark, NJ 07105</b>	Disposal Date <b>8/17/19</b>	City, State <b>MORRISVILLE PA</b>	
Completed by <b>Tailor Dominguez</b>	Title <b>Project Manager</b>	Signature 	Date <b>7/9/19</b>



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



Date of Notification (1) 6 / 7 / 19		Name of Building Owner/Operator (2) ST-LINDEN TERMINAL LLC							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3-7/19/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4501 Tremley Point Road							
		City, State, Zip Code Linden, NJ 07036							
		Name of Contact Fabien Kulynych	Telephone Number 609-575-4335						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Nustar Energy- Linden		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 4501 Tremley Point Road		Square Feet -	# of Floors -						
City (5) Linden		Bldg. Age -							
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 515 Grove Street		Street Address 1123 BEAVER STREET							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856-547-0505	License No. 00509						
Start Date (10) 7 / 22 / 19	Scheduled Completion Date (11) 7 / 24 / 19	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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00AM-1:30PM/ PM- 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"/> ≥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
Exterior Pipeline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	170 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 6 cu yd	Name of Registered Landfill Fairless Landfill					
City, State Bristol, PA		Disposal Date 7/19/19		City, State Fairless Hills, PA					
Completed By (Print or Type) Gino Pizzigoni		Title Estimator	Signature <i>Gino Pizzigoni</i>	Date 7/19/19					

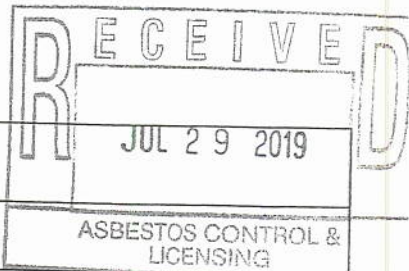
ASB-41  
MAY 11

\*\*\* BACK ON

\* Do not use this form for asbestos licensure exempted activities.  
SITE 7/22/19



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



Date of Notification (1) <u>6</u> / <u>7</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>ST-LINDEN TERMINAL LLC</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2-7/17/19</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>4501 Tremley Point Road</b> City, State, Zip Code <b>Linden, NJ 07036</b> Name of Contact <b>Fabien Kulynych</b> Telephone Number <b>609-575-4335</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Nustar Energy- Linden</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>4501 Tremley Point Road</b>		Square Feet -	# of Floors -
City (5) <b>Linden</b>		Bldg. Age -	
County (6) <b>Union</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates</b>	ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address <b>515 Grove Street</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>Alan Lloyd</b>	Telephone No. <b>856-547-0505</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>

Start Date (10) <u>7</u> / <u>15</u> / <u>19</u>	Scheduled Completion Date (11) <u>ON HOLD</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / <u>      </u> PM - <u>      </u> AM	Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>
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Scope of Work (Check all that apply)

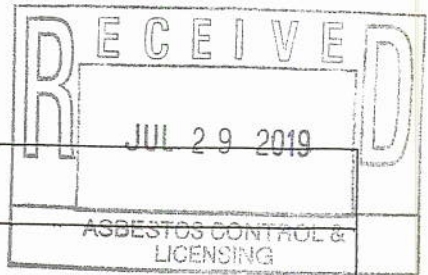
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" 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
Exterior Pipeline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	170 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Bristol Environmental Inc.</b>	NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>6 cu yd</b>	Name of Registered Landfill <b>Fairless Landfill</b>
City, State <b>Bristol, PA</b>		Disposal Date <b>7/19/19</b>	City, State <b>Fairless Hills, PA</b>
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Estimator</b>	Signature <i>Gino Pizzigoni</i>	Date <b>7/17/19</b>



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



Date of Notification (1) <div style="text-align: center;">6 / 7 / 19</div>		Name of Building Owner/Operator (2) <b>ST-LINDEN TERMINAL LLC</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1-7/16/19</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>4501 Tremley Point Road</b>							
		City, State, Zip Code <b>Linden, NJ 07036</b>							
		Name of Contact <b>Fabien Kulynych</b>	Telephone Number <b>609-575-4335</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Nustar Energy- Linden</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>4501 Tremley Point Road</b>									
City (5) <b>Linden</b>		Square Feet -	# of Floors -						
County (6) <b>Union</b>		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>515 Grove Street</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Alan Lloyd</b>		Telephone No. <b>856-547-0505</b>	Telephone No. <b>215-788-6040</b>						
Start Date (10) <div style="text-align: center;">7 / 15 / 19</div>		Scheduled Completion Date (11) <div style="text-align: center;">7 / 19 / 19</div>	License No. <b>00509</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> PM- AM		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Pipeline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	170 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Bristol Environmental Inc.</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>6 cu yd</b>	Name of Registered Landfill <b>Fairless Landfill</b>					
City, State <b>Bristol, PA</b>		Disposal Date <b>7/19/19</b>		City, State <b>Fairless Hills, PA</b>					
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Estimator</b>		Signature <i>Gino Pizzigoni/gk</i>			Date <b>7-16-19</b>		



RECEIVED  
Chk # 358619  
ASBESTOS CONTROL & LICENSING

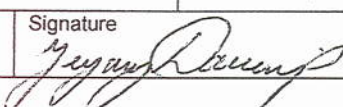
ASB-41  
MAY 11

\* 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)

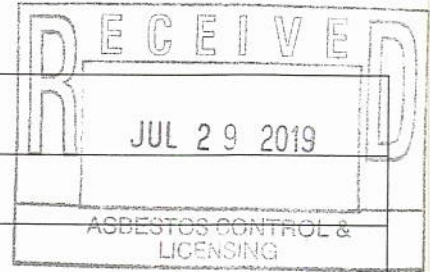
CHK # 1126

Date of Notification (1) 07/23/2019		Name of Building Owner/Operator (2) Susan Szeles							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bayonne, NJ 07002							
		Name of Contact Susan Szeles							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Property		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) Bayonne		Square Feet 1,485	# of Floors 2						
County (6) Hudson		Bldg. Age 1920							
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) Danvic Contracting LLC						
Street Address		Street Address 240 South 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206							
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355						
Start Date (10) 07/24/2019	Scheduled Completion Date (11) 07/27/2019	Name of OSHA Monitor Iris Environmental Laboratories, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	30 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, New Jersey			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature 			Date 07/23/2019			



JNV-13115  
CH58a1

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



Date of Notification (1) <b>07 / 24 / 19</b>		Name of Building Owner/Operator (2) <b>The College of New Jersey</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2000 Pennington Road</b> City, State, Zip Code <b>Ewing, NJ 08628</b> Name of Contact <b>Amanda Radosti</b>	
		Telephone Number <b>609-771-2881</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>The College of New Jersey - Travers Hall</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>2000 Pennington Road</b>		Square Feet <b>50,000</b>	
City (5) <b>Ewing</b>		# of Floors <b>10</b>	Bldg. Age <b>60</b>
County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence Hall</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Management, Inc.</b>		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>	
Street Address <b>344 West State Street</b>		Street Address <b>623 Cutler Avenue</b>	
City, State, Zip Code <b>Trenton, NJ 08608</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>	
Project Manager for Monitoring Firm <b>Jim Duggan</b>		Telephone No. <b>609-656-8101</b>	License No. <b>00842</b>
Start Date (10) <b>08 / 05 / 19</b>	Scheduled Completion Date (11) <b>08 / 08 / 19</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input 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
3 <sup>rd</sup> Floor, Room No. 312	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	1 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 <sup>th</sup> Floor, Elevator Lobby	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 <sup>th</sup> Floor, Room No. 926	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	8 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"/>

