

NOCK

Print Form

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

RECEIVED
 JUL 31 2017
 ASBESTOS ABATEMENT DIVISION
 TRENTON, NJ

Date of Notification (1) 07-18-17		Name of Building Owner/Operator (2) PSE&G	
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"/> ON HOLD <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Road	
		City, State, Zip Code South Plainfield, NJ 07080	
		Name of Contact Brandon Preston	

Name of Facility Where Abatement is Taking Place (3) Linden Switching Station		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 4013 Tremley Point Road		Square Feet N/A	# of Floors N/A
City (5) Linden, NJ 07036		Bldg. Age N/A	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Switch Station Control house	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services
Street Address N/A		Street Address 17 Old Dock Road	
City, State, Zip Code N/A		City, State, Zip Code Yaphank, NY 11980	
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 01136
Start Date (10) 7/31/17 - ON HOLD		Scheduled Completion Date (11) 8/31/17	Name of OSHA Monitor same as above
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: <u>retired control house</u>		Street Address same as above	
		City, State, Zip Code same as above	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥100 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Grovbag 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
138kV Control House			N/A	Asbestos Wire Socks	300 LF	X			

Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S North Landfill	
City/State Newark, NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed by Raymond Tutlven		Title Project Manager	Signature 	Date 7/26/17	

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

UC# 013653

RECEIVED
 JUL 31 2017
 ASBESTOS ABATEMENT
 DIVISION

Date of Notification (1) 07-21-17		Name of Building Owner/Operator (2) PSE&G	
Agencies Notified	Type Notification	Street Address	Name of Contact Dawn Neville
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2	4000 Hadley Road	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield, NJ	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSEG Hackensack Substation		Type of Facility (4)		
Street Address 202 South River Street		<input type="checkbox"/> School (K-12)	<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Hackensack, NJ		Square Feet N/A	# of Floors N/A	Bldg. Age N/A
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Electrical Switching yard		

Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services, Inc.	
Street Address N/A		Street Address 17 Old Dock Rd		
City, State, Zip Code N/A		City, State, Zip Code Yaphank NY 11980		
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 631-924-8111	License No. 01136

Start Date (10) 07-26-17	Scheduled Completion Date (11) 12-24-17	Name of OSHA Monitor WRS Environmental Services, Inc.		
Occupancy Status During Abatement (Check Only One)		Street Address 17 Old Dock Rd		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Yaphank, NY 11980		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours				
<input checked="" type="checkbox"/> Other - Describe: Work perform during ongoing construction				

Scope of Work (Check All That Apply)

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

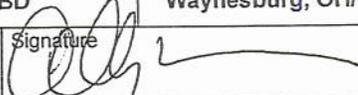
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Control House			x	VAT	244 SF	x			
Control House			x	Stucco	1180 SF	x			
Control House			x	Cement Panel	200 SF	x			
Control House			x	Caulk	257 LF	x			

Name of Registered Waste Hauler Waste Management Services		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 20	Name of Registered Landfill Grows Landfill North	
City, State Newark NJ 07114		Disposal Date TBD	City, State Morrisville PA 19067		
Completed by Amanda Vallone		Title Admin Operations Manager	Signature 	Date 07-26-17	

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

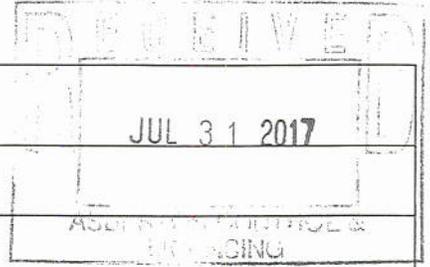
OK # 2146

RECEIVED
JUL 31 2017
ASBESTOS ABATEMENT & REMEDIATION

Date of Notification (1) <u>07</u> / <u>26</u> / <u>17</u>		Name of Building Owner/Operator (2) East First Avenue Storage Urban Renewal LP							
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 615-633 East First Avenue							
		City, State, Zip Code Roselle, NJ 07203							
		Name of Contact Eric Dull							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 615-633 East First Avenue		Square Feet	# of Floors						
City (5) Roselle		Bldg. Age							
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Schedule for demolition							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions	ASCM No. 0615995	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No. 1188						
Start Date (10) <u>08</u> / <u>07</u> / <u>17</u>	Scheduled Completion Date (11) <u>10</u> / <u>07</u> / <u>17</u>	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
2 nd Floor Offices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	6,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	2,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout- 1 st and 2 nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	2,200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout- 1 st and 2 nd floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Windows	1,712 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ATC/ Century Waste LLC		NJDEP Waste Hauler ID No. SW-24310/32797	Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises/IESI Bethlehem Landfill					
City, State Shirley, NY/ Elizabeth, NJ		Disposal Date TBD		City, State Waynesburg, OH/ Bethlehem, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature 			Date 7/26/17		

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

CK # 0147



Date of Notification (1) 07 / 26 / 17		Name of Building Owner/Operator (2) Paterson Habitat For Humanity	
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 146 N. 1 st Street	
		City, State, Zip Code Paterson, NJ 07509	
		Name of Contact Gerald Anderson	

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 (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Paterson, NJ		Bldg. Age	
County (6) Passaic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
Street Address P.O. Box 1224		Street Address 27 Outwater Lane		
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026		
Project Manager for Monitoring Firm Rick Estaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No. 1188

Start Date (10) 08 / 07 / 17	Scheduled Completion Date (11) 09 / 07 / 17	Name of OSHA Monitor ALL PRO MANAGEMENT LLC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane		
		City, State, Zip Code Garfield, NJ 07026		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <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
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RACM		<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 Weigle Trucking, LLC		NJDEP Waste Hauler ID No. PA-589	Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises	
City, State Linden, PA		Disposal Date TBD	City, State Waynesburg, OH		
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature 	Date 7/26/17		

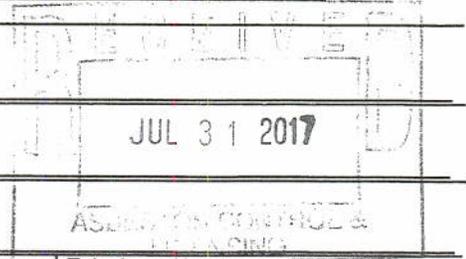
State of NJ
 Notification of Asbestos Abatement
 (Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 17-198

OK # 19820

Emergency Notification

Date of Notification (1) 07/17/17		Name of Building Owner/Operator (2) MR. JOSEPH DIANA	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <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 LITTLE FALLS, NJ 07424	
		Name of Contact MR. JOSEPH DIANA	



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

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) D&S RESTORATION INC		
Street Address [REDACTED]		Street Address 20 CALIFORNIA AVENUE			
City, State, Zip Code		City, State, Zip Code PATERSON, NJ 07503			
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169	
Start Date (10) 07-26-2017	Sched. Completion Date (11) 07-27-2017				
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					

Scope of Work (check all that apply)

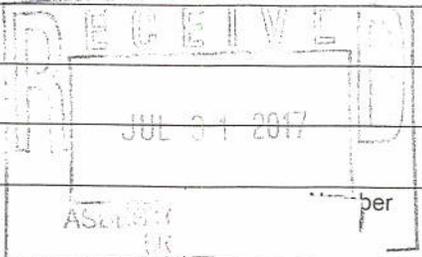
<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input checked=""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

Location of asbestos-containing material (acm) 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	220 LF	X			

Registered Waste Hauler D&S RESTORATION	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1.5 CY	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 07/27/2017	City, State TULLYTOWN, PA	
Completed by (Print or Type) ROGDAN IOLDZIC	Title PRESIDENT	Signature <i>[Signature]</i>	Date 07 24 2017

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

7/17-APPROVED BY:
TOM Voorhees, DOH
Ch # 3242

Date of Notification (1) 7/21/17		Name of Building Owner / Operator (2) Middle Township Public Schools		
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 216 South Main Street	
			City, State & Zip Code Cape May Court House, NJ 08210	
			Name of Contact Ms. Diane Fox	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Middle Township ES 2 Transportation Bldg		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB-CHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 101 W Pacific Ave		Square Feet 2500	# of Floors 1
City (5) Cape May Court House	County (6) Cape May	Bldg. Age 50+	
Current Use (Prior if being demolished) Transportation Office for School			
Name of Monitoring Firm Hired by Building Owner (8) Partner Engineering & Science		ASCM No.	
Street Address 611 Industrial Way West		Name of Abatement Contractor (9) Bristol Environmental, Inc.	
City, State & Zip Code Eatontown, NJ 07724		Street Address 1123 Beaver Street	
Project Manager for Monitoring Firm Matt Genna		Telephone Number 732-380-1700	License Number 00509
Telephone Number 732-380-1700		City, State & Zip Code Bristol, PA 19007	
Scheduled Start Date (10) 7/22/17	Scheduled Completion Date (11) 7/22/17	Name of OSHA Monitor Bristol Environmental 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 Hours Describe: <input type="checkbox"/> Facility Occupied During Abatement 7AM - 3:30 PM		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 type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Siding	650 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 5 cu yd	Name of Registered Landfill	
City, State New Castle, DE		Disposal Date 7/24/17		City, State	
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 7/21/17

GI17150

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

OC# 1221



Date of Notification (1) 07/21/2017		Name of Building Owner/Operator (2) Residence	
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]
			City, State, Zip Code Rahway, N.J. 07065
			Name of Contact Doug Mack

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)		
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Rahway		Square Feet 1,445	# of Floors 2	Bldg. Age 95
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services	
Street Address PO Box 354		Street Address 1256 Liberty Avenue		
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205		
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	Telephone No. 844-462-7465	License No. 01316

Start Date (10) 08/04/2017	Scheduled Completion Date (11) 08/18/2017	Name of OSHA Monitor A. Seine Lighthouse Solutions		
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 354		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code South Orange, NJ 07079		

Scope of Work (Check All That Apply)

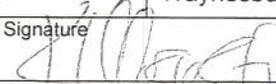
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked=""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

Location of Asbestos-Containing Material (ACM) 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 panels	4 sheets	X			
Basement		X		asbestos materials	24 SF	X			

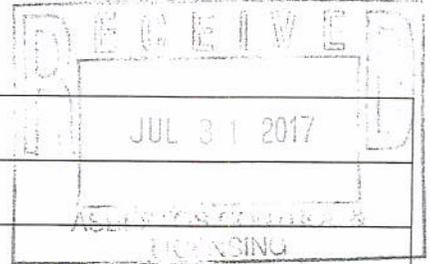
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill	
City, State East Orange, NJ		Disposal Date		City, State Penn Argyle, PA	
Completed by Alison Lamers		Title Office Manager	Signature <i>Alison Lamers</i>	Date 07/21/2017	

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

CHECK # 24442

Date of Notification (1) 07-26-17		Name of Building Owner/Operator (2) Con Edison								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4 Irving Place City, State, Zip Code New York, NY Name of Contact Brent Fullum							
	FACILITY INFORMATION									
	Name of Facility Where Abatement is Taking Place (3) Pole #59851/36050 Street Address 222 Westshore Road City (5) Harrington Park, NJ County (6) Bergen		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.) Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Utility Pole							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp. Street Address 200 Broad Street City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Telephone No.		Telephone No. 201-939-6565	License No. 00756							
Start Date (10) 08-04-17	Scheduled Completion Date (11) 08-31-17	Name of OSHA Monitor EMSL Analytical, Inc.								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 307 West 38th Street City, State, Zip Code New York, NY 10018								
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"/> Intact Removal <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Exterior: Pole #59851/36050			x	Transite	20LF	x				
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises						
City, State Shirley, NY / Bronx, NY			Disposal Date TBD	City, State Waynesburg, OH 44688						
Completed by Kevin Moriarty		Title Project Manager		Signature 			Date 07-26-17			

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



CLC # 1237

Date of Notification (1) 07/27/2017		Name of Building Owner/Operator (2) Residence	
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 [REDACTED]	
		City, State, Zip Code Bergenfield, N.J. 07621	
		Name of Contact Gary Laterovian	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1,488	# of Floors 2
City (5) Bergenfield		Bldg. Age 94	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services
Street Address PO Box 354		Street Address 1256 Liberty Avenue	
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205	
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	License No. 01316
Start Date (10) 08/10/2017	Scheduled Completion Date (11) 08/21/2017	Name of OSHA Monitor A. Seine Lighthouse Solutions	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 354	
		City, State, Zip Code South Orange, NJ 07079	

Scope of Work (Check All That Apply)

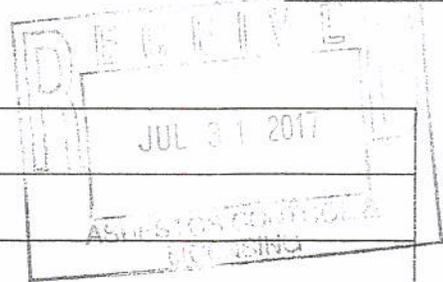
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		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

Location of Asbestos-Containing Material (ACM) 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 wrap	40 LF	X			
Basement		X		elbows	25				

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill	
City, State East Orange, NJ		Disposal Date		City, State Penn Argyle, PA	
Completed by Alison Lamers		Title Office Manager	Signature <i>Alison Lamers</i>	Date 07/27/2017	

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

CIC # 1129



Date of Notification (1) 07-24-17		Name of Building Owner/Operator (2) Caravella Demolition	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 40 Deforest Ave.	
		City, State, Zip Code East Hanover NJ 07936	
		Name of Contact Jhon Caravella	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Paterson		Bldg. Age	
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.
Street Address		Street Address 522 7th St.	
City, State, Zip Code		City, State, Zip Code Union City NJ 07087	
Project Manager for Monitoring Firm		Telephone No. 201 216-9603	License No. 01206
Start Date (10) 07-24-17	Scheduled Completion Date (11) 07-27-17	Name of OSHA Monitor Delfa 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 522 7th St.	
		City, State, Zip Code Union City NJ 07087	

Scope of Work (Check All That Apply)

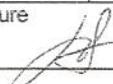
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/>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

Name of Registered Waste Hauler Caravella Demolition Inc		NJDEP Waste Hauler ID No. 35685	Cubic Yards of Waste 80	Name of Registered Landfill IESI	
City, State E. Hanover, NJ 07936			Disposal Date 07-24-17	City, State Bethlehem, PA	
Completed by Jaime Delgado		Title Proj. Manager.	Signature 		Date 07-24-17

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

OC # 1131

Date of Notification (1) 07-24-17		Name of Building Owner/Operator (2) Little Fiddler Academy								
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 631 East Woodbridge Ave.								
		City, State, Zip Code Avenel, NJ 07001								
		Name of Contact Patty Garcia		Telephone Number _____						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Little Fiddler Academy		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 631 East Woodbridge Ave.		Square Feet	# of Floors							
City (5) Avenel		Bldg. Age								
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.							
Street Address		Street Address 522 7th St.								
City, State, Zip Code		City, State, Zip Code Union City NJ 07087								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603							
			License No. 01206							
Start Date (10) 08-03-17	Scheduled Completion Date (11) 08-05-17	Name of OSHA Monitor Delfa Contracting LLC								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 Am - 5:00 Pm		Street Address 522 7th St.								
		City, State, Zip Code Union City NJ 07087								
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	
Ground Floor / Boiler Room		x		VAT	35 SF	x				
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource Recovery Facility						
City, State Union City, NJ		Disposal Date 08-07-17		City, State Tullytown, PA						
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 07-24-17			

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

UC # 1130

JUL 24 2017
 ASBESTOS ABATEMENT

Date of Notification (1) 07-25-17		Name of Building Owner/Operator (2) Warren Bradley	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1	[REDACTED]	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne, NJ 07470	
		Name of Contact Warren Bradley	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Wayne		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) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.
Street Address		Street Address 522 7th St.	
City, State, Zip Code		City, State, Zip Code Union City NJ 07087	
Project Manager for Monitoring Firm		Telephone No. 201 216-9603	License No. 01206
Start Date (10) 08-01-17	Scheduled Completion Date (11) 08-03-17	Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 Am - 5:00 Pm		City, State, Zip Code Union City NJ 07087	