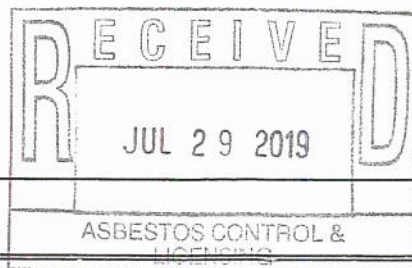
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>Fairless Landfill</b>	
City, State <b>Freehold, NJ</b>		Disposal Date <b>08/08/2019</b>		City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Margie Muller</b>	Title <b>Administrative Manager</b>	Signature <i>M. Muller</i>		Date <b>7-24-19</b>	



Inv 13112

Proj. #: 19-139

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



MD 25887541307

Date of Notification (1) 10/17/12 15/1/19		Name of Building Owner/Operator (2) Joseph Laversa	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code Kenilworth, NJ 07033	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Joseph Laversa	
<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) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 2,400		
City (5) Kenilworth, NJ 07033			# of Floors 03		Bldg. Age 90
County (6) Union			County Code (7) (State use only)		Current Use (Prior if being demolished) Residential

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) KLOMAX, LLC	
Street Address				Street Address 309 W. End Ave	
City, State, Zip Code				City, State, Zip Code Hopatcong, NJ 07843	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 833-455-6629	
				License Number 02007	
Start Date (10) 07/26/19		Sched. Completion Date (11) 07/31/19		Name of OSHA Monitor KLOMAX, LLC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Street Address 309 W. End Ave	
				City, State, Zip Code Hopatcong, NJ 07843	

Scope of Work (check all that apply)				<input checked="" type="checkbox"/> Full Containment w/negative pressure			
<input type="checkbox"/> >3 sf or >3 lf				<input type="checkbox"/> Mini-enclosure			
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf				<input type="checkbox"/> Glovebag procedure			
<input checked="" type="checkbox"/> Renovation				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
<input checked="" 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)	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"/>		VAT	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
House Exterior		<input checked="" type="checkbox"/>		Siding Shingles	2,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage Exterior		<input checked="" type="checkbox"/>		Siding Shingles	1,000 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"/>

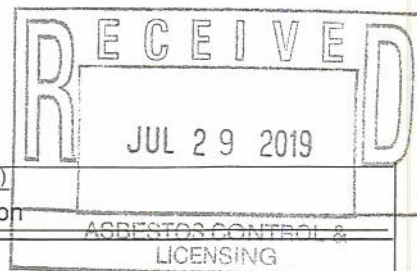
Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Hopatcong, NJ 07843	Disposal Date TBD	City, State TULLYTOWN, PA	
Completed by (Print or Type) Paige Boylan	Title Owner	Signature 	Date 07/25/19



CH20289

Inv 13111

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



Date of Notification (1) 7/17/19		Name of Building Owner/Operator (2) Glen Ridge Board of Education	
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		Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 12 High St		City, State, Zip Code Glen Ridge, NJ 07028	
Name of Contact Barbara Murphy		Tel. Number 973 429 8304	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Ridgewood Ave 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 235 Ridgewood Ave			
City (5) Glen Ridge	County (6) Essex	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) T&M Associates		ASCM No. 00145	
Street Address 11 Tindall Road		Street Address 135-137 McBride Ave	
City, State, Zip Code Middletown, NJ 07748		City, State, Zip Code Paterson, NJ 07501	
Project Manager for Monitoring Firm Kevin Burns	Telephone Number 732 671 6400	Telephone Number 973-742-5030	License Number 00809
Scheduled Start Date (10) 7/30/2019	Scheduled Completion Date (11) 8/9/2019	Name of OSHA Monitor MTM Metro Corporation	
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 135-137 McBride Avenue	
		City, State, Zip Code Paterson, NJ 07501	
Source of Work (Check all that apply) <input checked="" type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> > 160 sf or > 260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input checked="" type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES      NO      N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Hallway	<input checked="" type="checkbox"/>	plaster	25 SF
Mechanical Room	<input checked="" type="checkbox"/>	Fittings	30 LF
Basement	<input checked="" type="checkbox"/>	pipe insulation	180 LF
Name of Reg. Waste Hauler MTM Metro Corporation		NJDEP Waste Hauler ID # 26552	Cubic Yards of Waste 20
City, State Paterson, NJ 07501		Disp. Date 8/11/19	City, State Tullytown, PA
Completed by (Print or Type) Mike Damevski	Title Proj. Manager	Signature Mike Damevski	Date 7/17/19

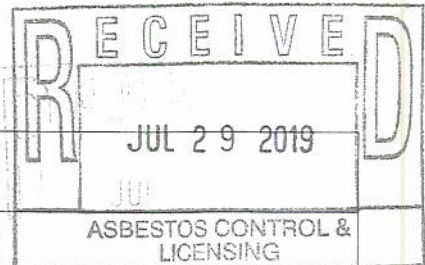
ASB-41

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



Check # 1069 Inv 13110

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

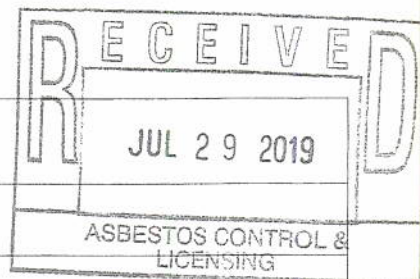


Date of Notification (1) <b>07 / 22 / 19</b>		Name of Building Owner/Operator (2) <b>Saint Barnabas Medical Center</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>94 Old Short Hills Road</b>							
		City, State, Zip Code <b>Livingston, NJ 07039</b>							
		Name of Contact <b>Ron Carvalho as agent</b>	Telephone Number <b>908-208-3060</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Saint Barnabas Medical Center</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>94 Old Short Hills Rd.</b>									
City (5) <b>Livingston</b>	Square Feet <b>500,000</b>	# of Floors <b>4</b>	Bldg. Age <b>68 + yrs.</b>						
County (6) <b>Essex</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Hospital</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc.</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>MAK-B Pro, Inc.</b>						
Street Address <b>64 Broad Street</b>		Street Address <b>104 Market Street</b>							
City, State, Zip Code <b>Matawan, NJ 07747</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone No. <b>732-290-2217</b>	Telephone No. <b>973-931-3293</b>						
License No. <b>01365</b>									
Start Date (10) <b>06 / 15 / 19</b>	Scheduled Completion Date (11) <b>06 / 10 / 20</b>	Name of OSHA Monitor <b>Same as above</b>							
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: <b>AM 4PM / PM 12AM</b>		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Grd. Floor Lab Chase	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe fittings	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Fl. - ED Expansion Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting, Inc.</b>		NJDEP Waste Hauler ID No. <b>11222</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>G.R.O.W.S., Inc.</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>various</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Kiril Nestorov</b>		Title <b>Project Manager</b>		Signature 			Date <b>7-22-19</b>		



CHECK #  
1059

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



Date of Notification (1) <b>05 / 31 / 19</b>		Name of Building Owner/Operator (2) <b>Saint Barnabas Medical Center</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>94 Old Short Hills Road</b>							
		City, State, Zip Code <b>Livingston, NJ 07039</b>							
		Name of Contact <b>Ron Carvalho as agent</b>	Telephone Number <b>908-208-3060</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Saint Barnabas Medical Center</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>94 Old Short Hills Rd.</b>		Square Feet <b>500,000</b>	# of Floors <b>4</b>						
City (5) <b>Livingston</b>		Bldg. Age <b>68 + yrs.</b>							
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Hospital</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc.</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>MAK-B Pro, Inc.</b>						
Street Address <b>64 Broad Street</b>		Street Address <b>104 Market Street</b>							
City, State, Zip Code <b>Matawan, NJ 07747</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone No. <b>732-290-2217</b>	License No. <b>01365</b>						
Start Date (10) <b>06 / 15 / 19</b>	Scheduled Completion Date (11) <b>06 / 10 / 20</b>	Name of OSHA Monitor <b>Same as above</b>							
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: <b>12AM- PM/ PM-8AM</b>		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Grd. Floor Lab Chase	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe fittings	8 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 <b>Newark Carting, Inc.</b>		NJDEP Waste Hauler ID No. <b>11222</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>G.R.O.W.S., Inc.</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>6-20-19</b>	City, State <b>Morrisville, PA</b>						
Completed By (Print or Type) <b>Kiril Nestorov</b>	Title <b>Project Manager</b>	Signature 				Date <b>5-31-19</b>			



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

CH 19088  
JUL 13 2019

Date of Notification (1)  
7/22/19

Name of Building Owner/Operator (2)  
NJ Abaters

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

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

Street Address  
PO Box 643

City, State, Zip Code  
Middlesex, NJ 08846

Name of Contact  
Raphael Rodrigues

Telephone Number  
908-361-0889

ASBESTOS CONTROL & REMEDIATION

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
home

Street Address  
[REDACTED]

City (5)  
Somerville

Square Feet  
2500

# of Floors  
1

Bldg. Age  
75

County (6)  
Somerset

County Code (7)  
(STATE USE ONLY) \_\_\_\_\_

Current Use (Prior if being demolished)  
home

Name of Monitoring Firm Hired by Building Owner (8)  
\_\_\_\_\_

ASCM No.  
\_\_\_\_\_

Name of Abatement Contractor (9)  
ABS Environmental Services, LLC

Street Address  
PO Box 483, 4 E Gate Drive

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)  
7/31/19

Scheduled Completion Date (11)  
8/12/19

Name of OSHA Monitor  
\_\_\_\_\_

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

Street Address  
\_\_\_\_\_

City, State, Zip Code  
\_\_\_\_\_

Scope of Work (Check All That Apply)

☐  $\geq 3$  sf or  $\geq 3$  lf  
☒  $\geq 160$  sf or  $\geq 260$  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
basement			x	pipe insulation	110 LF	x			

Name of Registered Waste Hauler  
Newark Carting

NJDEP Waste Hauler ID No.  
04509

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
Grand Central Sanitary Landfill

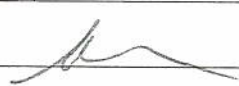
City, State  
Newark NJ

Disposal Date  
TBD

City, State  
Pen Argyl, PA

Completed by  
A. Scott Higgins

Title  
President

Signature  


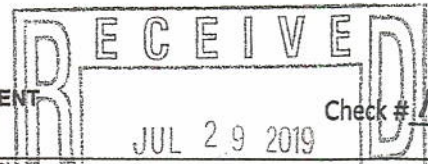
Date  
7/22/19



\* POSTPONED \*

NO CK

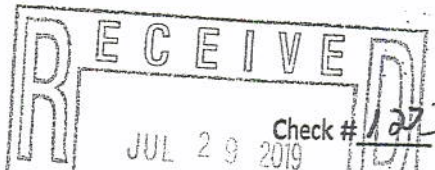
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 7/22/19		Name of Building Owner/Operator (2) 34 BANK STREET URBAN RENEWAL, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address ONE GATEHALL DRIVE, SUITE 201		City, State, Zip Code PARSONS, NJ 07054							
Name of Contact DON RASMUSSEN		Telephone Number 973-552-4114							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) COMMERCIAL BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 34 BANK STREET		Square Feet 50,000 # of Floors 1 Bldg. Age 60							
City (5) NETCONG		Current Use (Prior if being demolished) WAREHOUSE / OFFICE / DEMO							
County (6) MORRIS		County Code (7) (STATE USE ONLY)							
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) POSTPONED		Scheduled/Completion Date (11)							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Name of OSHA Monitor Omega Environmental Servicer Inc.							
Street Address 280 Huyler Street		City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED	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) 4,800 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUTSIDE			X	ROOFING		X			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 60		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark, NJ 07105		Disposal Date 7/22/19 ON		City, State Pen Argyl, PA 08072					
Completed by R. McDonald		Title President		Signature R. McDonald		Date 7/10/19			



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

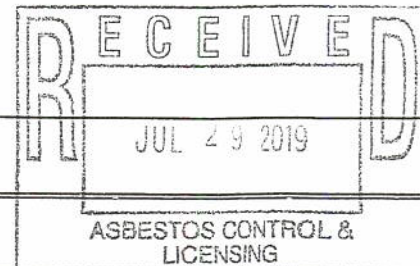


Date of Notification (1) <b>7/10/19</b>		Name of Building Owner/Operator (2) <b>34 BANK STREET URBAN RENEWAL LLC</b>							
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>ONE GATEHALL DRIVE, SUITE 201</b>						
			City, State, Zip Code <b>PARSIPANY, NJ 07054</b>						
			Name of Contact <b>DON RASMUSSEN</b>						
		Telephone Number <b>973-552-4114</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>COMMERCIAL BUILDING</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>34 BANK STREET</b>		Square Feet <b>50,000</b>							
City (5) <b>NETCONG</b>		# of Floors <b>1</b>							
County (6) <b>MORRIS</b>		Bldg. Age <b>60</b>							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <b>WAREHOUSE / OFFICE / DEMO</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>A. Mac Contracting Inc.</b>							
Street Address		Street Address <b>185 Vreeland Ave.</b>							
City, State, Zip Code		City, State, Zip Code <b>Midland Park, NJ 07432</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-262-5841</b>							
Telephone No.		License No. <b>00156</b>							
Start Date (10) <b>7/22/19</b>	Scheduled Completion Date (11) <b>9/22/19</b>	Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>280 Huyler Street</b>							
		City, State, Zip Code <b>Hackensack, NJ 07606</b>							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input 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
<b>OUTSIDE</b>			<b>X</b>	<b>ROOFING</b>	<b>4,800 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Newark Carting Inc.</b>		NJDEP Waste Hauler ID No. <b>04509</b>		Cubic Yards of Waste <b>60</b>	Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>				
City, State <b>Newark, NJ 07105</b>		Disposal Date <b>7/23/19 CM</b>		City, State <b>Pen Argyl, PA 08072</b>					
Completed by <b>R. McDonald</b>		Title <b>President</b>		Signature <b>R. McDonald</b>		Date <b>7/10/19</b>			