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

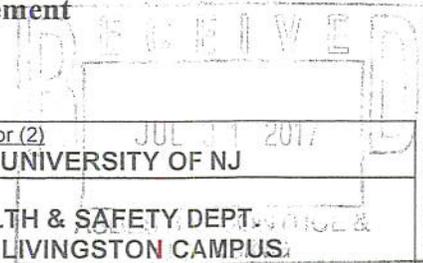
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor		x		VAT	110 SF	x			

Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource Recovery Facility	
City, State Union City, NJ		Disposal Date 08-04-17		City, State Tullytown, PA	
Completed by Jaime Delgado		Title Proj. Manager.	Signature 		Date 07-24-17

State of New Jersey - Notification of Asbestos Abatement

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

CK # 3034

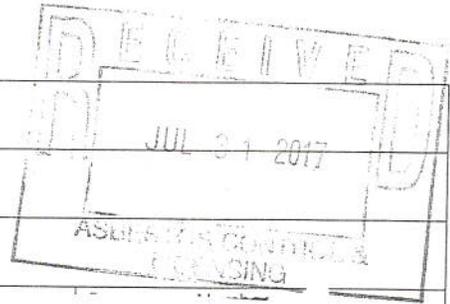


Date of Notification (1) July 24, 2017		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ		
Agencies Notified EPA DCA x DOL DEP x DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 101 & 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
			City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact Michael Smith ENV HEALTH & SAFETY		
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Facilities Office- Bldg # 4115		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: Unknown # of Floors: 1 Bldg. Age: 80 years		
Street Address LIV		Current Use (prior if being demolished): Academic		
City (5) Piscataway	County (6) MIDDLESEX	County Code (7) (State Use Only)		
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 3 TERRI LANE		Street Address 511 MAIN STREET		
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code Butler, NJ 07405		
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840	
Scheduled Start Date (10) August 7, 2017	Scheduled Completion Date (11) August 14, 2017	Name of OSHA Monitor Envirovision, Inc.		
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: 5pm - 5am (24 hrs & Weekends as Needed		Street Address 20-21 , Bldg E Wagaraw Road		
		City, State, Zip Code Fairlawn, NJ		
Source of Work (Check all that apply)				
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Renovation Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure
Location of Asbestos-Containing Material (ACM) in Facility (13) 117,119	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.) VAT, ACT	Amount (Specify SF or LF) 560 sf	Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10	Name of Registered Landfill GROWS North Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Disposal Date August 14, 2017	City, State 100 New Ford Mill Road, Morrisville, PA 19067 215-736-1700	
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551				
Completed by (Print or Type) Raymond C. Pedalino	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date July 24, 2017	

GAC # 2017-060

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

NO CK



Date of Notification (1) 7/24/17		Name of Building Owner/Operator (2) New Jersey Natural Gas	
Agencies Notified	Type Notification	Street Address 775 Vassar Ave	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 08701	
		Name of Contact Edward Yurick	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) New Jersey Natural Gas		Type of Facility (4)	
Street Address 858 Lakewood Farmingdale Rd.		<input type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter 8 (Other than K-12)
City (5) Howell		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Square Feet Outdoor Area	# of Floors NA
Name of Monitoring Firm Hired by Building Owner (8) NA		Current Use (Prior if being demolished) Outdoor pipe insulation	
ASCM No.		Name of Abatement Contractor (9) Advanced Specialty Contractors, LLC	
Street Address		Street Address 2400 Main Street Extension, Suite 10	
City, State, Zip Code		City, State, Zip Code Sayreville, NJ 08872	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-525-0100	License No. 00750

Start Date (10) 7/31/17	Scheduled Completion Date (11) 8/29/17	Name of OSHA Monitor Tiger Environmental
Occupancy Status During Abatement (Check Only One)		Street Address
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		234 20th Ave
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		
<input checked="" type="checkbox"/> Other - Describe: <u>Outdoor removal, no one in the area</u>		
Scope of Work (Check All That Apply)		City, State, Zip Code Brick, NJ

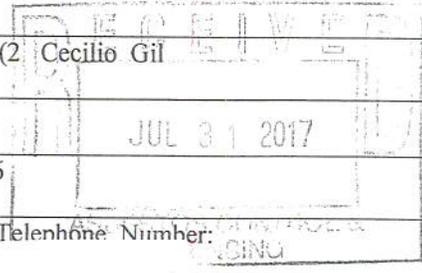
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure Glovebag 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
Pipe to truck loading rack from TI and Pump Stations			X	Thermal insulation jacket	600 LF	X			

Name of Registered Waste Hauler Freehold Cartage Inc	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S.
City, State Freehold, NJ	Disposal Date 8/29/17	City, State Morrisville, PA	
Completed by Michael Migliore	Title Sr Account Manager	Signature	Date 7/24/17

State Of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

OK # 1028



Date of Notification: (1) 07/20/17		Name of Building Owner/Operator: (2) Cecilio Gil	
Agency Notified x EPA X DEP X DOL X DOH DCA	Type Notification Initial Amended Amended # X Emergency (including Justification) Cancellation	Street Addresses: [REDACTED]	City, State, Zip : Garfield NJ 07026 Name of Contact: Cecilio Telephone Number: [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: (3) House		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) x Other (i.e. private & commercial Buildings,							
Street Addresses: [REDACTED]		Square Feet	# of Floors						
City(5): Garfield		Bldg. Age							
County:(6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) ebended							
Name of Monitoring Firm: (8)- IRIS Environmental laboratories		ASCM No.	Name of Abatement Contractor: (9) Pezo Inc						
Street Address: 2333 Route 22 West		Street Address: 4 Beaverbrook Rd., #150							
City, State, Zip Code: Union NJ 07083		City, State, Zip Code: Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm: Rick	Telephone No.: 908-206-0073	Telephone No.: 973-628-7829	License No: 01141						
Start Date: (10) 07/21/17	Scheduled Completion : 07/21/17	Name of OSHA Monitor : IRIS Environmental Laboratories							
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other -Describe		Street Address: 2333 Route 22 West							
		City, State, Zip Code: Union NJ 07083							
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Used Solely by Maintenance/ Custodial Staff? (12)			Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or Other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						
Basement		x		Floor Tiles, VAT	240	X			
Name of registered Waste Hauler: Pezo Inc.		NJDEP Waste Huler: CS 6224	Cubic Yards of Waste 6	Name of Registered Landfield: Waste Management of Pennsylvania					
City, State: Lincoln Park, NJ 07035 # 150			Disposal Date::	City, State: Morrisville Pennsylvania					
Completed by: Gustavo Ordon	Title: Field Manager		Signature: 	Data: 07/20/17					

Do not Use this form for asbestos licensure exempted activities

Check#2834

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

ASBESTOS ABATEMENT

Date of Notification (1)
07 / 22 / 17

Name of Building Owner/Operator (2)
David Twardock

Agencies Notified
 EPA
 DOLWD
 DHSS
 DCA (NJAC 5:23-8)

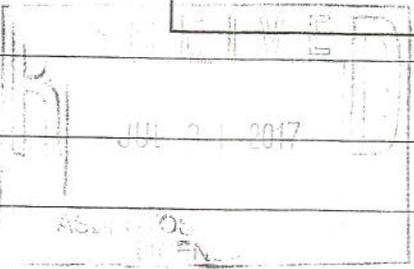
Type Notification
 Initial
 Amended
 Amendment # _____
 Emergency (including justification)
 Cancellation

Street Address
[REDACTED]

City, State, Zip Code
Summit, NJ 07901

Name of Contact
David Twardock

Telephone Number
[REDACTED]



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Private house

Type of Facility (4)
 School (K-12)
 Subchapter 8 (Other than K-1 2)
 Other (i.e., private and commercial buildings, homes, etc.)

Street Address
[REDACTED]

City (5)
Summit, NJ 07901

Square Feet # of Floors 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)
[REDACTED]

ASCM No.

Name of Abatement Contractor (9)
Gr Tech LLC

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm
[REDACTED]

Telephone No.
973-638-1777

License No.
01127

Start Date (10)
07 / 31 / 17

Scheduled Completion Date (11)
08 / 01 / 17

Name of OSHA Monitor
Envirovision Consultants, Inc

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 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)

>3 sf or >3 lf
 > 160 sf or >260 lf

Renovation
 Demolition

Clean up and decontamination with negative pressure
 Full Containment with Negative Pressure
 Mini-Enclosure
 Glovebag Procedure
 Tent with Negative Pressure
 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 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	140 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler
Gr Tech LLC

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

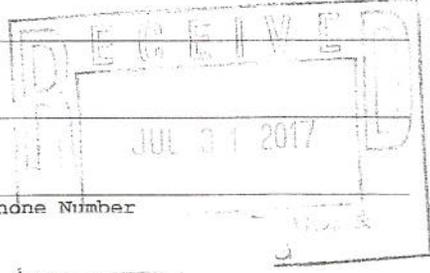
Signature
N. Jevtic

Date
07/22/17

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

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

Date of Notification (1) 7/22/2017		Name of Building Owner/Operator (2) Patricia Post	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/>]EPA	<input checked="" type="checkbox"/>]Initial Notification	City, State, Zip Code Ridgewood, NJ, 07450	
<input type="checkbox"/>]DEP	<input type="checkbox"/>]Amended Notification	Name of Contact Patricia Post	
<input checked="" type="checkbox"/>]DOL	<input type="checkbox"/>]EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/>]DOH	<input type="checkbox"/>]Cancellation		
<input type="checkbox"/>]DCA			



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Patricia Post			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) Ridgewood	County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors	Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371		
Scheduled Start Date (10) 8-1-17	Sched. Completion Date (11) 8-2-17	Name of OSHA Monitor N/A			
Month Day Year	Month Day Year				
Occupancy Status During Abatement (Check only one)		Street Address			
<input checked="" type="checkbox"/>]Facility Closed/Vacated During Entire Period of Abatement					
<input type="checkbox"/>]Abatement Performed Outside of Normal Facility Hours - Describe:«OffHours Descript»		City, State, Zip Code			
<input type="checkbox"/>]Other - Describe:«Other Occupancy Descript»					

Scope of Work (Check all that apply)

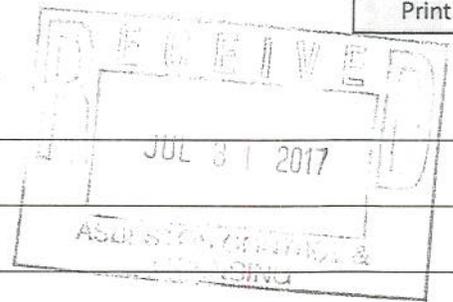
<input checked="" type="checkbox"/>]>3 sf or >3 lf	<input checked="" type="checkbox"/>]Renovation	<input type="checkbox"/>]Full Containment with Negative Pressure
<input type="checkbox"/>]>160 sf or >260 lf	<input type="checkbox"/>]Demolition	<input checked="" type="checkbox"/>]Mini-Enclosure
		<input checked="" type="checkbox"/>]Glove-bag Procedure
		<input type="checkbox"/>]Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	E	E	E	
Basement			X	Pipe insulation	120LF	X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill Minerva Enterprise INC	
City, State Montclair, NJ 07042		Disposal Date 8-3-17	City, State Waynesburg, Ohio 44688		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 7/22/2017		

MO# 23683801814

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



Date of Notification (1) 07/20/2017		Name of Building Owner/Operator (2) Deborah Bialer	
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"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Millburn, NJ 07041	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Deborah Bialer	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		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) Millburn		Square Feet N/A	# of Floors N/A	Bldg. Age N/A
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue		
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512		
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-345-8685
				License No. 01311
Start Date (10) 07/31/2017		Scheduled Completion Date (11) 08/01/2017		Name of OSHA Monitor D&S Abatement, Inc.
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue		
<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 Totowa, NJ 07512		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		pipe & fitting insulation	13 LF	X			
Laundry Room		X		Floor Tiles	130 SF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA	
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Oliver Hegedis		Title Project Manager		Signature 	Date 07/20/2017

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

OC # 53216874-0



Date of Notification (1) 07/20/2017		Name of Building Owner/Operator (2) John Benzenberg	
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Morristown, NJ 07960	
		Name of Contact John Benzenberg	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		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) Morristown	Square Feet N/A	# of Floors N/A	Bldg. Age N/A
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. 973-345-8685
Start Date (10) 08/02/2017		Scheduled Completion Date (11) 08/03/2017	License No. 01311
Name of OSHA Monitor D&S Abatement, 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: Occupied		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	

Scope of Work (Check All That Apply)

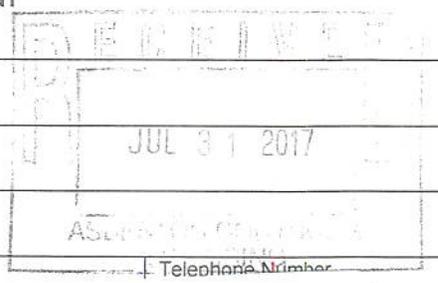
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input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

Location of Asbestos-Containing Material (ACM) 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		Duct Insulation	9 SF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA	
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Oliver Hegedis		Title Project Manager	Signature 		Date 07/20/2017

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

CIC# 004653



Date of Notification (1) 07/20/2017		Name of Building Owner/Operator (2) Howard Halperin	
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 [REDACTED]	
		City, State, Zip Code Elizabeth, NJ 07208	
		Name of Contact Howard Halperin	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential 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 [REDACTED]		Square Feet N/A	# of Floors N/A	Bldg. Age N/A
City (5) Elizabeth	County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Building	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.	
Street Address		Street Address 11 Rosengren Avenue		
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685	License No. 01311
Start Date (10) 08/03/2017	Scheduled Completion Date (11) 08/04/2017		Name of OSHA Monitor D&S Abatement, 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: Occupied		Street Address 11 Rosengren Avenue		
		City, State, Zip Code Totowa, NJ 07512		

Scope of Work (Check All That Apply)

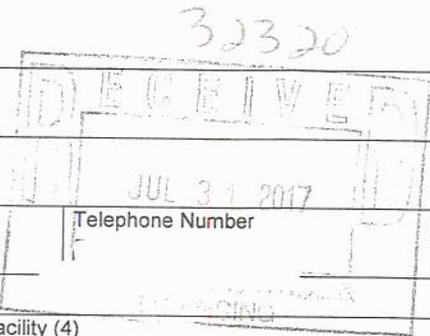
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input 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 & Fitting Insulation	390 LF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.	NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA
City, State Totowa, NJ	Disposal Date TBD	City, State Morrisville, PA	
Completed by Oliver Hegedis	Title Project Manager	Signature 	Date 07/20/2017

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

Date of Notification (1) <u>07</u> / <u>21</u> / <u>17</u>		Name of Building Owner/Operator (2) Frank Distasio							
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 East Hanover, NJ 07936							
		Name of Contact Frank Distasio	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Toms River	Square Feet 600 sf	# of Floors 1	Bldg. Age 65						
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Boat House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) <u>08</u> / <u>02</u> / <u>17</u>	Scheduled Completion Date (11) <u>08</u> / <u>07</u> / <u>17</u>	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	600 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey			Disposal Date 8/07/17	City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 			Date 7/21/17			



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

CK# 3208

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:69 and 12:120)

Date of Notification (1) 7/22/17		Name of Building Owner/Operator (2) Avakian Residence	
Agencies Notified	Type Notification	Street Address	JUL 31 2017
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #	City, State, Zip Code Wading River, New Jersey 07719	
<input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Lucille	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Avakian Residence		Type of Facility (4)		
Street Address		<input type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter 8 (Other than K-12)	
City (5) Wading River		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Square Feet 5000	# of Floors 2	Bldg. Age 55+
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 Colts Neck, New Jersey		
Project Manager for Monitoring Firm		Telephone No. 732 294 1757	License No. 00029	
Start Date (10) 7/31/17	Scheduled Completion Date (11) 8/7/17	Name of OSHA Monitor		
Occupancy Status During Abatement (Check Only One)		Street Address		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours				
<input checked="" type="checkbox"/> Other - Describe: <u>1 AM - 7 PM</u>				

Scope of Work (Check All That Apply)