INV #13143

Proj. #: 19-157

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

Date of Notification (1) 07/12/19		Name of Building Owner/Operator (2) Elizabeth Thatcher	
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 Montclair, NJ 07042	
Name of Contact Elizabeth Thatcher		Telephone Number [REDACTED]	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,800 SF		
City (5) Montclair, NJ 07042			# of Floors 02		
County (6) Essex			Bldg. Age 70		
County Code (7) (State use only)			Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) KLOMAX, LLC	
Street Address				Street Address 309 W. End Ave	
City, State, Zip Code				City, State, Zip Code Hopatcong, NJ 07843	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 833-455-6629	
Start Date (10) 08/08/19		Sched. Completion Date (11) 08/12/19		License Number 02007	
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 KLOMAX, LLC	
				Street Address 309 W. End Ave	
				City, State, Zip Code Hopatcong, NJ 07843	

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> 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	E n c l
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		Pipe Insulation - Wrap & Cut	150 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"/>

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 3 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Hopatcong, NJ 07843	Disposal Date TBD	City, State TULLYTOWN, PA	
Completed by (Print or Type) Paige Boylan	Title Owner	Signature 	Date 07/25/19



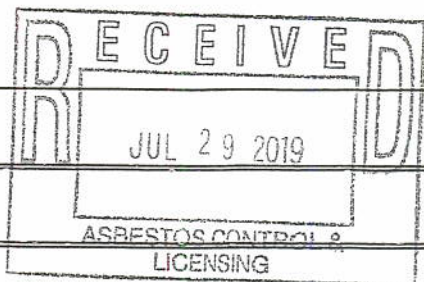
Inv# 13142

Proj. #: 19-156

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

CK 1045

PAID



Date of Notification (1) 10/17/12 15/11/19		Name of Building Owner/Operator (2) Donna Sirinides	
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 Midland Park, NJ 07432	
		Name of Contact Patti Crawford	Telephone Number [REDACTED]

## FACILITY INFORMATION

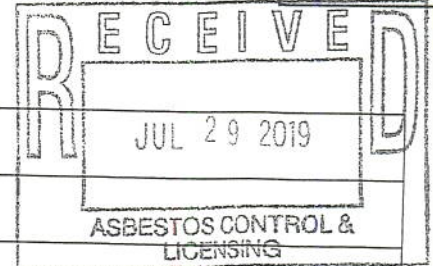
Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet    # of Floors    Bldg. Age 2,000 SF    02    70		
City (5) Haledon, NJ 07508	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) N/A		ASCM No.	Name of Abatement Contractor (9) KLOMAX, LLC		
Street Address			Street Address 309 W. End Ave		
City, State, Zip Code			City, State, Zip Code Hopatcong, NJ 07843		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 833-455-6629		License Number 02007
Start Date (10) 08/05/19		Sched. Completion Date (11) 08/09/19	Name of OSHA Monitor KLOMAX, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 309 W. End Ave		
			City, State, Zip Code Hopatcong, NJ 07843		

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 w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	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 Insulation	155 LF	X			
Garage		X		Pipe Insulation	15 LF	X			

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 4 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Hopatcong, NJ 07843	Disposal Date TBD	City, State TULLYTOWN, PA	
Completed by (Print or Type) Paige Boylan	Title Owner	Signature [Signature]	Date 07/25/19



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

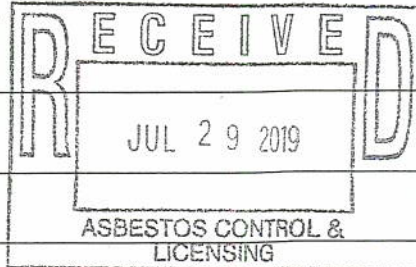


Date of Notification (1) 07/12/2019		Check #3414		Name of Building Owner/Operator (2) St. Francis Xavier					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 94 N 7th St City, State, Zip Code Newark, NJ 07107 Name of Contact Ms. Perez Telephone Number 973-482-9410					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) St. Francis Xavier				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 94 N 7th St		City (5) Newark		Square Feet 10,000+	# of Floors 3				
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Bldg. Age 50+					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) EA Services					
Street Address N/A		City, State, Zip Code N/A		Street Address 426 69th st City, State, Zip Code Guttenberg, NJ 07093					
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 201-295-1700	License No. 01074				
Start Date (10) 07/23/19		Scheduled Completion Date (11) 07/25/19		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: 9am				Street Address N/A City, State, Zip Code N/A					
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
4th Floor Hallway		X		ACM Ceiling	4 SF		X		
Name of Registered Waste Hauler Tri-State transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Entreprise				
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Michael Fajardo		Title Office Clerk		Signature 		Date 07/12/19			



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

**PAID**



Date of Notification (1) <b>07 / 24 / 19</b>		Name of Building Owner/Operator (2) <b>The College of New Jersey</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2000 Pennington Road</b> City, State, Zip Code <b>Ewing, NJ 08628</b> Name of Contact <b>Amanda Radosti</b>	
		Telephone Number <b>609-771-2881</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>The College of New Jersey - Decker Hall</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>2000 Pennington Road</b>		Square Feet <b>50,000</b>	
City (5) <b>Ewing</b>		# of Floors <b>10</b>	Bldg. Age <b>60</b>
County (6) <b>Mercer</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence Hall</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Management, Inc.</b>		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>	
Street Address <b>344 West State Street</b>		Street Address <b>623 Cutler Avenue</b>	
City, State, Zip Code <b>Trenton, NJ 08608</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>	
Project Manager for Monitoring Firm <b>Jim Duggan</b>		Telephone No. <b>609-656-8101</b>	License No. <b>00842</b>
Start Date (10) <b>08 / 05 / 19</b>	Scheduled Completion Date (11) <b>08 / 08 / 19</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	

Scope of Work (Check all that apply)

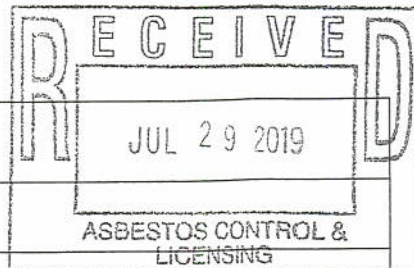
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<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
Dorm Rooms Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	12 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 <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>Fairless Landfill</b>	
City, State <b>Freehold, NJ</b>		Disposal Date <b>08/08/2019</b>		City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Margie Muller</b>	Title <b>Administrative Manager</b>	Signature 		Date <b>7-24-19</b>	



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



INV# 13140  
OK 5890 PAID

Date of Notification (1) 07 / 24 / 19		Name of Building Owner/Operator (2) The College of New Jersey	
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 2000 Pennington Road	
		City, State, Zip Code Ewing, NJ 08628	
		Name of Contact Amanda Radosti	Telephone Number 609-771-2881