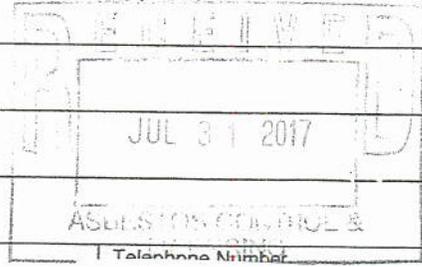
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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
Kitchen			X	Marble	500/	X			

Name of Registered Waste Hauler Ace Insulation Co., Inc.	NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 2	Name of Registered Landfill Chrins Landfill
City, State Colts Neck, New Jersey	Disposal Date 8/7/17	City, State Easton, PA	
Completed by Bree McGuire	Title Secretary Treasurer	Signature <i>Bree McGuire</i>	Date 8/20/17

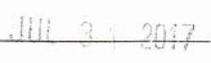
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

Case # 1312



Date of Notification (1) 7/19/2017		Name of Building Owner/Operator (2) Private Property								
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 [REDACTED]								
		City, State, Zip Code Guttenberg NJ								
		Name of Contact Abhis Adukinn								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Private 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 800	# of Floors 46							
City (5) Guttenberg NJ		Bldg. Age +50								
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC							
Street Address N/A		Street Address 1435 51st Street								
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047								
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 201-552-9685							
		License No. 01320								
Start Date (10) 8/1/2017	Scheduled Completion Date (11) 8/20/2017	Name of OSHA Monitor Iris 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 2333 Route 22 West								
		City, State, Zip Code Union NJ 07803								
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 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	
Entire Apartment			X	popcorn ceiling	800SF	X				
Entire Apartment			X	Floor tile/mastic	800SF	X				
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill						
City, State Po Box 5670		Disposal Date	City, State 2335 Applebutter Rd Bethlehem PA							
Completed by Marcos Regato		Title President	Signature <i>Marcos Regato</i>				Date 7/19/2017			

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

Date of Notification (1) 07/20/2017		Name of Building Owner/Operator (2) Lower Cape May Regional Schools		check# 4834					
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 687 Route 9						
			City, State, Zip Code Cape May, NJ 08204						
			Name of Contact Robert Olsen						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) R. Teitelmen 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 687 Route 9			Square Feet		Bldg. Age				
City (5) Cape May			# of Floors						
County (6) Cape May		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Shed house-school use					
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants, Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address POB 385		Street Address 606 McBride Ave							
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Woodland Park, New Jersey							
Project Manager for Monitoring Firm John Smoyer		Telephone No 609-652-1833	Telephone No. 973-225-8400	License No. 01104					
Start Date (10) 08-03-2017		Scheduled Completion Date (11) 08-06-2017		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 2333 Route 22 West						
			City, State, Zip Code Union, NJ 07083						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			x	Transite panels	1,200 SF	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey		Disposal Date		City, State Morrisville, PA					
Completed by Adriana Olejarova		Title president		Signature 		Date 07/20/2017			

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

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 JUL 31 2017
 ASBESTOS CONTROL & ABATEMENT

Date of Notification (1) 7/21/17		Name of Building Owner/Operator (2) NEW BRUNSWICK APARTMENT ASSOCIATES	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 119 LIVINGSTON AVE	
		City, State, Zip Code NEW BRUNSWICK, NJ 08903	
		Name of Contact MR BILL MURPHY	

Name of Facility Where Abatement is Taking Place (3) NEW BRUNSWICK APARTMENT ASSOCIATES		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 119 LIVINGSTON AVE		Square Feet 36031	# of Floors 6
City (5) NEW BRUNSWICK		Bldg. Age 1928	
County (6) MIDDLESEX	County Code (7) <small>(STATE USE ONLY)</small>	Current Use (Prior if being demolished) APTS	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc	
Street Address		Street Address 450 South River Street		
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07601		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-329-7444	License No. 00388

Start Date (10) 8/7/17	Scheduled Completion Date (11) 8/18/17	Name of OSHA Monitor Omega Environmental	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:30 AM TO 5:00 PM		Street Address 280 Huyler Street	
		City, State, Zip Code South Hackensack, NJ 07606	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> 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"/> 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/BOILER ROOM				X THERMAL SYSTEMS INSULATION	265 LF	X			
BASEMENT/BOILER ROOM				X THERMAL SURFACING INSULATION	550 SF	X			

Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 30CYTS	Name of Registered Landfill Minverva Enterprises, LLC	
City, State Hackensack, NJ 07601		Disposal Date 8/18/17		City, State Waynesburg, OH 44688	
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>		Date 7/21/17	

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

07/20/2017 11:22

NO.284 #002

CC# 4146

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 8:18)

RECEIVED
 JUL 31 2017

Date of Notification (1) 7 / 20 / 17		Name of Building Owner/Operator (2) Stockton University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address 101 Vera King Farris Drive	City, State, Zip Code Galloway, NJ 08205
		Name of Contact Chris Gorse	

DOL - 10/17
 JUL 20 2017
 WAIVER APPROVED

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Stockton University		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 9 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 101 Vera King Farris Drive		Square Foot 60,000	# of Floors 3
City (5) Galloway		Bldg. Age 60	
County (6) Atlantic	County Code (1) (STATE USE ONLY)	Current Use (Prior if being demolished) University	

Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services, Inc.	ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC
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Street Address PO Box 385	Street Address 623 Cutler Avenue
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City, State, Zip Code Berlin, NJ 08009	City, State, Zip Code Maple Shade, NJ 08052
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Project Manager for Monitoring Firm Al Oswald	Telephone No. 856-482-1311	Telephone No. 609-765-0098	License No. 00842
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Start Date (10) 7 / 22 / 17	Scheduled Completion Date (11) 7 / 24 / 17	Name of OSHA Monitor EMBL Analytical, Inc.
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Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM _____ PM _____ AM	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"/> ≥ 180 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exemplified (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
Women's Room D-Wing 00 Level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fittings (Wrap & Cut)	48 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men's Room D-Wing 100 Level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fittings (Wrap & Cut)	24 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's Room A-Wing 100 Level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fittings (Wrap & Cut)	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men's Room A-Wing 00 Level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fittings (Wrap & Cut)	48 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 18838	Cubic Yards of Waste 5	Name of Registered Landfill Atlantic County Landfill
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City, State Freehold, NJ	Disposal Date 7/25/2017	City, State Egg Harbor Township, NJ
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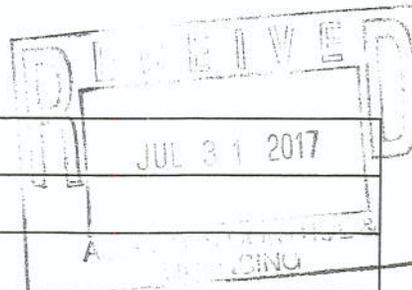
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 	Date 7/20/17
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ASB-41
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* Do not use this form for asbestos licensure exempted activities.

NO CIC

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



Date of Notification (1) 7/20/17		Name of Building Owner/Operator (2) New Providence Board of Education	
Agencies Notified	Type Notification	Street Address 356 Elkwood Avenue	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2	City, State, Zip Code New Providence, NJ 07974	
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact James E. Testa, School Business Admin.	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Salt Brook 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 40 Maple Street		Square Feet 92,920	# of Floors 1
City (5) New Providence		Bldg. Age 49 yrs	
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering and Environmental Services		ASCM No. 00099	Name of Abatement Contractor (9) Unicorn Contracting Corp.
Street Address 300 Kimball Drive, 4th Floor		Street Address 32 Willow Way	
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager fo Monitoring Firm Darshan Desai		Telephone No. 973-560-4900	Telephone No. 973-333-9176
Start Date (10) 7/10/17		Scheduled Completion Date (11) 7/28/2017	License No. 01331
Name of OSHA Monitor Envirovision Consultants, Inc.		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours
 Other - Describe: _____

City, State, Zip Code
Fair Lawn, NJ 07410

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
SEE CONTINUATION SHEET				**SEE CONTINUATION SHEET**					

Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 20+	Name of Registered Landfill Fairless Hills Landfill
City, State Woodland Park, New Jersey		Disposal Date TBD		City, State Morrisville, PA
Completed by Dimo Golcev	Title General Manager	Signature 		Date 7/20/17

CK# 4272

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

RECEIVED
 JUL 31 2017

Date of Notification (1) 7-21-17		Name of Building Owner/Operator (2) CENTURY 21	
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 5811 New Jersey Ave	
		City, State, Zip Code WILDWOOD CREST	
Name of Contact SUZANNE		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1000	# of Floors 1
City (5) WILDWOOD CREST		Bldg. Age 50+	
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Name of Abatement Contractor (9) KLEMCO INC.		Street Address 369 S. SPRUCE AVE	
Street Address		City, State, Zip Code MAPLE SHADE N.J 08052	
City, State, Zip Code		Telephone No. 856-779-0472	License No. 00444
Project Manager for Monitoring Firm		Name of OSHA Monitor JOSEPH KLEMM	
Telephone No.		Street Address 369 S. SPRUCE AVE	
Start Date (10) 7-31-17		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 <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code MAPLE SHADE N.J 08052	

Scope of Work (Check all that apply)

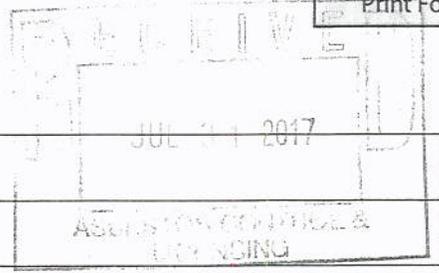
<input type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >160 sf or >260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" 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
PIPING			X	AIR CELL	50' LF	X			
CRAWL-SPACE									

Name of Registered Waste Hauler KLEMCO INC.	NJDEP Waste Hauler ID No. 179DU	Cubic Yards of Waste 3	Name of Registered Landfill C.M.C. M.U.A
City, State MAPLE SHADE N.J		Disposal Date	City, State WOODBINE
Completed By MICHAEL KLEMM	Title SUP.	Signature Michael Klemm	Date 7-21-17

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

OC# 53246022-6



Date of Notification (1) 07/20/2017		Name of Building Owner/Operator (2) Kathleen Ludwig	
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Demarest, NJ 07627	
		Name of Contact Kathleen Ludwig	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) House		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 N/A	# of Floors N/A
City (5) Demarest		Bldg. Age N/A	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.	
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8685	License No. 01311

Start Date (10) 08/01/2017	Scheduled Completion Date (11) 08/02/2017	Name of OSHA Monitor D&S Abatement, 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: Occupied		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	

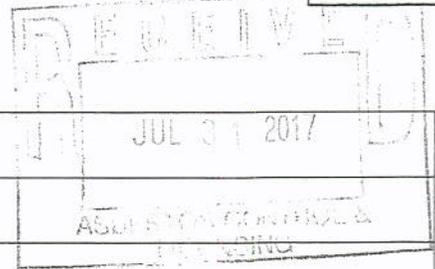
Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		pipe & fitting insulation	10 LF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.	NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA
City, State Totowa, NJ	Disposal Date TBD	City, State Morrisville, PA	
Completed by Ned Joksimovic	Title Project Manager	Signature 	Date 07/20/2017

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



OK # 11174

Date of Notification (1) 07/25/2017		Name of Building Owner/Operator (2) Township of Pittsgrove	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 989 Centerton Road	
		City, State, Zip Code Pittsgrove, NJ 08318	
		Name of Contact Constance Garton	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Grain Mill, (Building 1)		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 1237 Landis Avenue		Square Feet ~ 12,000	# of Floors 1-4
City (5) Pittsgrove		Bidg. Age 60+	
County (6) Salem	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Former Grain Mill	

Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc.		ASCM No.	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.	
Street Address 515 Grove Street Suite 1B		Street Address 42 Ridge Road		
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Phoenixville, PA 19460		
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856 547-0505	Telephone No. 610 933-4332	License No. 00836

Start Date (10) 08/09/2017	Scheduled Completion Date (11) 08/31/2017	Name of OSHA Monitor Neuber Environmental Services, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 42 Ridge Road	
		City, State, Zip Code Phoenixville, PA 19460	

Scope of Work (Check All That Apply)

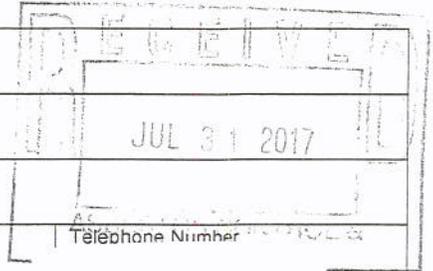
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

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

Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste	Name of Registered Landfill GROWS/Tullytown Landfill	
City, State Fairless Hills, NJ		Disposal Date 08,09/2017		City, State Morrisville, PA	
Completed by Patrick Larney		Title Project Manager	Signature 		Date 07/25/2017

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

OC# 11175



Date of Notification (1) 07/25/2017		Name of Building Owner/Operator (2) Township of Pittsgrove	
Agencies Notified	Type Notification	Street Address 989 Centerton Road	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pittsgrove, NJ 08318	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Constance Garton	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Grain Mill, (Building 2)		Type of Facility (4)	
Street Address 1237 Landis Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Pittsgrove		Square Feet ~ 2,200	# of Floors 1
County (6) Salem		Bldg. Age 60+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Former Grain Mill	
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc.		ASCM No.	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.
Street Address 515 Grove Street Suite 1B		Street Address 42 Ridge Road	
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Phoenixville, PA 19460	
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856 547-0505	Telephone No. 610 933-4332
License No. 00836		Name of OSHA Monitor Neuber Environmental Services, Inc.	
Start Date (10) 08/09/2017	Scheduled Completion Date (11) 08/31/2017	Name of OSHA Monitor Neuber Environmental Services, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 42 Ridge Road	
<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 Phoenixville, PA 19460	

Scope of Work (Check All That Apply)

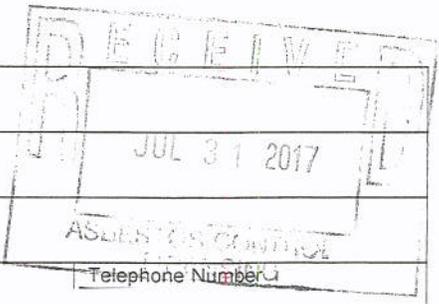
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure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

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

Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste	Name of Registered Landfill GROWS/Tullytown Landfill	
City, State Fairless Hills, NJ		Disposal Date 08.09/2017	City, State Merrisville, PA		
Completed by Patrick Larney		Title Project Manager	Signature 	Date 07/25/2017	

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

OC# 11176



Date of Notification (1) 07/25/2017		Name of Building Owner/Operator (2) Township of Pittsgrove	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 989 Centerton Road	
		City, State, Zip Code Pittsgrove, NJ 08318	
		Name of Contact Constance Garton	
Telephone Number _____			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Grain Mill, (Silo's)		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 1237 Landis Avenue		Square Feet ~ 1,000	# of Floors 1
City (5) Pittsgrove		Bldg. Age 60+	
County (6) Salem	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Former Grain Mill	
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc.		ASCM No. _____	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.
Street Address 515 Grove Street Suite 1B		Street Address 42 Ridge Road	
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Phoenixville, PA 19460	
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856 547-0505	Telephone No. 610 933-4332
Start Date (10) 08/09/2017		Scheduled Completion Date (11) 08/31/2017	License No. 00836
Name of OSHA Monitor Neuber Environmental Services, Inc.			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 42 Ridge Road	
		City, State, Zip Code Phoenixville, PA 19460	

Scope of Work (Check All That Apply)

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

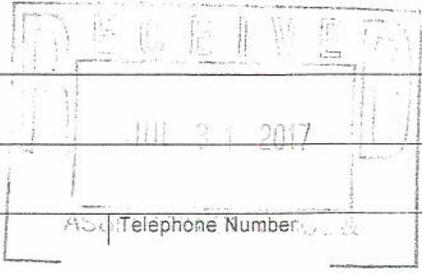
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or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

Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste	Name of Registered Landfill GROWS/Tullytown Landfill	
City, State Fairless Hills, NJ		Disposal Date 08,09/2017	City, State Morrisville, PA		
Completed by Patrick Larney		Title Project Manager	Signature 	Date 07/25/2017	