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) The College of New Jersey - Wolfe Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2000 Pennington Road			
City (5) Ewing	Square Feet 50,000	# of Floors 10	Bldg. Age 60
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence Hall	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 344 West State Street		Street Address 623 Cutler Avenue	
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Jim Duggan	Telephone No. 609-656-8101	Telephone No. 856-755-0099	License No. 00842
Start Date (10) 08 / 05 / 19	Scheduled Completion Date (11) 08 / 08 / 19	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

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

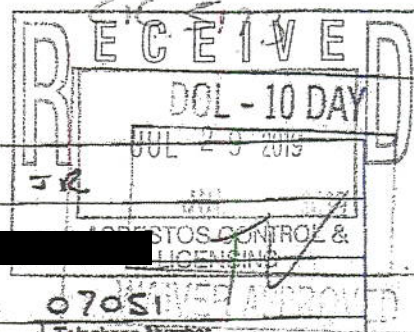
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
6 <sup>th</sup> Floor, Room No. 633	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 <sup>th</sup> Floor, High Side Stairwell	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	88 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 <sup>th</sup> Floor, Outside Ladies Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	24 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 Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill
City, State Freehold, NJ	Disposal Date 08/08/2019	City, State Morrisville, PA	
Completed By (Print or Type) Margie Muller	Title Administrative Manager	Signature 	Date 7-24-19



Inv #13040  
CK 5173 PAID

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



Date of Notification (1) <b>7/22/19</b>		Name of Building Owner/Operator (2) <b>JOHNNIE BROWNE JR</b>				
Agency 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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	City, State, Zip Code <b>ORANGE, NJ, 07051</b>			
		Name of Contact <b>BROWNE JR</b>	Telephone Number [REDACTED]			
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>JOHNNIE BROWNE JR</b>		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.)				
Street Address [REDACTED]		Square Foot <b>2000</b>	# of Floors <b>2</b>			
City (5) <b>ORANGE</b>		Bldg. Age <b>1940</b>				
County (6) <b>ESSEX</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <b>RESIDENCE</b>				
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>				
Street Address		Street Address <b>450 South River St</b>				
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>				
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>			
Start Date (10) <b>7/23/19</b>	Scheduled Completion Date (11) <b>7/25/19</b>	Name of OSHA Monitor <b>Omega Environmental</b>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>2:00 PM TO 5:00 PM</b>		Street Address <b>280 Huyler St</b>				
		City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>				
Scope of Work (Check all that apply) <input type="checkbox"/> 2-8 sf or 2-3 ft <input checked="" type="checkbox"/> 150 sf or 2-250 ft <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) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Encapsulation	Enclosure
<b>BEDROOM SECOND FLOOR</b>		<b>WATER</b>	<b>200 SF</b>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>Best Removal Inc</b>	NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>3/107</b>	Name of Registered Landfill <b>CUMBERLAND COUNTY LANDFILL</b>			
City, State <b>Hackensack, N.J. 07601</b>	Disposal Date <b>7/25/19</b>	City, State <b>NEW BURG, PA. 17240</b>				
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>	Signature <i>J. Maiorano</i>	Date <b>7/22/19</b>			



CANCELLATION

NOEL

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

RECEIVED	JUL 23 2019
	ASBESTOS CONTROL & TESTING

Date of Notification (1) 7/23/19		Name of Building Owner/Operator (2) MS IRINA KLOT	
Agency 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address [REDACTED]	City, State, Zip Code DUMONT, NJ, 07628
		Name of Contact MS KLOT	Telephone Number [REDACTED]
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) MS IRINA KLOT		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1800	# of Floors 2
City (5) DUMONT		Bldg. Age 1940	
County (6) BERGEN	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 St	
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388
Start Date (10) 7/24/19	Scheduled Completion Date (11) 7/25/19	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:		Street Address 280 Huyler St	
		City, State, Zip Code S. Hackensack, N.J. 07606	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) 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) THERMAL SYSTEM INSULATION
			Amount (Specify SF or LF) 75 LF
			Abatement Type Removal Repair Encapsulate Enclosure
Name of Registered Waste Hauler Best Removal Inc	NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 24207	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL
City, State Hackensack, N.J. 07601		Disposal Date 7/25/19	City, State NEW BURG, PA. 17240
Completed by J. Maiorano	Title Estimator	Signature J. Maiorano	Date 7/23/19



ORIGINAL

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

**RECEIVED**

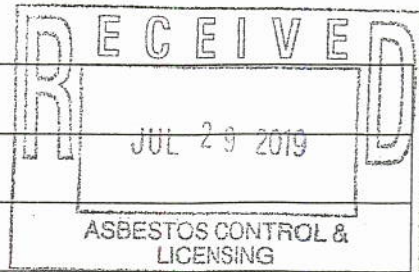
JUL 29 2019

Date of Notification (1) <b>7/12/19</b>		Name of Building Owner/Operator (2) <b>MS IRINA KLIOT</b>					
Agency 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 [REDACTED]					
		City, State, Zip Code <b>DUMONT, NJ, 07628</b>					
		Name of Contact <b>MS KLIOT</b>	Telephone Number <b>[REDACTED]</b>				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>MS. IRINA KLIOT</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]							
City (5) <b>DUMONT</b>	Square Feet <b>1800</b>	# of Floors <b>2</b>	Bldg. Age <b>1940</b>				
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>					
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>					
Street Address		Street Address <b>450 South River St</b>					
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>				
Start Date (10) <b>7/24/19</b>	Scheduled Completion Date (11) <b>7/25/19</b>	Name of OSHA Monitor <b>Omega Environmental</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8:00 AM TO 5:00 PM</b>		Street Address <b>280 Huyler St</b>					
		City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <b>BASEMENT</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>75 LF</b>	Abatement Type		
	Yes	No			N/A	Removal	Repair
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>2420</b>	Name of Registered Landfill <b>CUMBERLAND COUNTY LANDFILL</b>			
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>7/25/19</b>	City, State <b>NEW BURG, PA. 17240</b>				
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>	Signature <b>[Signature]</b>		Date <b>7/12/19</b>			



Inv #13138  
CK 3032 PAID

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



Date of Notification (1) 07/22/19		Name of Building Owner/Operator (2) West New York School District							
Agencies Notified	Type Notification	Street Address 6028 Broadway Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West New York, NJ 07093							
		Name of Contact Rick Solares	Telephone Number 201-553-4000						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Saint Joes School / Memorial High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 5400 Broadway		Square Feet	# of Floors						
City (5) West New York		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc.		ASCM No. 00003	Name of Abatement Contractor (9) Academy Construction Inc						
Street Address 1253 North Church St.		Street Address 205 Route 46 Suite 14							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm Mike Stocku		Telephone No. 856-840-8800	License No. 01379						
Start Date (10) 08/05/19	Scheduled Completion Date (11) 09/05/19	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 type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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	Water tank insulation	200sf	x		x	
Boiler room			x	Pipe insulation	150lf	x		x	
Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill					
City, State Totowa NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by John Geleski		Title PM	Signature 			Date 07/22/19			



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

**NOCK**

Date of Notification (1) 7/22/2019		Name of Building Owner/Operator (2) LONG BRANCH BOARD OF EDUCATION							
Agencies Notified	Type Notification	Street Address 540 BROADWAY	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JUL 29 2019  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>						
<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 # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LONG BRANCH, NJ 07740							
		Name of Contact ANN DEGNAN							
		Telephone Number 732-571-2868							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) AUDREY CLARK ELEMENTARY SCHOOL		Type of Facility (4)							
Street Address 192 GARFIELD 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) LONG BRANCH		Square Feet	# of Floors						
County (6) MONMOUTH		County Code (7) (STATE USE ONLY)	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL CONNECTION, INC.		ASCM No. 00030	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 120 NORTH WARREN STREET		Street Address 11 VREELAND AVENUE							
City, State, Zip Code TRENTON, NJ 08608		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm JORDAN REED		Telephone No. 609-392-4200	Telephone No. 973-956-8700						
Start Date (10) 7/15/2019		Scheduled Completion Date (11) 7/26/2019	License No. 00494						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor SAME AS (9) ABOVE							
<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							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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 TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 30	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 7/26/2019		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>		Date 7/22/2019			



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

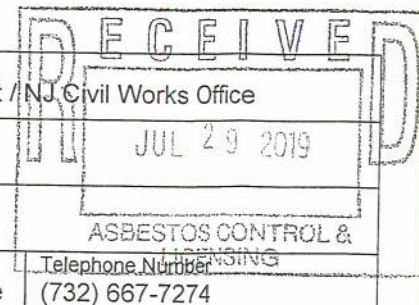
Date of Notification (1) 7/2/2019		Name of Building Owner/Operator (2) LONG BRANCH BOARD OF EDUCATION							
Agencies Notified	Type Notification	Street Address 540 BROADWAY							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LONG BRANCH, NJ 07740							
		Name of Contact ANN DEGNAN	Telephone Number 732-571-2868						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) AUDREY CLARK ELEMENTARY SCHOOL		Type of Facility (4)							
Street Address 192 GARFIELD 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) LONG BRANCH		Square Feet	# of Floors						
County (6) MONMOUTH		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL CONNECTION, INC.		ASCM No. 00030	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 120 NORTH WARREN STREET		Street Address 11 VREELAND AVENUE							
City, State, Zip Code TRENTON, NJ 08608		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm JORDAN REED		Telephone No. 609-392-4200	Telephone No. 973-956-8700						
Start Date (10) 7/15/2019		Scheduled Completion Date (11) 7/23/2019	License No. 00494						
Name of OSHA Monitor SAME AS (9) ABOVE									
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: OCCUPIED		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
SEE ATTACHED									
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 30	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 7/23/2019		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>				Date 7/2/2019		



Check # 3375

Print Form

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



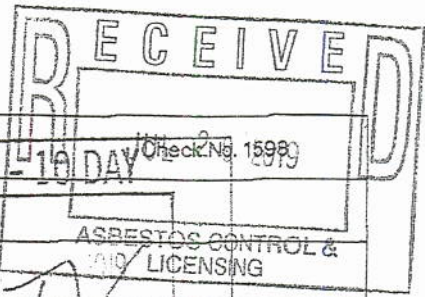
Inv #13136

Date of Notification (1) 7/23/2019		Name of Building Owner/Operator (2) US Army Corps of Engineers/ NY District / NJ Civil Works Office							
Agencies Notified	Type Notification	Street Address 225 S Lincoln Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Middlesex, NJ 08846							
		Name of Contact Mr. Paul Kara, Admin Constracting Office							
		Telephone Number (732) 667-7274							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2300 SF	# of Floors 2						
City (5) Middlesex		Bldg. Age 60							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No. _____							
Street Address		Name of Abatement Contractor (9) Sky Contracting, LLC							
City, State, Zip Code		Street Address 1385 Valley Road, Suite K							
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, New Jersey 07470							
Telephone No. _____		Telephone No. (973) 928-5040	License No. 00874						
Start Date (10) 8/6/2019	Scheduled Completion Date (11) 9/6/2019	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1385 Valley Road, Suite K							
		City, State, Zip Code Wayne, New Jersey 07470							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT	400 SF	X			
Hallway 2nd Floor		X		Joint Compound	900 SF	X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware			Disposal Date TBD	City, State Waynesburg, Ohio					
Completed by Predrag Sarcev		Title Vice President	Signature 		Date 7/23/2019				



Inv # 12039  
CK 1598 PAID

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



Date of Notification (1) 07/23/2019		Name of Building Owner/Operator (2) Fair Lawn Board of Education							
Agencies Notified	Type Notification	Street Address 37-01 Fair Lawn 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fair Lawn, New Jersey 07410							
		Name of Contact Tom Senko							
		Telephone Number 201-794-5500							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Memorial 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 12-00 1st Street		Square Feet 20,000	# of Floors 2						
City (5) Fair Lawn, New Jersey 07410		Bldg Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Middle School							
Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental		Name of Abatement Contractor (9) Lilich Corporation							
Street Address 500 South Broad Street		Street Address 246 Union Boulevard							
City, State, Zip Code Glen Rock, New Jersey 07452		City, State, Zip Code Totowa, New Jersey 07512							
Project Manager for Monitoring Firm Bruce Wolf		Telephone No. 201-652-1119	License No. 01104						
Start Date (10) 07/23/2019	Scheduled Completion Date (11) 07/26/2019	Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 4:30 p.m. start		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Fan Room	X			HVAC Duct Connectors (Non Friable Intact Removal)	8" x 2'	X			
Fan Room	X			HVAC Duct Connectors (Non Friable Intact Removal)	8" x 2'	X			
Fan Room	X			HVAC Duct Connectors (Non Friable Intact Removal)	6" x 5'	X			
Fan Room	X			HVAC Duct Connectors (Non Friable Intact Removal)	6" x 5'	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill					
City, State Totowa, New Jersey		Disposal Date 07/26/2019		City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President		Signature 				Date 07/23/2019	



Inv# 13134 PAID

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

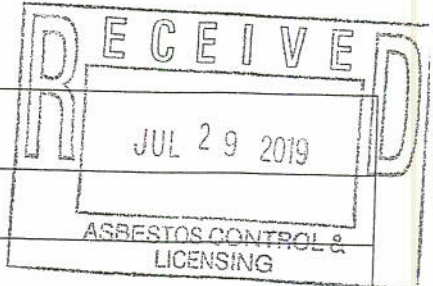
RECEIVED	
JUL 29 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 7/15/2019		Name of Building Owner/Operator (2) Pilgrim Baptist Village Preservation Urban Renewal LLC						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 200 Vesey Street		City, State, Zip Code New York, NY 10281						
Name of Contact Mr. Jason Bordainick		Telephone Number (917) 398-4100						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Pilgrim Baptist Village II		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.)						
Street Address 143-171 Avon Avenue		Square Feet 115,000	# of Floors 2					
City (5) Newark		Bldg. Age 50						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Housing						
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC					
Street Address		Street Address 1385 Valley Road, Suite K						
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470						
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	License No. 00674					
Start Date (10) 07/30/2019	Scheduled Completion Date (11) 07/30/2020	Name of OSHA Monitor Sky Contracting, LLC						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1385 Valley Road, Suite K						
		City, State, Zip Code Wayne, New Jersey 07470						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input 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
See attached								
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 100	Name of Registered Landfill Minerva Enterprises, LLC				
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio				
Completed by Predrag Sarcev		Title Vice President		Signature 		Date 7/16/2019		