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

MO#24499201500

Date of Notification (1) 07 / 21 / 17		Name of Building Owner/Operator (2) Mark Shadek	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]
	City, State, Zip Code Chatham, NJ 07928		City, State, Zip Code [REDACTED]
	Name of Contact Mark Shadek		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]		Square Feet	# of Floors
City (5) Chatham, NJ 07928		Bldg. Age	
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC
Street Address [REDACTED]		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127
Start Date (10) 07 / 30 / 17	Scheduled Completion Date (11) 07 / 31 / 17	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 checked="" type="checkbox"/> Mini-Enclosure
		<input 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) 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st and 2nd floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct-wrap&cut	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 07/21/17

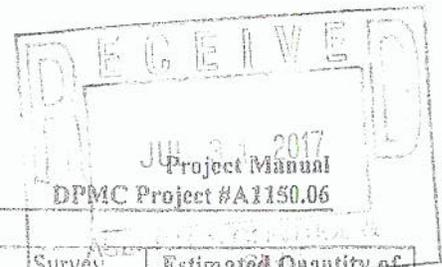
check #
9040

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

Date of Notification (1) 07 / 18 / 17		Name of Building Owner/Operator (2) NJ Division of Property Management and Construction					
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 W. State Street					
		City, State, Zip Code Trenton, NJ 08625					
		Name of Contact Anthony Faraca					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) NJ Executive Statehouse		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 125 W. State Street		Square Feet 140,000	# of Floors 4				
City (5) Trenton		Bldg. Age 100 + yrs.					
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Office Building					
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering & Environmental Serv.		ASCM No. 00099	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.				
Street Address 300 Kimball Drive		Street Address 494 East 41st Street					
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Paterson, NJ 07504					
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 973-560-4900	Telephone No. 973-345-0022				
Start Date (10) 08 / 01 / 17		Scheduled Completion Date (11) 01 / 31 / 18	License No. 00507				
Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/___PM-___AM		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 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)			Abatement Type			
	Yes	No	N/A	Removal	Repair	Encapsulate	Enclosure
See attached sheets	<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"/>
	<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 East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. 419	Cubic Yards of Waste 60	Name of Registered Landfill G.R.O.W.S., North W/M of PA			
City, State Paterson, NJ		Disposal Date 9-30-17		City, State Morrisville, PA			
Completed By (Print or Type) James Unger		Title Sr. Estimator/Project Mgr.	Signature 		Date 8-19-17		



New Jersey Executive State House
SELECTIVE REMOVALS



Work Area # / Abatement Procedure	Material	Location	Survey Results	Estimated Quantity of ACM to be Removed
BASEMENT WEST SIDE				
<i>Work Area #1</i> NEGATIVE PRESSURE ENCLOSURE AND ATTACHED DECONTAMINATION UNIT	Pipe insulation /Mud packed pipe joints associated with fiberglass pipe insulation (Exposed)	X116	ACM	50 LF
	Pipe and fittings insulation (Estimated concealed in wall, floor and ceiling cavities.)	X116	ACM	10 LF
	Joint compound with fiberboard duct insulation	X116	ACM	510 SF
BASEMENT WEST SIDE				
<i>Work Area</i> NEGATIVE PRESSURE ENCLOSURE AND ATTACHED DECONTAMINATION UNIT	Pipe insulation /Mud packed pipe joints associated with fiberglass pipe insulation (Exposed)	X063, X064	ACM	45 LF
	Pipe and fittings insulation (Estimated concealed in wall, floor and ceiling cavities.)	X063, X064	ACM	50 LF
BASEMENT EAST SIDE				
WORK AREA 3 NEGATIVE PRESSURE ENCLOSURE AND ATTACHED DECONTAMINATION UNIT	Pipe insulation /Mud packed pipe joints associated with fiberglass pipe insulation (Exposed)	X057	ACM	40 LF
	Pipe and fittings insulation (Estimated concealed in wall, floor and ceiling cavities.)	X057	ACM	10 LF
1ST FLOOR WEST SIDE				
WORK AREA 4 NEGATIVE PRESSURE ENCLOSURE AND ATTACHED DECONTAMINATION UNIT	Pipe and fittings insulation (Estimated concealed in wall, floor and ceiling cavities.)	X119C, X119D, X119E, X119F	ACM	75 LF
	Duct insulation (Estimated concealed in wall, floor and ceiling cavities.)	X119C, X119D, X119E, X119F	ACM	50 SF
ATTIC				
WORK AREA 5 GLOVE-BAG AND WRAP AND CUT PROCEDURES	Pipe fittings insulation (exposed and concealed in hard to reach areas.) ~130 Joints.	Attic Throughout	ACM	65 LF
ROOFS				
ROOFS - 6 EXTERIOR REMOVAL IN ACCORDANCE WITH EPA, NJ-DOL AND NJ-DHSS	Built-up roofing & flashing/mastic materials	Lower West Roofs	ACM	3,200 SF
		Lower East Roof	ACM	2,500 SF
	Skylight glazing putty	Lower West Roof	ACM	450 LF

The estimated quantity of ACM to be removed from the building is listed below in the Table 1:

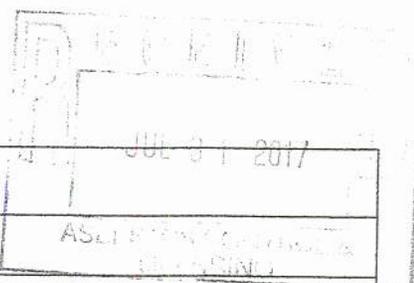
TABLE I
ESTIMATED QUANTITY OF ACM TO BE REMOVED

Work Area # / Abatement Procedure	Material	Location	Survey Results	Estimated Quantity of ACM to be Removed
BASEMENT WEST SIDE				
WORK AREA #1 - NEGATIVE PRESSURE ENCLOSURE AND ATTACHED DECONTAMINATION UNIT	Pipe insulation /Mud packed pipe joints associated with fiberglass pipe insulation (Exposed)	X018, X019, X20, X021, X022, X022A	ACM	200 LF
	Pipe and fittings insulation (Estimated concealed in wall, floor and ceiling cavities.)	X018, X019, X20, X021, X022, X022A	ACM	190 LF
	Floor tile and associated mastic (Multi-layers, exposed and/or covered with carpet)	X022, X022A	ACM	1,325 SF
	Paper type duct insulation	X018 (Corner Wall)	ACM	10 SF
BASEMENT EAST SIDE				
WORK AREA #1 NEGATIVE PRESSURE ENCLOSURE AND ATTACHED DECONTAMINATION UNIT	Pipe insulation /Mud packed pipe joints associated with fiberglass pipe insulation (Exposed)	X047, X047A, X051	ACM	115 LF
	Pipe and fittings insulation (Estimated concealed in wall, floor and ceiling cavities.)	X046, X047, X047A, X048, X051, X052, X053, X053A, X054, X054A, X060, X060A, X060B	ACM	150 LF
	Floor tile and associated mastic (Multi-layers, exposed and/or covered with carpet)	X046, X047, X051, X053, X053A, X060A, X060B	ACM	1,475 SF
	Concealed mirror mastic	X052	Assumed ACM	20 SF
	Core insulation of old metal door	X048	Assumed ACM	20 SF

REVISED
JUL 21 2017
ASBESTOS REMOVAL
UNIT # 1010

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

No CIC



Date of Notification (1) 7/25/2017		Name of Building Owner / Operator (2) SureKleen	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1809 Blackhorse Pike	
		City, State & Zip Code Williamstown, NJ	
		Name of Contact Joe Druding	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet n/a-demo	# of Floors n/a	Bldg. Age 80+
City (5) Red Bank	County (6) Monmouth	County Code (7)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Alpha Environmental Services		
Street Address			Street Address PO Box 8297		
City, State & Zip Code			City, State & Zip Code Trenton, NJ		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 609-847-2956	License Number 01222	

Scheduled Start Date (10) 7/25/2017	Scheduled Completion Date (11) 8/20/2017	Name of OSHA Monitor EMSL Analytical			
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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 Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 107 Haddon Ave.			
		City, State & Zip Code Westmont, NJ 08108			

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Demo Debris	200cubic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Progreen		NJDEP Waste Hauler ID No. 36891	Cubic Yards of Waste 200cubic	Name of Registered Landfill Tinton Falls	
City, State East Brunswick NJ		Disposal Date various	City, State Tinton Falls, NJ		

Completed By (Print or Type) Rod Richardson	Title Project Manager	Signature <i>Rod Richardson</i>	Date 7/25/2017
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**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

Date of Notification (1) <u>07</u> / <u>25</u> / <u>17</u>		Name of Building Owner/Operator (2) Jacobs Demolition	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 9	
		City, State, Zip Code Manasquan, NJ 08736	
		Name of Contact Linda	Telephone Number

FILE 1351333
JUL 31 2017

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]		Square Feet 1500 sf	# of Floors 1
City (5) Belmar		Bldg. Age 65	
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) Guardian Contracting, Inc.	
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624

Start Date (10) <u>07</u> / <u>26</u> / <u>17</u>	Scheduled Completion Date (11) <u>07</u> / <u>28</u> / <u>17</u>	Name of OSHA Monitor E.M.S.L. Analytical
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Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address 1056 Stelton
	City, State, Zip Code Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1400 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey		Disposal Date 07/28/17	City, State Tullytown, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 7/25/17

* 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)

32334

Date of Notification (1) <u>07</u> / <u>25</u> / <u>17</u>		Name of Building Owner/Operator (2) Cathy Scarpitto	
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 South Plainfield, NJ 07080	
		Name of Contact Cathy Scarpitto	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>			Square Feet 2000 sf		
City (5) Lavallette			# of Floors 2		Bldg. Age 65
County (6) Ocean		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-349-9932		License No. 00624
Start Date (10) <u>08</u> / <u>07</u> / <u>17</u>		Scheduled Completion Date (11) <u>08</u> / <u>08</u> / <u>17</u>		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 1056 Stelton		
			City, State, Zip Code Piscataway, New Jersey 08854		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	2400 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 08/09/17		City, State Tullytown, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 	Date 7/25/17

* 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>07</u> / <u>25</u> / <u>17</u>		Name of Building Owner/Operator (2) Mary Kennedy	
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 Beach Haven Terrace, NJ 08008	
		Name of Contact Mary Kennedy	Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 600 sf	
City (5) Toms River Twp.		# of Floors 1	Bldg. Age 65
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624
Start Date (10) <u>08</u> / <u>07</u> / <u>17</u>	Scheduled Completion Date (11) <u>08</u> / <u>08</u> / <u>17</u>	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

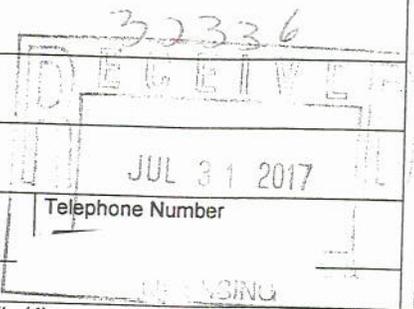
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	600 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 08/09/17	City, State Tullytown, Pennsylvania		
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 7/25/17	

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

Date of Notification (1) <u>07</u> / <u>25</u> / <u>17</u>		Name of Building Owner/Operator (2) Sakoutis Brothers Disposal	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 84	
		City, State, Zip Code Colts Neck, NJ 07722	
		Name of Contact John Sakoutis	Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1000	# of Floors 1
City (5) Long Branch		Bldg. Age 65	
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624

Start Date (10) <u>08</u> / <u>08</u> / <u>17</u>	Scheduled Completion Date (11) <u>08</u> / <u>09</u> / <u>17</u>	Name of OSHA Monitor E.M.S.L. Analytical	
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Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address 1056 Stelton
	City, State, Zip Code Piscataway, New Jersey 08854

Scope of Work (Check all that apply)

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

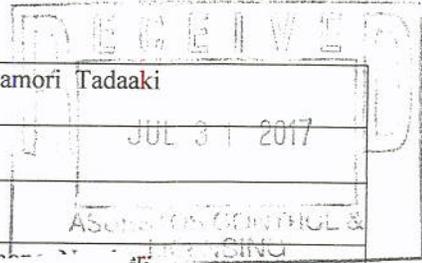
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or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

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey		Disposal Date 08/10/17	City, State Tullytown, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 7/25/17

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

OK # 4436



Date of Notification: (1) 07/21/17		Name of Building Owner/Operator: (2) Kitamori Tadaaki	
Agency Notified X EPA X DEP X DOL X DOH DCA	Type Notification Initial	Street Addresses: [REDACTED]	
	Amended	City, State, Zip : Englewood NJ 07631	
	X Amended # Emergency (including Justification) Cancellation	Name of Contact: Tadaaki	Telephone No.: [REDACTED]

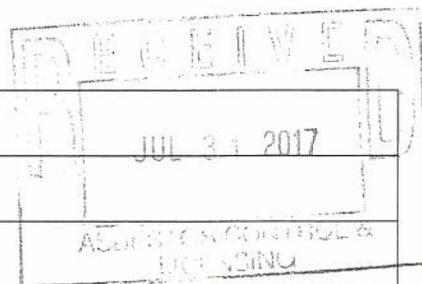
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place: (3) House		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12) x Other (i.e. private & commercial Buildings,							
Street Addresses: [REDACTED]		Square Feet	# of Floors						
City(5): Englewood NJ		Bldg. Age							
County:(6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) ebended							
Name of Monitoring Firm: (8)- IRIS Environmental laboratories	ASCM No.	Name of Abatement Contractor: (9) Pezo Inc							
Street Address: 2333 Route 22 West		Street Address: 4 Beaverbrook Rd., #150							
City, State, Zip Code: Union NJ 07083		City, State, Zip Code: Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm: Rick	Telephone No.: 908-206-0073	Telephone No.: 973-628-7829	License No: 01141						
Start Date: (10) 07/24/17	Scheduled Completion : 07/24/17	Name of OSHA Monitor : IRIS Environmental Laboratories							
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other -Describe		Street Address: 2333 Route 22 West							
		City, State, Zip Code: Union NJ 07083							
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Used Solely by Maintenance/ Custodial Staff? (12)			Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or Other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						
Attic		x		Vermiculite, (Thermal Insulat.)	1,200.SF	x			
Name of registered Waste Hauler: Pezo Inc.	NJDEP Waste Huler: CS 6224	Cubic Yards of Waste 6	Name of Registered Landfield: Waste Management of Pennsylvania						
City, State: Lincoln Park, NJ 07035 # 150		Disposal Date:.	City, State: Morrisville Pennsylvania						
Completed by: Ike Pezic	Title: President	Signature: <i>Ike Pezic</i>	Data: 07/21/17						

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)

CU# 3045



Date of Notification (1) 07/24/2017 Check # 3045		Name of Building Owner/Operator (2) Trinitas Regional Medical Center	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 225 Williamson Street	
		City, State, Zip Code Elizabeth, NJ 07202	
		Name of Contact William Stanahan	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Trinitas Regional Medical Center		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 225 Williamson Street		Square Feet 100,000	# of Floors 6
City (5) Elizabeth		Bldg. Age 50+	
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Hospital	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) EA Services Corporation	
Street Address		Street Address 426 69th Street	
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-295-1700	License No. 01074

Start Date (10) 7/25/2017	Scheduled Completion Date (11) 7/29/2017	Name of OSHA Monitor Same as above
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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 <input checked="" type="checkbox"/> Other - Describe: _____	Street Address
	City, State, Zip Code

Scope of Work (Check All That Apply)

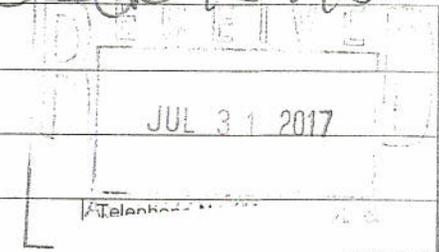
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) 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
NUC Med Room - Ground Floor		x		ACM Floor Tile only (no mastic)	240 SF	x			

Name of Registered Waste Hauler Tri-State Transfer Assoc.	NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprises
City, State	Disposal Date	City, State	

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

Clear 167-15



Date of Notification (1) 7/25/17		Name of Building Owner/Operator (2) Phil Avello	
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 Belleville NJ 07109	
		Name of Contact Phil	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) house		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	Bldg. Age 90
City (5) Belleville	County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) house	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC	
Street Address		Street Address PO Box 483, 4 E Gate Drive		
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276	License No. 703
Start Date (10) 8/3/17	Scheduled Completion Date (11) 9/3/17	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: <u>basement</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"/> 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 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	20 LF	x			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill	
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA	
Completed by A. Scott Higgins		Title President	Signature 		Date 7/25/17