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

**NOCK**



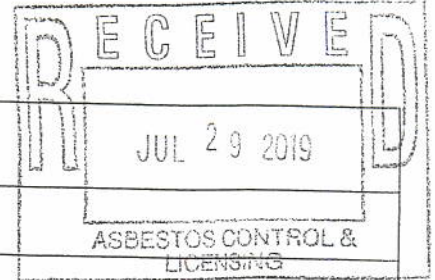
Date of Notification (1) 6 / 7 / 19		Name of Building Owner/Operator (2) <b>ST-LINDEN TERMINAL LLC</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>4-7/23/19</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>4501 Tremley Point Road</b> City, State, Zip Code <b>Linden, NJ 07036</b> Name of Contact <b>Fabien Kulynych</b> Telephone Number <b>609-575-4335</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Nustar Energy- Linden</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>4501 Tremley Point Road</b>		Square Feet -							
City (5) <b>Linden</b>		# of Floors -							
County (6) <b>Union</b>		Bldg. Age -							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates</b>		ASCM No.							
Street Address <b>515 Grove Street</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		Street Address <b>1123 BEAVER STREET</b>							
Project Manager for Monitoring Firm <b>Alan Lloyd</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Telephone No. <b>856-547-0505</b>		Telephone No. <b>215-788-6040</b>							
Start Date (10) 7 / 22 / 19		License No. <b>00509</b>							
Scheduled Completion Date (11) 7 / 26 / 19		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>5:00AM-1:30PM</b> / ____ PM- ____ AM		Street Address <b>1123 BEAVER STREET</b>							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
<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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Pipeline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	170 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Bristol Environmental Inc.</b>		NJDEP Waste Hauler ID No. <b>18706</b>		Cubic Yards of Waste <b>6 cu yd</b>	Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Bristol, PA</b>		Disposal Date <b>7/19/19</b>		City, State <b>Fairless Hills, PA</b>					
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Estimator</b>		Signature <i>Gino Pizzigoni</i>		Date <b>7-23-19</b>			

ASB-41  
MAY 11 **GI19050**

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



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



Date of Notification (1) <u>6</u> / <u>7</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>ST-LINDEN TERMINAL LLC</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3-7/19/19</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>4501 Tremley Point Road</b>	
		City, State, Zip Code <b>Linden, NJ 07036</b>	
		Name of Contact <b>Fabien Kulynych</b>	Telephone Number <b>609-575-4335</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Nustar Energy- Linden</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>4501 Tremley Point Road</b>		Square Feet -	# of Floors -
City (5) <b>Linden</b>		Bldg. Age -	
County (6) <b>Union</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address <b>515 Grove Street</b>		Street Address <b>1123 BEAVER STREET</b>		
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>		
Project Manager for Monitoring Firm <b>Alan Lloyd</b>	Telephone No. <b>856-547-0505</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>	

Start Date (10) <u>7</u> / <u>22</u> / <u>19</u>	Scheduled Completion Date (11) <u>7</u> / <u>24</u> / <u>19</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>5:00AM-1:30PM</u> / <u>      </u> PM - <u>      </u> AM		Street Address <b>1123 BEAVER STREET</b>	
		City, State, Zip Code <b>BRISTOL, PA 19007</b>	

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 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
Exterior Pipeline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	170 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Bristol Environmental Inc.</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>6 cu yd</b>	Name of Registered Landfill <b>Fairless Landfill</b>	
City, State <b>Bristol, PA</b>		Disposal Date <b>7/19/19</b>	City, State <b>Fairless Hills, PA</b>		
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Estimator</b>	Signature <i>Gino Pizzigoni</i>	Date <b>7/19/19</b>		

ASB-41 MAY 11

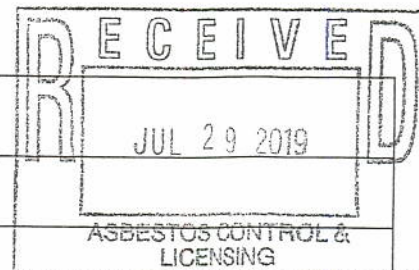
\*\*\* BACK AND

\* Do not use this form for asbestos licensure exempted activities.  
DATE 7/22/19



INV # 13149  
CK 5888 PAID

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



Date of Notification (1) <b>07 / 23 / 19</b>			Name of Building Owner/Operator (2) <b>Jennifer Mazzoni</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input 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 <b>Ewing, NJ 08638</b> Name of Contact <b>Jennifer Mazzoni</b>					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Mazzoni Residence</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>									
City (5) <b>Ewing</b>				Square Feet <b>1,820</b>	# of Floors <b>2</b>				
				Bldg. Age <b>39</b>					
County (6) <b>Mercer</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Residence</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Management &amp; Enviro. Consulting Services</b>		ASCM No.		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>					
Street Address <b>PO Box 341</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Chesterfield, NJ 08515</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Bill Weisgarber</b>		Telephone No. <b>609-298-4070</b>		Telephone No. <b>856-755-0099</b>	License No. <b>00842</b>				
Start Date (10) <b>08 / 01 / 19</b>		Scheduled Completion Date (11) <b>08 / 02 / 19</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM				Street Address <b>200 Route 130 North</b>					
				City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	155 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 <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>		Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Freehold, NJ</b>		Disposal Date <b>08/02/2019</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Margie Muller</b>		Title <b>Administrative Manager</b>			Signature 			Date <b>7-23-19</b>	

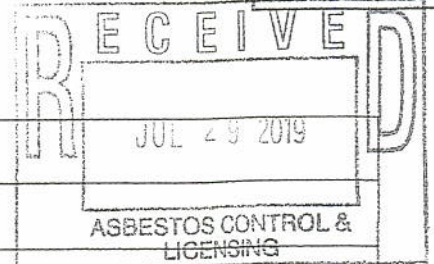


CR#5312

PAID

INV# 13150  
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Print Form

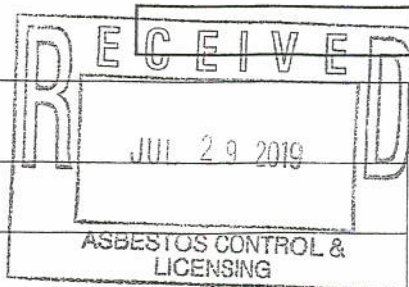


Date of Notification (1) 7/24/19		Name of Building Owner/Operator (2) John Amador						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Oceanport, New Jersey 07757						
		Name of Contact John	Telephone Number [REDACTED]					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Amador Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet 1200	# of Floors 1					
City (5) Long Branch		Bldg. Age 75+						
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)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co Inc					
Street Address		Street Address 95 Montrose Rd						
City, State, Zip Code		City, State, Zip Code Ct Hs Neck, NJ 07722						
Project Manager for Monitoring Firm		Telephone No. (732) 294-1722	License No. 00029					
Start Date (10) 8/2/19	Scheduled Completion Date (11) 8/7/19	Name of OSHA Monitor						
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-7pm		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 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) In Facility (13) <u>TO BE ABATED</u>	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
interior			✓ Floor tile	1500	✓			
interior			✓ Kitchen wall coating	15 sq ft	✓			
Name of Registered Waste Hauler Ace Insulation Co Inc		NJDEP Waste Hauler ID No. 17286	Cubic Yards of Waste 2	Name of Registered Landfill Chris				
City, State Ct Hs Neck, NJ		Disposal Date 8/7/19		City, State Ct Hs Neck, NJ				
Completed by Theresa McGinnis	Title Secretary/Treasurer	Signature [Signature]		Date 7/24/19				