ON HOLD

7/14/17

Print Form

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

Check 7/16/17

Date of Notification (1)
7/14/17

NOCK

Reasons Notified

- LPA
- DLP
- DOL
- DOP
- DCA

Type Notification

- Initial
- Amended
- Amendment #
- Emergency (including justification)
- Cancellation

Name of Building Owner/Operator (2)
East Ridge Development LLC

Street Address
24 Market Street

City, State, Zip Code
Ridgefield, CT 06877

Name of Contact
Lawrence Harder

JUL 31 2017

ASBESTOS ABATEMENT

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Gateway Motor Inn Bar/Restaurant

Street Address
119 Route 202

City (5)
Rantan

County (6)
Somerset

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet
3000

of Floors
2

Bldg. Age
65

Current Use (Prior if being demolished)
commercial

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

ABS Environmental Services, LLC

Street Address

Street Address
PO Box 483, 4 E Gate Drive

City, State, Zip Code

City, State, Zip Code
Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
973-764-2276

License No.
703

Start Date (10)
7/24/17

Scheduled Completion Date (11)
9/15/17

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: weekend

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)

- >3 sf or ≥3 lf
- >160 sf or ≥260 lf

- Renovation
- Demolition

- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-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
Bathroom ground floor			X	VAT	60 SF	X		
Bathroom closet			X	VAT	20 SF	X		
Roof over bar			X	tar on metal	1000 SF	X		
Roof			X	roof	3000 SF	X		

Name of Registered Waste Hauler

Freehold Cartage

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
TBD

Name of Registered Landfill
Western Berks Landfill

City, State
Freehold NJ

Disposal Date
TBD

City, State
Birdsboro, PA

Completed by
A. Scott Higgins

Title
President

Signature

Date
7/14/17

* 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)

ON HOLD
NO OK

Check 16900

Date of Notification (1)
7/14/17

Name of Building Owner/Operator (2)
East Ridge Development LLC

Street Address
24 Market Street

City, State, Zip Code
Ridgefield, CT 06877

Name of Contact
Lawrence Harder

Telephone Number

JUL 31 2017

Agencies Notified

Type Notification

EPA

DEP

DOL

DOLP

DCA

Initial

Amended

Amendment #

Emergency (including justification)

Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Gateway Motor Inn- Denny's Restaurant (old)

Street Address
119 Route 202

City
Barton

County (6)
Somerset

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

School (K-12)

Subchapter 8 (Other than K-12)

Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
3000

of Floors
2

Bldg. Age
65

Current Use (Prior if being demolished)
commercial

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

Telephone No.
973-764-2276

License No.
703

Name of OSHA Monitor

Street Address

City, State, Zip Code

Start Date (10)
7/24/17

Scheduled Completion Date (11)
9/15/17

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe: weekend

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	Encapsulation
Roof			X	Entire roof	1600 SF	X		
			X	Roof flashing	400 SF	X		
			X	roof tar	100 SF	X		

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
TBD

Name of Registered Landfill
Western Berks Landfill

Freehold Cartage

City, State
Freehold NJ

Disposal Date
TBD

City, State
Birdsboro, PA

Completed by
A. Scott Higgins

Title
Presidnet

Signature

Date
7/14/17

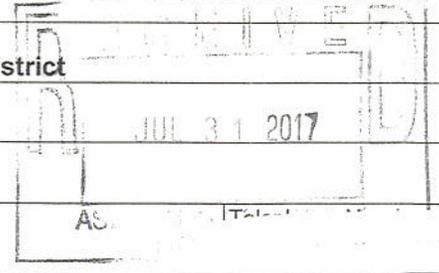
* Do not use this form for asbestos licensure exempted activities

APPROVED
 BY: Tom Voorhees,
 DOL 7/14

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to N.J.A.C. 8:60 and 12:120)

Ch # 3243

Date of Notification (1) 7/24/17		Name of Building Owner / Operator (2) Edgewater Park Township School District	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 25 Washington Ave City, State & Zip Code Edgewater Park, NJ 08010 Name of Contact Ms. Nancy Lane



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Samuel M Ridgway Middle School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB-CHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 300 Delanco Road			Square Feet 60,000	# of Floors 1	Bldg. Age 50+
City (5) Edgewater Park	County (6) Burlington	County Code (7)	Current Use (Prior if being demolished) Transportation Office for School		
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 1930 Brown Road		Street Address 1123 Beaver Street			
City, State & Zip Code Newfield, NJ 08344		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm James Eberts		Telephone Number 856-205-1077	Telephone Number (215)788-6040	License Number 00509	
Scheduled Start Date (10) 7/27/17		Scheduled Completion Date (11) 8/2/17		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 Hours Describe: 3:00 PM to 11:30 PM <input type="checkbox"/> Facility Occupied During Abatement 7AM - 3:30 PM			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 ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure

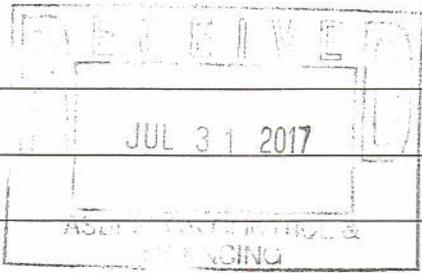
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF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

Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 5 cu yd	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 8/3/17	City, State Waynesburg, OH 44688		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 7/24/17

GI17165

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

MO # 23401045260



Date of Notification (1) 07/24/2017		Name of Building Owner/Operator (2) Lucy Dodge	
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]
	City, State, Zip Code Maplewood, NJ 07040		Name of Contact Lucy Dodge
	Telephone Number _____		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		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 N/A	# of Floors N/A
City (5) Maplewood		Bldg. Age N/A	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311
Start Date (10) 08/04/2017	Scheduled Completion Date (11) 08/05/2017	Name of OSHA Monitor D&S Abatement, 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: Occupied		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	

Scope of Work (Check All That Apply)

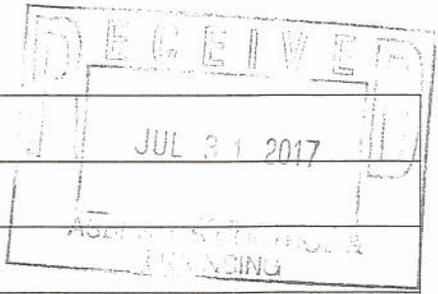
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		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

Location of Asbestos-Containing Material (ACM) 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 & Fitting Insulation	70 LF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA	
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, PA	
Completed by Ned Joksimovic		Title Project Manager	Signature 		Date 07/24/2017

CIC# 1428

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



Date of Notification (1) 07/24/2017		Name of Building Owner/Operator (2) Akam Associates	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2077 Center Avenue	
		City, State, Zip Code Fort Lee, NJ 07024	
		Name of Contact Stacey Ferraro	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Pembroke 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 2077 Center Avenue		Square Feet N/A	# of Floors N/A	Bldg. Age N/A
City (5) Fort Lee	County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private Residential Building	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.	
Street Address		Street Address 11 Rosengren Avenue		
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685	License No. 01311
Start Date (10) 06/26/2017	Scheduled Completion Date (11) 08/30/2017	Name of OSHA Monitor D&S Abatement, 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: Occupied		Street Address 11 Rosengren Avenue		
		City, State, Zip Code Totowa, NJ 07512		

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input 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		X		Pipe Insulation	950 LF	X			
Boiler Room		X		Duct Insulation	800 SF	X			
Boiler Room		X		Boiler Insulation	1300 SF	X			
Garage		X		Pipe Insulation	1250 LF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA	
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, PA	
Completed by Ned Joksimovic		Title Project Manager	Signature 		Date 07/24/2017

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

check 4196

Date of Notification (1) 7-24-2017		Name of Building Owner/Operator (2) M. FERNANDEZ							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code CLIFFSIDE PARK, NJ 07010							
		Name of Contact M. FERNANDEZ							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) M. FERNANDEZ		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 1648	# of Floors 2						
City (5) CLIFFSIDE PARK		Bldg. Age 84 yrs							
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 Street							
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 8-10-17	Scheduled Completion Date (11) 8-11-17	Name of OSHA Monitor Omega Environmental							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM 5PM		Street Address 280 Huyler Street							
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		City, State, Zip Code South Hackensack, NJ 07606							
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED BASEMENT	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) THERMAL INSULATION	Amount (Specify SF or LF) 180 LF X	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 YDS	Name of Registered Landfill Minverva Enterprises, LLC					
City, State Hackensack, NJ 07601		Disposal Date 8-11-17	City, State Waynesburg, OH 44688						
Completed by Robert Veldran		Title Estimator	Signature R. Veldran	Date 7-24-2017					

Emergency

Check # 100510

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 17:29 and 17:28)

Date of Notification (1) July 25, 2017		Name of Building Owner/Operator (2) Lawrence Anima Hosp. Inc.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3975 Princeton Pike	
		City, State, Zip Code Princeton NJ 08540	
		Name of Contact Kristen Reissler	

JUL 25 2017
 WAIVER APPROVED
 JUL 31 2017

Name of Facility Where Abatement is Taking Place (3) Lawrence Animal Hospital		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 3975 Princeton Pike		Square Feet	# of Floors
City (5) Princeton NJ 08540			Bldg. Age 50+
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc	
Street Address P.O. Box 337		Street Address P.O. Box 337		
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533		
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	Telephone No. 609 758-3365	License No. 00394

Start Date (10) Aug 1, 2017	Scheduled Completion Date (11) Aug 4, 2017	Name of OSHA Monitor EPC Technologies 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 P.O. Box 337	
		City, State, Zip Code New Egypt NJ 08533	

Scope of Work (Check All That Apply)

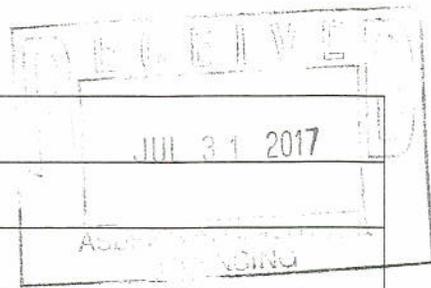
<input checked="" type="checkbox"/> 23 sf or 23 lf ≥160 sf or ≥200 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure
		<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) to be Abated in Facility (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior of Bldg		X		Floor Tiles	900 SF	X			
Small Rooms Walls		X		Cement Paneling Boards	800 SF	X			
Interior Floor Area		X		Mastic Glue (only if it contains Asbestos)	900 SF	X			

Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 4	Name of Registered Landfill Waste Management of PA	
City, State New Egypt NJ		Disposal Date		City, State Moerisville PA	
Completed by Steve Schenker		Title President	Signature Steve Schenker		Date

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

CIC # 1429



Date of Notification (1) 07/25/2017		Name of Building Owner/Operator (2) Stevens Institute of Technology	
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 1 Castle Point On Hudson	
		City, State, Zip Code Hoboken, NJ 07030	
		Name of Contact Kevin Klich	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Campus Building (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 806 Castle Point Terrace		Square Feet N/A	# of Floors N/A
City (5) Hoboken		Bldg. Age N/A	
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School Campus	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. 0003	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address 1253 N. Church Street		Street Address 11 Rosengren Avenue	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm Jeff Seaman		Telephone No. 856-840-8800	Telephone No. 973-345-8685
License No. 01311		Name of OSHA Monitor D&S Abatement, Inc.	
Start Date (10) 08/05/2017	Scheduled Completion Date (11) 08/10/2017	Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____	
Street Address 11 Rosengren Avenue		City, State, Zip Code Totowa, NJ 07512	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Library		X		Plaster Ceiling	100 SF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA	
City, State Totowa, NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed by Oliver Hegedis		Title Project Manager	Signature 	Date 07/25/2017	

Ch# 4846

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

RECEIVED
JUL 16 2017
DOL - 10 117
ch# 4846
WAIVER APPROVED

Date of Notification (1)
07-25-2017

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial
 Amended Amendment #
 Emergency (including justification)
 Cancellation

Name of Building Owner/Operator (2)
Matawan-Aberdeen Regional School District

Street Address
1 Crest Way

City, State, Zip Code
Aberdeen, NJ 07747

Name of Contact
Adam Nasr

Name of Facility Where Abatement is Taking Place (3)
Cambridge Park Elementary school

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

Street Address
1 Crest Way

City (5)
Aberdeen

County (6)
Monmouth

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished) school

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Connection

ASCM No.

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
606 McBride Ave

City, State, Zip Code
Woodland Park, NJ 07424

Street Address
120 North Warren Street

City, State, Zip Code
Trenton, NJ 08608

Project Manager for Monitoring Firm
Rollie Jones

Telephone No.
609-273-1396

Start Date (10)
07-26-2017

Scheduled Completion Date (11)
07-27-2017

Name of OSHA Monitor
Iris Environmental Laboratories, LLC

Street Address
2333 Route 22 West

City, State, Zip Code
Union, NJ 07083

Occupancy Status During Abatement (Check Only One)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours
 Other - Describe: start 4 pm

License No.
01104

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 + wrap/out
 Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor & mezzanine		X		fitting insulation (wrap/out)	50 LF	X			

Name of Registered Waste Hauler
Lilich Corporation

City, State
Woodland Park, New Jersey

Completed by
Ariana Olejarova

Title
president

NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste

Disposal Date

Signature

Name of Registered Landfill
GROWS Landfill

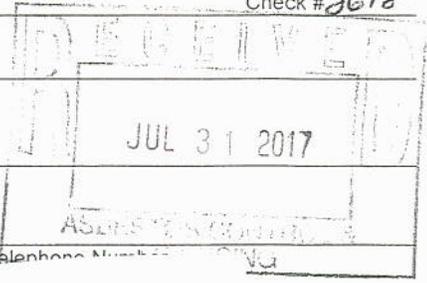
City, State
Morrisville, PA

Date
07-25-2017

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

Check # *2618*

Date of Notification (1) 7/21/17		Name of Building Owner/Operator (2) Kean University	
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 of Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Emergency Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 1000 Morris Ave.	
		City, State, Zip Code Union, NJ 07083	
		Name of Contact Suzanne Kupiec	Telephone Number [Redacted]



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kean University – Technology Center			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 1000 Morris Ave.			Square Feet 20000	# of Floors 2	Bldg. Age ~80
City (5) Union	County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office		
Name of Monitoring Firm Hired by Building Owner TTI Environmental		ASCM No. 0003	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 9 East Stow Road		Street Address 323 Changebridge Road, Suite 100			
City, State, Zip Code Marlton, NJ 08053		City, State, Zip Code Pine Brook, NJ 07058			
Project Manager for Monitoring Firm Jim Guilardi		Telephone Number 856-985-8800	Telephone Number 973-575-8700	License Number 00852	
Scheduled Start Date (10) 7/25/17	Sched. Completion Date (11) 8/31/17		Name of OSHA Monitor Iris Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacated</u>			Street Address 2333 Route 22 West		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

- Demolition
- ≥3 sf or ≥3 lf
- ≥160 sf or ≥260 lf

Renovation

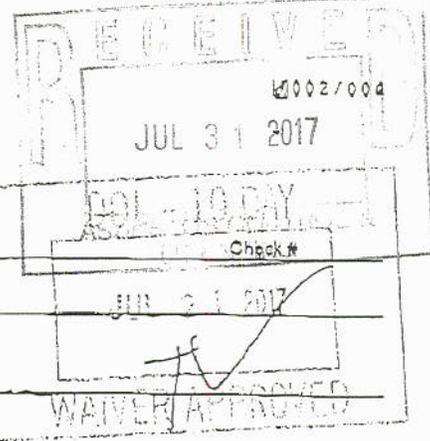
- Full Containment with Negative Pressure
- Mini – Enclosure
- Glovebag Procedure
- Non – Friable Procedure

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			R	R	E	E			
Main floor - bathroom		X		VAT	100 SF	x						
Main floor – bathroom		x		TSI – “wrap & cut”	15 LF	X						
Crawlspace	X			TSI – removal	3 LF	X						
Crawlspace	x			TSI - repair	80 LF			X				