INV#13151  
PAID  
Check#3398

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



Date of Notification (1) 07 / 23 / 19		Name of Building Owner/Operator (2) Marie Hughes	
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 # _____	Street Address [REDACTED]	
	<input type="checkbox"/> Emergency (including justification)	City, State, Zip Code Glen Rock, NJ 07452	
	<input type="checkbox"/> Cancellation	Name of Contact Marie Hughes	
		Telephone Number [REDACTED]	

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) Glen Rock, NJ 07452		Square Feet	# of Floors
County (6) Bergen		Bldg. Age	
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)	
Street Address			Gr Tech LLC	
City, State, Zip Code			Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code Wayne, NJ 07470	
			Telephone No. 973-638-1777	License No. 01127

Start Date (10) 08 / 01 / 19	Scheduled Completion Date (11) 08 / 02 / 19	Name of OSHA Monitor Envirovision Consultants, 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 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 checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination with negative pressure
<input type="checkbox"/> > 160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure
		<input 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

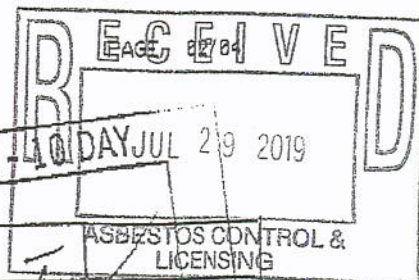
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF 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	95 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input 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 Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>		Date 07/23/19	



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MTM METRO CORP



Inv # 12935  
CK 20288 PAID

STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:26 AND 12:120)

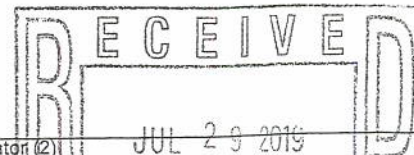
Date of Notification (1) 7/19/19		Name of Building Owner/Operator (2) Glen Ridge Board of Education		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Notification Type <input type="checkbox"/> Initial <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation		Street Address 12 High St City, State, Zip Code Glen Ridge, NJ 07028 Name of Contact Barbara Murphy Tel. Number 973 429 8304	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Linden Ave 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 205 Linden Ave City (5) Glen Ridge County (6) Essex County Code (7) (State Use Only)			Name of Contractor (8) MTM Metro Corporation Street Address 135-137 McBride Ave City, State, Zip Code Paterson, NJ 07501 Telephone Number 973-742-5030 License Number 00809		
Name of Monitoring Firm Hired by Bldg. Owner (5) T&M Associates Street Address 11 Tindell Road City, State, Zip Code Middletown, NJ 07748			Name of OSHA Monitor MTM Metro Corporation Street Address 135-137 McBride Avenue City, State, Zip Code Paterson, NJ 07501		
Project Manager for Monitoring Firm Kevin Burns Telephone Number 732 871 8400			Scheduled Start Date (10) 7/23/2019 Scheduled Completion Date (11) 8/10/2019		
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:					
Source of Work (Check all that apply) <input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> > 100 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"/> Non-Exempted (?) & Non-Friable Procedure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure					
Location of Asbestos-Containing Material (ACM) in Facility (13) Original Bldg. Wing District, 1st & 2nd Fl.		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A		Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) plaster	
Amount (Specify SF or LF) 1,610 SF		Abatement Type Rem. Rep. Encas. Enclose			
Name of Reg. Waste Hauler MTM Metro Corporation		NJDEF Waste Hauler ID # 25562		Cubic Yards of Waste 40	
City, State Paterson, NJ 07501		Name of Reg. Landfill Tullytown, PA		City, State Tullytown, PA	
Completed by (Print or Type) Mike Damevski		Title Proj. Manager		Signature Mike Damevski Date 7/19/19	

ASB-41

Do not use this form for asbestos licensure exempt activities.



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



Date of Notification (1) <b>7/19/19</b>		Name of Building Owner/Operator (2) <b>Glen Ridge Board of Education</b>	
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		Notification Type <input type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>12 High St</b>		ASBESTOS CONTROL & LICENSING	
City, State, Zip Code <b>Glen Ridge, NJ 07028</b>			
Name of Contact <b>Barbara Murphy</b>		Tel. Number <b>973 429 8304</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Linden Ave Elementary School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>205 Linden Ave</b>			
City (5) <b>Glen Ridge</b>	County (6) <b>Essex</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>T&amp;M Associates</b>		ASCN No. <b>00145</b>	
Street Address <b>11 Tindall Road</b>		Name of Contractor (9) <b>MTM Metro Corporation</b>	
City, State, Zip Code <b>Middletown, NJ 07748</b>		Street Address <b>135-137 McBride Ave</b>	
Project Manager for Monitoring Firm <b>Kevin Burns</b>		Telephone Number <b>732 671 6400</b>	
Telephone Number <b>732 671 6400</b>		License Number <b>00809</b>	
Scheduled Start Date (10) <b>7/23/2019</b>		Name of OSHA Monitor <b>MTM Metro Corporation</b>	
Scheduled Completion Date (11) <b>8/10/2019</b>		Street Address <b>135-137 McBride Avenue</b>	
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: _____		City, State, Zip Code <b>Paterson, NJ 07501</b>	
Source 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 type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Original Bldg. W/ing bsmnt, 1st &amp; 2nd Flr.</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) <b>YES</b> <b>NO</b> <b>N/A</b>	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>plaster</b>	Amount (Specify SF or LF) <b>1,410 SF</b>
		Abatement Type Rem.    Rep.    Encap    Endose <b>X</b> <b>X</b>	
Name of Reg. Waste Hauler <b>MTM Metro Corporation</b>		NJDEP Waste Hauler ID # <b>26552</b>	Cubic Yards of Waste <b>40</b>
City, State <b>Paterson, NJ 07501</b>		Name of Reg. Landfill <b>Tullytown, PA</b>	
Disp. Date <b>8/11/19</b>		City, State <b>Tullytown, PA</b>	
Completed by (Print or Type) <b>Mike Damevski</b>		Title <b>Proj. Manager</b>	Signature <b>Mike Damevski</b>
		Date <b>7/19/19</b>	

ASB-41