Name of Registered Waste Hauler Jupiter Environmental Services	NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 3	Name of Registered Landfill Alliance Landfill
City, State Pine Brook, NJ	Disposal Date 8/8/17	City, State Taylor, PA	
Completed By (Print or Type) Pane Repic	Title General Manager	Signature 	Date 7/21/17

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:80-7 and 12:120-7)



Date of Notification (1) 7/21/17		Name of Building Owner/Operator (2) Kean University	
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 of Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 1000 Morris Ave.	
		City, State, Zip Code Union, NJ 07083	
		Name of Contact Suzanne Kupiec	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kean University - Technology Center			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 1000 Morris Ave.			Square Feet 20000	# of Floors 2	Bldg. Age -60
City (5) Union	County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office		
Name of Monitoring Firm Hired by Building Owner TTI Environmental		ASCM No 0003	Name of Abatement Contractor (8) Jupiter Environmental Services, Inc.		
Street Address 9 East Stow Road			Street Address 323 Changebridge Road, Suite 100		
City, State, Zip Code Marlton, NJ 08053			City, State, Zip Code Pine Brook, NJ 07058		
Project Manager for Monitoring Firm Jim Guillard		Telephone Number 856-985-8800	Telephone Number 973-576-8700	License Number 00852	
Scheduled Start Date (10) 7/25/17		Sched. Completion Date (11) 8/31/17	Name of OSHA Monitor Iris Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe. <input checked="" type="checkbox"/> Other - Describe: <u>partially vacated</u>			Street Address 2333 Route 22 West		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

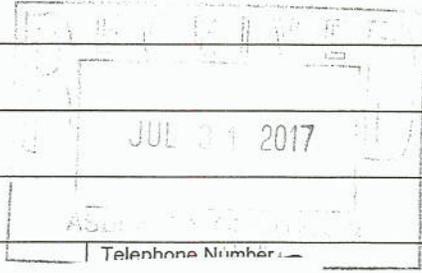
<input type="checkbox"/> Demolition	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Mini-Enclosure
<input checked="" type="checkbox"/> ≥160 sf or ≥280 lf		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Friable Procedure

Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type								
	Yes	No	N/A			R	E	N	E	N	C			
Main floor - bathroom		X		VAT	100 SF	X								
Main floor - bathroom		X		TSI - "wrap & out"	18 LF	X								
Crawlspace	X			TSI - removal	3 LF	X								
Crawlspace	X			TSI - repair	80 LF					X				

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards of Waste 3	Name of Registered Landfill Alliance Landfill	
City, State Pine Brook, NJ		Disposal Date 8/8/17	City, State Taylor, PA		
Completed By (Print or Type) Pam Reple		Title General Manager	Signature 		Date 7/21/17

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

OC # 6231



Date of Notification (1) 7/26/17		Name of Building Owner/Operator (2) Brian Hacking Private Home	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Vincentown NJ 08088	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Brian	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Brian Hacking Private Home		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Vincentown NJ 08088	Square Feet 1000+	# of Floors 1	Bldg. Age 35+
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.	
Street Address		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-753-9800	License No. 00727
Start Date (10) 8/8/17	Scheduled Completion Date (11) 8/14/17	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code	

Scope of Work (Check All That Apply)

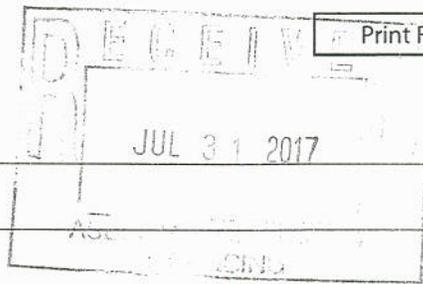
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" 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 siding			x	exterior siding	1800 SF	x			

Name of Registered Waste Hauler United Roll Off	NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.
City, State Elm NJ	Disposal Date 8/14/18	City, State Morrisville PA 19067	
Completed by Anthony T Perna	Title President	Signature 	Date

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

UC # 2238



Date of Notification (1) 07/25/17		Name of Building Owner/Operator (2) Roberto Figueroa	
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 Bloomfield, NJ 07003	
		Name of Contact Roberto Figueroa	

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-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Bloomfield		Square Feet	# of Floors
County (6) Essex		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.	Name of Abatement Contractor (9) Academy Construction Inc.
Street Address		Street Address 205 Rt. 46 West Suite 14	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No. 973-832-4244	License No. 01155
Start Date (10) 08/06/17	Scheduled Completion Date (11) 08/13/17	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)

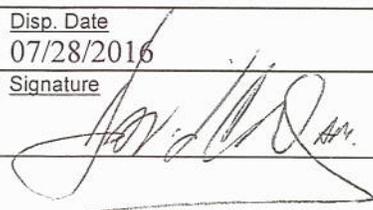
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	100 LF	X		X	
Basement			X	Boiler Jacket	60 SF	X		X	

Name of Registered Waste Hauler Academy Construction Inc.		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 3	Name of Registered Landfill GROWS Landfill	
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA	
Completed by Filip Geleski		Title Supervisor	Signature <i>Filip Geleski</i>		Date 07/25/17

012628

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

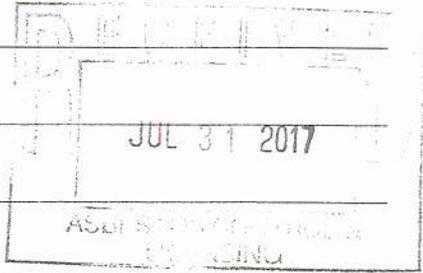
Date of Notification (1) 07/26/2017		Name of Building Owner/Operator (2) Taryn Byron					
Agencies Notified () USEPA () NJDEP (X) NJDOL (X) NJDOH () NJDCA	Type of Notification (X) Initial Notification () Amended Amendment # _____ (X) Emergency (including justification) () Cancellation	Street Address [REDACTED] City, State, Zip Code Weehawken, NJ, 07086 Name of Contact Taryn Byron					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residence Street Address [REDACTED]		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)					
City (5) Weehawken	County (6) Hudson	County Code (7) (State Use Only)	Sq. Feet: 1500 # of Floors 3 Bldg. Age 80				
Name of Monitoring Firm Hired by Bldg. Owner (8) Industrial Safety & Environmental Solutions, Inc.		ASCM No. N/A	Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.				
Street Address 3300 Hudson Avenue		Street Address 3300 Hudson Avenue					
City, State, Zip Code Union City, NJ		City, State, Zip Code Union City, NJ 07087					
Project Manager for Monitoring Firm David Camacho	Telephone Number 201 325-0055	Telephone Number (201)325-0055	License Number 01124				
Scheduled Start Date (10) 07/26/2017	Scheduled Completion Date (11) 07/28/2017	Name of OSHA Monitor Industrial Safety & Environmental Solutions, Inc.					
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: work area in basement will be vacated		Street Address 3300 Hudson Avenue City, State, Zip Code Union City, NJ 07087					
Source of Work (Check all that apply) () Demolition (x) Renovation () Minor Project (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure (X) Small Project (>25 <160 SF or >10 <260 LF ACM) (X) Mini-Enclosure with Negative Pressure () Large Project (>160 SF or > 260 LF ACM) (X) Glove-bag Procedure or Wrap/cut 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 or Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement area		X	TSI on pipes	~ 50 LFT	X		
Name of Reg. Waste Hauler Atlas Disposal Options, Inc.	NJDEP Waste Hauler ID # 50452	Cubic Yards of Waste ~ 2	Name of Reg. Landfill Grand Central Sanitation 1963 Pen Argyl Road				
City, State 311 East Blackwell Street, Dover, NJ 07801		Disp. Date 07/28/2016	City, State Pen Argyl, PA 18072				
Completed by (Print or Type) David Camacho	Title Project Supervisor	Signature 	Date 07/26/2017				

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

Date of Notification (1) <u>07</u> / <u>26</u> / <u>17</u>		Name of Building Owner/Operator (2) D & A Demo, LLC		32338					
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 2156 Camplain Road						
			City, State, Zip Code Hillsborough, NJ 08844						
			Name of Contact Antonio Dimuzio		Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Colonial Motel			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 75 Route 22			Square Feet 10,000 sf	# of Floors 1	Bldg. Age 80				
City (5) Springfield		County (6) Union		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Motel				
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone No. 732-349-9932	Telephone No. 732-349-9932	License No. 00624					
Start Date (10) <u>07</u> / <u>28</u> / <u>17</u>	Scheduled Completion Date (11) <u>08</u> / <u>03</u> / <u>17</u>		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 type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
storage room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	tank insulation	70 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	tank insulation	70 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 08/04/17	City, State Tullytown, Pennsylvania						
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 7/26/17					

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

Date of Notification (1) 7/26/2017		Name of Building Owner/Operator (2) Marc Hampton Associates, LLC	
Agencies Notified	Type Notification	Street Address 171 Matawan Avenue	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Matawan, NJ, 07747	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Randall E. Lenhart	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Marc Hampton Apartments			Type of Facility (4)		
Street Address 171 Matawan Avenue			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5) Matawan	County (6) Monmouth	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors 2	Bldg. Age 54
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371		
Scheduled Start Date (10) 08 05 2017	Sched. Completion Date (11) 08 07 2017		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		Street Address			
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»		City, State, Zip Code			
<input type="checkbox"/> Other - Describe: «Other Occupancy Descript»					

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"/> Glove-bag Procedure
		<input type="checkbox"/> Non-Eriable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Building 2 basement 1			X	Air cell pipe wrap	250 LF	X			
Building 6, basement 12			X	Air cell pipe wrap	212 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 3.0	Name of Registered Landfill Minerva Enterprise INC	
City, State Montclair, NJ 07042		Disposal Date 08/07/2017	City, State Waynesburg, Ohio 44688		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 		Date 7/26/2017	

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

OK # 5788

JUL 31 2017

Date of Notification (1) 7/27/17		Name of Building Owner/Operator (2) Yoni Spinrad	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LAKEWOOD, NJ 08701	
		Name of Contact Yoni	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) [REDACTED] Lakewood		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Lakewood	Square Feet	# of Floors	Bldg. Age
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS
Street Address		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200
Start Date (10) 8/6/17	Scheduled Completion Date (11) 8/8/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS	
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code LAKEWOOD, NJ 08701	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				Siding	4300SF	x			

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI
City, State NEWARK, NJ	Disposal Date 8/8/17	City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN	Title OWNER	Signature	Date

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

MO#24219191610

[Redacted]

Date of Notification (1) 07 / 26 / 17		Name of Building Owner/Operator (2) Josh Bakhash	
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 [Redacted]	
		City, State, Zip Code Woodcliff Lake, NJ 07677	
		Name of Contact Josh Bakhash	

JUL 31 2017

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]		Square Feet	# of Floors
City (5) Woodcliff Lake, NJ 07677		Bldg. Age	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127
Start Date (10) 08 / 04 / 17	Scheduled Completion Date (11) 08 / 06 / 17	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 checked="" type="checkbox"/> > 160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure
		<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure
		<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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor clean up&encapsulation	1,400 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Basement -wall	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic removal	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st floor-entering foyer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT-floor tiles	35 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 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 07/26/17

* 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)**



CK# 66602

Date of Notification (1) 07/18/2017		Name of Building Owner/Operator (2) HJM 442 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1530 Broadway City, State, Zip Code New York, NY 10036
	Name of Contact Ed Dolan		Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 190 East Ridgewood Avenue		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.)		
City (5) Ridgewood		Square Feet 15000	# of Floors 2	Bldg. Age 97
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Movie Theater		
Name of Monitoring Firm Hired by Building Owner (8) BioTerra Solutions		ASCM No.	Name of Abatement Contractor (9) Incinia Contracting, Inc.	
Street Address 1130 West Chester Street		Street Address 1360 Clifton Avenue, Unit 365		
City, State, Zip Code Union, NJ		City, State, Zip Code Clifton, NJ 07012		
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. (973) 494-3762	Telephone No. (973) 450-9500	License No. 001036
Start Date (10) 07/31/2017	Scheduled Completion Date (11) 08/08/2017	Name of OSHA Monitor Incinia Contracting, Inc.		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Monday-Friday: 7AM-3:30PM & Sunday-Monday: 4PM-11AM</u>		Street Address 1360 Clifton Avenue, Unit 365 City, State, Zip Code 07/31/2017		

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 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
Basement - Boiler Room		494	X	Boiler Breaching Insulation	Union, NJ	X			
1130 West Chester Street		X		Floor Tile	110 SF	X			
2nd Floor - Common Area				Floor Tile	100 SF	X			

Name of Registered Waste Hauler Atlantic Carting	NJDEP Waste Hauler ID No. JA464/NJ641	Cubic Yards of Waste 30	Name of Registered Landfill Grand Central Sanitary Landfill Corp.
City, State Wayne, NJ	Disposal Date TBD	City, State Pen Argyl, PA	
Completed by Milena Zoric	Title VP	Signature 	Date 7/18/17

07/26/2017

09:48

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AMAC

PAGE 02/03

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

DOL - 10 DAY

Check # 9549

JUL 26 2017

JUL 31 2017

WAIVER APPROVED

Date of Notification (1) 7/24/17		Name of Building Owner/Operator (2) GOLDPAC REALTY ASSOCIATES	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 CLINTON ROAD	
		City, State, Zip Code WAST CALDWELL NJ 07006	
		Name of Contact DINA	

Name of Facility Where Abatement is Taking Place (3) RIDGE GARDENS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 493 CLINTON ROAD		Square Feet 8000	# of Floors 2
City (5) ORANGE		Bldg. Age 62	
County (6) ORANGE		Current Use (Prior to being demolished) APT'S	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.	
Street Address		Street Address 185 Vreeland Ave.		
City, State, Zip Code		City, State, Zip Code Midland Park, N.J.		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-262-5841	License No. 00156

Start Date (10) 7/24/17	Scheduled Completion Date (11) 7/31/17	Name of OSHA Monitor Omega Environmental Services Inc.
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Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:	Street Address 280 Huyler Street
	City, State, Zip Code Hackensack, N.J. 07606

Scope of Work (Check All That Apply)

≥ 5 of or ≥ 3 if ≥ 100 of or ≥ 200 ft

Renovation

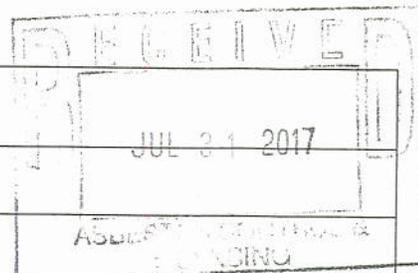
Demolition

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

Location of Asbestos-Containing Material (ACM) to be Abated in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
GARAGE			X	PIPE	240 LF	X			

Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, N.J. 07105		Disposal Date		City, State Pen Argyl, PA 08072	
Completed by R. McDonald		Title President	Signature <i>R. McDonald</i>	Date 7/24/17	

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



010 # 4150

Date of Notification (1) <u>7</u> / <u>25</u> / <u>17</u>		Name of Building Owner/Operator (2) Michael Mangold	
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 Moorestown, NJ 08057	
		Name of Contact Michael Mangold	

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]		Square Feet 1,500	
City (5) Moorestown		# of Floors 3	Bldg. Age 70
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	

Name of Monitoring Firm Hired by Building Owner (8) Mgmt. & Environmental Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341		Street Address 623 Cutler Avenue		
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052		
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842

Start Date (10) <u>08</u> / <u>09</u> / <u>17</u>	Scheduled Completion Date (11) <u>08</u> / <u>10</u> / <u>17</u>	Name of OSHA Monitor EMSL Analytical, Inc.		
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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)

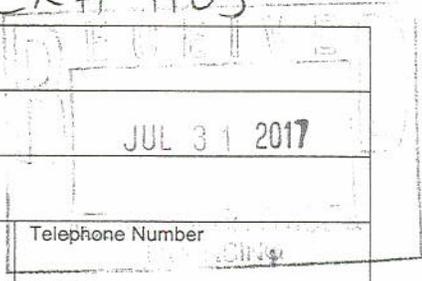
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input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

Location of Asbestos-Containing Material (ACM) 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"/>	Paper Insulation	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill GROWS North Landfill	
City, State Freehold, NJ		Disposal Date 08/10/2017		City, State Morrisville, PA	
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 	Date 7/25/17

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

CK# 1103



Date of Notification (1) 7/24/17		Name of Building Owner/Operator (2) The Alpert Group	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Parker Pl, Suite 64	
		City, State, Zip Code Fort Lee, NJ 07024	
		Name of Contact Joe Alpert	Telephone Number

FACILITY INFORMATION

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 18 Central Ave		Square Feet 30,000	# of Floors 3
City (5) West Orange		Bldg. Age 50+	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Building	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc
Street Address n/a		Street Address 360 Palisade Ave	
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973460.6026
Start Date (10) 7/20/17		Scheduled Completion Date (11) 8/30/17	License No. 01255
Name of OSHA Monitor Harmony Contracting 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>Scheduled for Demolition</u>		Street Address 360 Palisade Ave	
		City, State, Zip Code Garfield, NJ 07026	

Scope of Work (Check All That Apply)

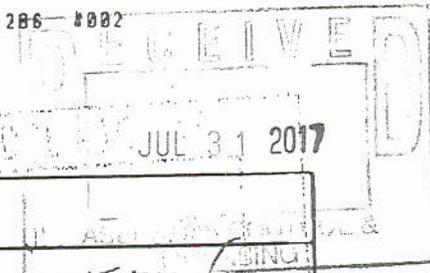
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		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

Location of Asbestos-Containing Material (ACM) 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			x	Roofing Material	30,000 SF	x			
3rd Fl			x	Ceiling Tile Glue Dots	10,000 SF	x			
2nd Fl Front Area			x	VAT	2,500 SF	x			
2nd Fl Rear Area			x	VAT	2,500 SF	x			

Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill	
City, State Riverdale, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Tina Caporino		Title Secretary	Signature <i>Tina Caporino</i>		Date 7/24/17

07/21/2017 12:59

NO. 286-8002



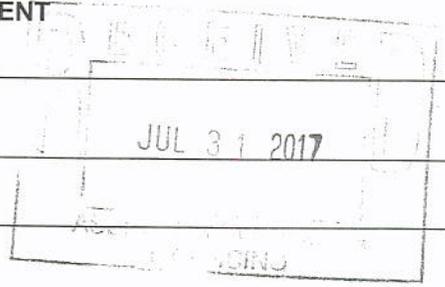
CC # 4148

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

Date of Notification (1) 7 / 21 / 17		Name of Building Owner/Operator (2) Burlington City Board of Education								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address 618 Locust Avenue								
		City, State, Zip Code Burlington, NJ 08018								
		Name of Contact Simon Levy - Levy Construction								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Burlington City High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address 100 Blue Devil Drive		Square Feet 80,000	# of Floors 2							
City (5) Burlington City		Bldg. Age 70								
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School								
Name of Monitoring Firm Hired by Building Owner (8) MgmL & Environmental Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address PO Box 341		Street Address 623 Cutler Avenue								
City, State, Zip Code Chestertown, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052								
Project Manager for Monitoring Firm Bill Weingarber		Telephone No. 609-288-4070	Telephone No. 636-755-0099							
License No. 00842										
Start Date (10) 07 / 24 / 17	Scheduled Completion Date (11) 07 / 26 / 17	Name of OSHA Monitor EMSL Analytical, Inc.								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM-___ PM ___ PM-___ AM		Street Address 200 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 type="checkbox"/> ≥180 sf or ≥280 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) 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)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Elbows	6 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 Freehold Cartage		NJDEP Waste Hauler ID No. 15839	Cubic Yards of Waste	Name of Registered Landfill GROWS North Landfill						
City, State Freehold, NJ		Disposal Date 07/25/2017	City, State Morrisville, PA							
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations	Signature 				Date 7/21/17			

NO CLK

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



Date of Notification (1) <u>7</u> / <u>24</u> / <u>17</u>		Name of Building Owner/Operator (2) Metro Development of SJ, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 53 Covington Lane							
		City, State, Zip Code Voorhees, NJ 08053							
		Name of Contact Nick Aspras	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Future Wawa		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 900-912 Haddonfield Road		Square Feet 100,000	# of Floors 1						
City (5) Cherry Hill		Bldg. Age 50							
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant Commercial Space							
Name of Monitoring Firm Hired by Building Owner (8) PARS Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 500 Horizon Drive, Suite 540		Street Address 623 Cutler Avenue							
City, State, Zip Code Robbinsville, NJ 08691		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Firoz Jan		Telephone No. 609-890-7277	Telephone No. 856-755-0099						
Start Date (10) <u>07</u> / <u>05</u> / <u>17</u>		Scheduled Completion Date (11) <u>08</u> / <u>11</u> / <u>17</u>	License No. 00842						
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"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Meinke Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Flashing	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rodi's Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roofing and Flashing	7,750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rodi's Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulking and Glazing	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 80	Name of Registered Landfill GROWS North Landfill					
City, State Freehold, NJ		Disposal Date 08/11/2017		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 			Date 7/24/17		

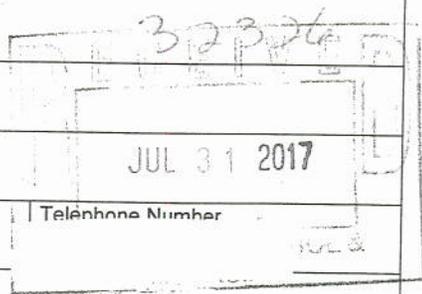
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

OK # 5781

Date of Notification (1) 7/24/17		Name of Building Owner/Operator (2) Linda Padula		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JUL 31 2017 </div>								
Agencies Notified		Type Notification				Street Address						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				[REDACTED] City, State, Zip Code Manasquan, NJ 08736						
						Name of Contact Linda						
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) [REDACTED] Manasquan				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) Manasquan		Square Feet	# of Floors	Bldg. Age								
County (6) Monmouth		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) AAA LEAD PROFESSIONALS									
Street Address			Street Address 6 WHITE DOVE COURT									
City, State, Zip Code			City, State, Zip Code LAKEWOOD, NJ 08701									
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-668-9078	License No. 1200								
Start Date (10) 8/4/17	Scheduled Completion Date (11) 8/6/17		Name of OSHA Monitor AAA LEAD PROFESSIONALS									
Occupancy Status During Abatement (Check Only One)			Street Address 6 WHITE DOVE COURT									
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____			City, State, Zip Code LAKEWOOD, NJ 08701									
Scope of Work (Check All That Apply)												
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <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			
									Removal	Repair	Encapsulate	Enclosure
INTERIOR		Yes	No	N/A	Floor Tile		500SF		x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 5	Name of Registered Landfill IESI							
City, State NEWARK, NJ				Disposal Date 8/7/17		City, State BETHLEHEM PA						
Completed by JOSEPH PERLSTEIN			Title OWNER		Signature			Date				

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

Date of Notification (1) <u>07</u> / <u>24</u> / <u>17</u>		Name of Building Owner/Operator (2) Wilfred Herlach	
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 ██████████	
		City, State, Zip Code Toms River, NJ 08753	
		Name of Contact Wilfred Herlach	Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address ██████████		Square Feet 2000 sf	
City (5) Toms River		# of Floors 1	Bldg. Age 65
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624

Start Date (10) <u>08</u> / <u>04</u> / <u>17</u>	Scheduled Completion Date (11) <u>08</u> / <u>07</u> / <u>17</u>	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

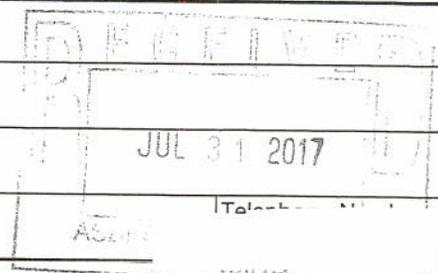
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1900 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey		Disposal Date 08/08/17	City, State Tullytown, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 7/24/17

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

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

CK
7624

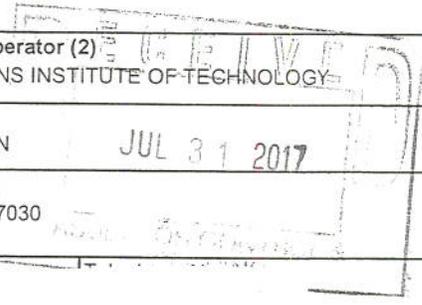


Date of Notification 7/21/17		Name of Building Owner / Operator (2) Somerville Board of Education		
Agencies Notified EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type of Notification Emergency Notification Initial Notification <input checked="" type="checkbox"/> Amended Notification Cancellation	Street Address 51 West Cliff Street		
		City, State & Zip Code Somerville, NJ 08876		
		Name of Contact Bryan Boyce		
		Telephone Number		
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Van Derveer Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 51 Union Avenue		Square Feet 110,000	# of Floors 1	
City (5) Somerville	County (6) Somerset	County Code (7)	Bldg. Age 70+	
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering and Environmental Svcs		ASCM No. 00099	Name of Abatement Contractor (9) Global Abatement Services, LLC	
Street Address 300 Kimball Drive, 4th Floor		Street Address 443 Schoolhouse Road		
City, State & Zip Code Elmwood Park, NJ 07407		City, State & Zip Code Monroe Township, NJ 08831		
Project Manager for Monitoring Firm Vijay Patel	Telephone Number 973-560-4983	Telephone Number 732-605-9062	License Number 00714	
Scheduled Start Date (10) 7/25/17	Scheduled Completion Date (11) 8/4/17	Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Facility Occupied		Street Address 443 Schoolhouse Road		
		City, State & Zip Code Monroe Township, NJ 08831		
Scope of Work (Check all that apply) Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Large Project <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM <input type="checkbox"/> Other: Cut and Wrap				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Boys/Girls Restroom Walls	No	TSI pipe	50LF	Removal
Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 5	Name of Registered Landfill Cumberland County	
City, State Freehold, NJ	Disposal Date 8/4/17	City, State Newburg, PA		
Completed By (Print or Type) Dominick Tringali	Title Manager	Signature <i>Dominick Tringali</i>	Date 7/21/17	

NO CK

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

Date of Notification (1) 7 / 7 / 17		Name of Building Owner/Operator (2) THE TRUSTEES OF STEVENS INSTITUTE OF TECHNOLOGY	
Agencies Notified		Street Address CASTLE POINT ON HUDSON	
Type Notification		City, State, Zip Code HOBOKEN, NEW JERSEY 07030	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	Name of Contact DAVID FERNANDEZ	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> On Hold		
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) STEVENS INSTITUTE OF TECHNOLOGY - LIEB BUILDING			Type of Facility (4)		
Street Address 531 HUDSON STREET			<input type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter 8 (Other than K-12)	
City (5) HOBOKEN			County (6) HUDSON	County Code (7) (STATE USE ONLY)	<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)
Name of Monitoring Firm Hired by Building Owner (8) LANGAN ENGINEERING			ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 300 KIMBALL DRIVE			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code PARSIPPANY, NEW JERSEY 07054			City, State, Zip Code SUFFERN, NEW YORK 10901		

Project Manager for Monitoring Firm VIJAY PATEL	Telephone Number 201-398-4544	Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 7 / 24 / 17	Sched. Completion Date (11) 7 / 15 / 18	Name of OSHA Monitor QUALITY ENVIRONMENTL	

Occupancy Status During Abatement (Check only one)	Street Address 1376 ROUTE 9
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement	City, State, Zip Code WAPPINGERS FALLS, NY 12590
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:	
<input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM	

Scope of Work (Check all that apply)	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Encl, <input type="checkbox"/> Wrap and Cut
<input type="checkbox"/> >3SF OR LF	<input checked="" type="checkbox"/> Glovebag Procedure
<input checked="" type="checkbox"/> >160 SF OR 260 LF	<input checked="" type="checkbox"/> Non-Friable Procedure
<input checked="" type="checkbox"/> Renovation	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR ROOM 120 & 122 HALL			X	PIPE INSULATION	45 LF	X			
1ST FLOOR ROOM 103, 122, 120			X	PIPE FITTINGS	50 LF	X			
1 ST FL ACTIVE SENSING LAB & HALL			X	VAT	730 SF	X			
1ST FLOOR BATHROOMS			X	MIRROR GLUE	20 SF	X			
1ST FLOOR ROOM 122			X	CHALK BOARD GLUE	60 SF	X			
1ST FLOOR THROUGHOUT CCC			X	PIPE INSULATION/ FITTINGS	550 LF	X			
2ND FLOOR THROUGHOUT CONCEALED			X	PIPE INSULATION/ FITTINGS	550 LF	X			
2ND FLOOR BATHROOMS			X	MIRROR GLUE	20 SF	X			
3RD FLOOR THROUGHOUT			X	VAT	4,800 SF	X			
3RD FLOOR THROUGHOUT CONCEALED			X	PIPE INSULATION/ FITTINGS	250 LF	X			
3RD FLOOR BATHROOMS			X	MIRROR GLUE	20 LF	X			
EXTERIOR - 1ST FLOOR			X	WINDOW CAULK	50 SF	X			
EXTERIOR - 2ND FLOOR			X	WINDOW CAULK	57 SF	X			
EXTERIOR -3RD FLOOR			X	WINDOW CAULK	57 SF	X			

PRIOR ROOF		<input checked="" type="checkbox"/>	BUILT UP ROOFING	6,000 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 160	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL			
City, State NEWARK, NEW JERSEY 07105			Disposal Date 7/24/17-7/15/18	City, State PLAINFIELD TOWNSHIP PA			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature <i>BSS</i>		Date 7/7/17		



NOCC

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

Date of Notification (1) 7 / 21 /17		Name of Building Owner/Operator (2) THE TRUSTEES OF STEVENS INSTITUTE OF TECHNOLOGY	
Agencies Notified		Street Address CASTLE POINT ON HUDSON	
Type Notification		City, State, Zip Code HOBOKEN, NEW JERSEY 07030	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> JUL 31 2017 </div>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification #1		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> On Hold		
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		
		Name of Contact DAVID FERNANDEZ	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) STEVENS INSTITUTE OF TECHNOLOGY - LIEB 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 (ie. private & commcl. bldgs., homes, etc.)		
Street Address 531 HUDSON STREET		Square Feet 11,249	# of Floors 3	Bldg. Age 100	
City (5) HOBOKEN	County (6) HUDSON	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Pharm. Lab. COLLEGE/UNIVERSITY	
Name of Monitoring Firm Hired by Building Owner (8) LANGAN ENGINEERING			ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 300 KIMBALL DRIVE			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code PARSIPPANY, NEW JERSEY 07054			City, State, Zip Code SUFFERN, NEW YORK 10901		

Project Manager for Monitoring Firm VIJAY PATEL	Telephone Number 201-398-4544	Telephone Number 845-369-7500	License Number 1101
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Expected State Date (10) 7 / 24 /17	Sched. Completion Date (11) 7 / 15 /18	Name of OSHA Monitor QUALITY ENVIRONMENTL
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Occupancy Status During Abatement (Check only one)		Street Address 1376 ROUTE 9	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement	Abatement Performed Outside of Normal Facility Hours - Describe:		
<input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM	City, State, Zip Code WAPPINGERS FALLS, NY 12590		

Scope of Work (Check all that apply)		<input checked="" type="checkbox"/> Full Containment with Negative Pressure	<input type="checkbox"/> Wrap and Cut
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Mini-Encl.	
<input type="checkbox"/> >3SF OR LF		<input checked="" type="checkbox"/> Glovebag Procedure	
<input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR ROOM 120 & 122 HALL			X	PIPE INSULATION	45 LF	X			
1ST FLOOR ROOM 103, 122, 120			X	PIPE FITTINGS	50 LF	X			
1 ST FL ACTIVE SENSING LAB & HALL			X	VAT	730 SF	X			
1ST FLOOR BATHROOMS			X	MIRROR GLUE	20 SF	X			
1ST FLOOR ROOM 122			X	CHALK BOARD GLUE	60 SF	X			
1ST FLOOR THROUGHOUT CCC			X	PIPE INSULATION/ FITTINGS	550 LF	X			
2ND FLOOR THROUGHOUT CONCEALED			X	PIPE INSULATION/ FITTINGS	550 LF	X			
2ND FLOOR BATHROOMS			X	MIRROR GLUE	20 SF	X			
3RD FLOOR THROUGHOUT			X	VAT	4,800 SF	X			
3RD FLOOR THROUGHOUT CONCEALED			X	PIPE INSULATION/ FITTINGS	250 LF	X			
3RD FLOOR BATHROOMS			X	MIRROR GLUE	20 LF	X			
EXTERIOR - 1ST FLOOR			X	WINDOW CAULK	50 SF	X			
EXTERIOR - 2ND FLOOR			X	WINDOW CAULK	57 SF	X			
EXTERIOR -3RD FLOOR			X	WINDOW CAULK	57 SF	X			

EXTERIOR ROOF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BUILT UP ROOFING	6,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD	NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 160	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
City, State NEWARK, NEW JERSEY 07105			Disposal Date 7/24/17-7/15/18	City, State PLAINFIELD TOWNSHIP PA				
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS		Signature <i>BJS</i>		Date 7-21-17			



NOCK

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

Date of Notification (1)
 7 / 21 /17

Name of Building Owner/Operator (2)
 THE TRUSTEES OF STEVENS INSTITUTE OF TECHNOLOGY

Street Address
 CASTLE POINT ON HUDSON

City, State, Zip Code
 HOBOKEN, NEW JERSEY 07030

Name of Contact
 DAVID FERNANDEZ

Agencies Notified

<input type="checkbox"/>	EPA
<input type="checkbox"/>	DEP
<input checked="" type="checkbox"/>	DOL
<input checked="" type="checkbox"/>	DOH
<input type="checkbox"/>	DCA

Type Notification

<input type="checkbox"/>	Initial Notification
<input checked="" type="checkbox"/>	Amended Notification #1
<input type="checkbox"/>	Cancellation
<input checked="" type="checkbox"/>	On Hold
<input type="checkbox"/>	EMERGENCY NOTIFICATION

Telephone Number
 [REDACTED]

Stamp: JUL 31 2017

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
 STEVENS INSTITUTE OF TECHNOLOGY

Type of Facility (4)

<input type="checkbox"/>	School (K-12)
<input type="checkbox"/>	Subchapter 8 (Other than K-12)
<input checked="" type="checkbox"/>	Other (ie. private & commcl. bldgs., homes, etc.)

Street Address
 1 CASTLE POINT TERRACE

Square Feet 20,000 | **# of Floors** 1 | **Bldg. Age** 60

City (5) HOBOKEN | **County (6)** HUDSON | **County Code (7) (STATE USE ONLY)**

Current Use (Prior if being demolished) Pharm. Lab. COLLEGE/UNIVERSITY

Name of Monitoring Firm Hired by Building Owner (8) LANGAN ENGINEERING | **ASCM No.** 99

Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION

Street Address 300 KIMBALL DRIVE | **City, State, Zip Code** PARSIPPANY, NEW JERSEY 07054

Street Address 313 SPOOK ROCK ROAD | **City, State, Zip Code** SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm VIJAY PATEL | **Telephone Number** 201-398-4544

Telephone Number 845-369-7500 | **License Number** 1101

Expected State Date (10) 7 / 24 /17 | **Sched. Completion Date (11)** 7 / 15 /18

Occupancy Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe:

Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM

Name of OSHA Monitor QUALITY ENVIRONMENTL

Street Address 1376 ROUTE 9 | **City, State, Zip Code** WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

Demolition | Renovation

>3SF OR LF | >160 SF OR 260 LF

Full Containment with Negative Pressure | Mini-Encl. | Wrap and Cut

Glovebag Procedure | Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FL. POWERHOUSE			X	BOILER BREECHING	2,100 SF	X			
1ST FL. POWERHOUSE			X	PIPE INSULATION	165 LF	X			
1ST FL. POWERHOUSE			X	PIPE FITTING	100 LF	X			
1ST FL. POWERHOUSE			X	TANK INSULATION	510 SF	X			
1ST FL. POWERHOUSE			X	PIPE FLANGE GASKET	25 SF	X			
EXTERIOR POWERHOUSE			X	BOILER BREECHING	200 SF	X			
TRENCH-EXTERIOR POWERHOUSE			X	PIPE INSULATION	150 SF	X			
ROOF -POWERHOUSE			X	BUILT UP ROOFING	650 SF	X			
ROOF -POWERHOUSE			X	ROOF MASTIC	600 SF	X			
POWERHOUSE EXTERIOR WALL			X	FOUNDATION SEAM CAULK	45 LF	X			
POWERHOUSE -THROUGHOUT			X	PIPE INSULATION	35 LF	X			

Name of Registered Waste Hauler NEWARK CARTING | **NJDEP Waste Hauler ID No.** 913 | **Cubic Yards of Waste** 160 | **Name of Registered Landfill** GRAND CENTRAL SANITARY LANDFILL

369 RAYMOND BLVD | **City, State**

Disposal Date | **City, State**

NEWARK, NEW JERSEY 07105

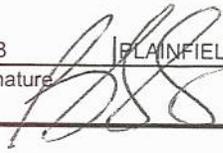
7/24/17-7/15/18

PLAINFIELD TOWNSHIP PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature



Date

7/24/17



NOCK

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

CK # 31055

Date of Notification (1) 7 / 7 /17		Name of Building Owner/Operator (2) THE TRUSTEES OF STEVENS INSTITUTE OF TECHNOLOGY	
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 CASTLE POINT ON HUDSON	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code HOBOKEN, NEW JERSEY 07030	
		Name of Contact DAVID FERNANDEZ	

JUL 31 2017

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) STEVENS INSTITUTE OF TECHNOLOGY			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 1 CASTLE POINT TERRACE			Square Feet 20,000	# of Floors 1	Bldg. Age 60
City (5) HOBOKEN	County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pharm. Lab. COLLEGE/UNIVERSITY		
Name of Monitoring Firm Hired by Building Owner (8) LANGAN ENGINEERING			ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 300 KIMBALL DRIVE			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code PARSIPPANY, NEW JERSEY 07054			City, State, Zip Code SUFFERN, NEW YORK 10901		

Project Manager for Monitoring Firm VIJAY PATEL	Telephone Number 201-398-4544	Telephone Number 845-369-7500	License Number 1101
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Expected State Date (10) 7 / 24 /17 Month Day Year	Sched. Completion Date (11) 7 / 15 /18 Month Day Year	Name of OSHA Monitor QUALITY ENVIRONMENTL
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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: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM	Street Address 1376 ROUTE 9
	City, State, Zip Code WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF	<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Encl. <input type="checkbox"/> Wrap and Cut <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure
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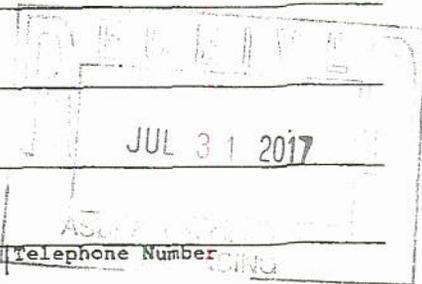
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FL. POWERHOUSE			X	BOILER BREECHING	2,100 SF	X			
1ST FL. POWERHOUSE			X	PIPE INSULATION	165 LF	X			
1ST FL. POWERHOUSE			X	PIPE FITTING	100 LF	X			
1ST FL. POWERHOUSE			X	TANK INSULATION	510 SF	X			
1ST FL. POWERHOUSE			X	PIPE FLANGE GASKET	25 SF	X			
EXTERIOR POWERHOUSE			X	BOILER BREECHING	200 SF	X			
TRENCH-EXTERIOR POWERHOUSE			X	PIPE INSULATION	150 SF	X			
ROOF -POWERHOUSE			X	BUILT UP ROOFING	650 SF	X			
ROOF -POWERHOUSE			X	ROOF MASTIC	600 SF	X			
POWERHOUSE EXTERIOR WALL			X	FOUNDATION SEAM CAULK	45 LF	X			
POWERHOUSE -THROUGHOUT			X	PIPE INSULATION	35 LF	X			
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD City, State	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 160	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	Disposal Date	City, State				

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 12:15B)

Check # 8945
 DOL - 10 DAY
 JUL 21 2017
 WATER APPROVED

Date of Notification (1) 7/21/17		Name of Building Owner/Operator (2) STONE GATE REALTY LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 386 RT 59		City, State, Zip Code AIR MONT, N.Y 10952	
Name of Contact DAVID LEISER		Telephone Number	
Name of Facility Where Abatement is Taking Place (3) WARE HOUSE			
Street Address 2-12 SOUTH ST		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) PASSAIC		Square Feet 45,000	
County (6) PASSAIC		# of Floors 4	
County Code (7) (STATE USE ONLY)		Bldg. Age +50	
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior to being demolished) WAREHOUSE	
Street Address		Name of Abatement Contractor (9) A.M.A.C Contracting Inc.	
City, State, Zip Code		Street Address 185 Vreeland Ave	
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, NJ 07432	
Telephone No.		Telephone No. (201)262-5841	
Start Date (10) 7/21/17		License No. 00156	
Scheduled Completion Date (11) 8/04/17		Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address 280 Huyler Street	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 160 sf or 2260 lf <input checked="" 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Hackensack, NJ 07606	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) ELEVATOR SHAFT		Is Location Normally Used Exclusively by Maintenance/Custodial Staff? (12) Yes No N/A Y	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 80LF	
		Abatement Type Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>	
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509	
City, State Newark, NJ 07105		Cubic Yards of Waste 3	
Completed by Joseph Vocatura		Name of Registered Landfill Grand Central Sanitary Landfill	
Title Vice President		City, State Pen Argyl, PA 08702	
Signature <i>J Vocatura</i>		Disposal Date 7/21/17 On	
Date 7/21/17		Date 7/21/17	

Date of Notification (1) 0 7 / 2 4 / 1 7		Name of Building Owner/Operator (2) Newark Public Schools	
Agencies Notified		Street Address 2 Cedar Street	
Type Notification		City, State, Zip Code Newark, NJ 07107	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Name of Contact Benjamin Olagadeyo	
<input checked="" type="checkbox"/> DEP		Telephone Number 516-311-1111	
<input checked="" type="checkbox"/> DGL			
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Mount Vernon School - Library			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 142 Mount Vernon Place			Square Feet # of Floors Bldg. Age 60,000 2 50		
City (5) Newark, NJ 07106		County (6) Essex	County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) Whitman Companies, Inc.			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
ASCM No. 00110			Street Address 180 Sargeant Avenue		
Street Address 116 Tices Lane, Unit B-1			City, State, Zip Code Clifton, NJ 07013-1935		
East Brunswick, NJ 08816			Telephone Number 973-614-0377		
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	License Number 00807		

Scheduled Start Date (10) 0 8 / 0 7 / 1 7		Sched. Completion Date (11) 0 8 / 2 4 / 1 7		Name of OSHA Monitor Four Strong Builders, Inc.	
Month / Day / Year		Month / Day / Year		Street Address 180 Sargeant Avenue	
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: _____					
Other - Describe: _____					

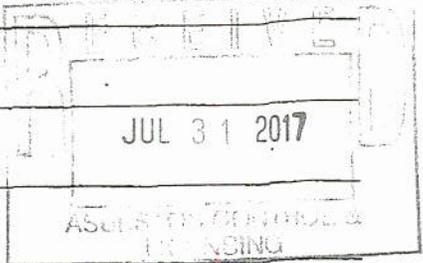
Scope of Work (Check all that apply)			Full Containment with Negative Pressure		
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Mini-Enclosure			
<input type="checkbox"/> >3 sf or >3 lf		<input type="checkbox"/> Glovebag Procedure			
<input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff (12) 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			
Media Center		X	VAT and associated mastic	2,800 SF	X			
Crawlspace		X	Debris	1,500 SF	X			

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			
				R	E	N	E
Media Center	X	VAT and associated mastic	2,800 SF	X			
Crawlspace	X	Debris	1,500 SF	X			

Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, NJ 07105		Disposal Date		City, State Pen Argyl, PA 18072	
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator	Signature 		Date 7/24/17

Date of Notification (1) 07/24/17		Name of Building Owner/Operator (2) Newark Public Schools	
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 2 Cedar Street		City, State, Zip Code Newark, NJ 07107	
Name of Contact Benjamin Olagadeyo		Telephone Number	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Mount Vernon School - Library			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 142 Mount Vernon Place			Square Feet # of Floors Bldg. Age 60,000 2 50		
City (5) Newark, NJ 07106		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) Whitman Companies, Inc. 116 Tices Lane, Unit B-1 East Brunswick, NJ 08816			Name of Abatement Contractor (9) Four Strong Builders, Inc. 180 Sargeant Avenue Clifton, NJ 07013-1935		
Project Manager for Monitoring Firm Kevin Lovely		ASCM No. 00110	Telephone Number 732-390-5858		License Number 00807
Scheduled Start Date (10) 08/07/17		Sched. Completion Date (11) 08/24/17		Name of OSHA Monitor Four Strong Builders, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:			Street Address 180 Sargeant Avenue Clifton, NJ 07013		

Scope of Work (Check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >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"/> Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
	Yes	No/N/A			R	E	N	E	E	
Media Center		<input checked="" type="checkbox"/>	VAT and associated mastic	2,800 SF	<input checked="" type="checkbox"/>					
Crawlspace	<input checked="" type="checkbox"/>		Debris	1,500 SF	<input checked="" type="checkbox"/>					

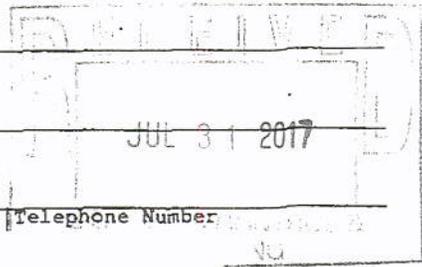
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, NJ 07105		Disposal Date		City, State Pen Argyl, PA 18072	
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator	Signature <i>B. Kulakovska</i>		Date 7/24/17

6559 - NJ

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

Initial Friable Notification
Check #: 6981

Date of Notification (1) 0 7 / 2 4 / 1 7		Name of Building Owner/Operator (2) Newark Public Schools	
Agencies Notified		Street Address 2 Cedar Street	
Type Notification		City, State, Zip Code Newark, NJ 07107	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Name of Contact Benjamin Olagadeyo	
<input checked="" type="checkbox"/> DEP		Telephone Number	
<input checked="" type="checkbox"/> DGL			
<input checked="" type="checkbox"/> DOH			
<input checked="" type="checkbox"/> DCA			



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Lafayette Street Elementary School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 205 Lafayette Street			Square Feet # of Floors Bldg. Age 60,000 4 50		
City (5) Newark, NJ 07105		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) Matrix New World Engineering, Inc.			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
ASCM No. 00121			Street Address 180 Sargeant Avenue		
City, State, Zip Code Florham Park, NJ 07932			City, State, Zip Code Clifton, NJ 07013-1935		
Project Manager for Monitoring Firm Donald C. Wendt, PG		Telephone Number 973-240-1800	Telephone Number 973-614-0377		License Number 00807
Scheduled Start Date (10) 0 8 / 1 4 / 1 7		Sched. Completion Date (11) 0 9 / 0 2 / 1 7			
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: Occupied building					

Scope of Work (Check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with 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 type="checkbox"/> Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type								
	Yes	No	N/A			R	E	E	N	C	I			
4th Floor - Multiple rooms		<input checked="" type="checkbox"/>		Wall and Ceiling plaster	1,667 SF	<input checked="" type="checkbox"/>								

Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, NJ 07105			Disposal Date	City, State Pen. Argyl, PA 18072	
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator	Signature 		Date 7/24/17

Date of Notification (1) 07/24/17		Name of Building Owner/Operator (2) Newark Public Schools	
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		Street Address 2 Cedar Street City, State, Zip Code Newark, NJ 07107	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		Name of Contact Benjamin Olagadeyo	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Lafayette Street Elementary School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 205 Lafayette Street			Square Feet # of Floors Bldg. Age 60,000 4 50		
City (5) Newark, NJ 07105		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) Matrix New World Engineering, Inc.			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
Street Address 26 Columbia Turnpike			Street Address 180 Sargeant Avenue		
City, State, Zip Code Florham Park, NJ 07932			City, State, Zip Code Clifton, NJ 07013-1935		
Project Manager for Monitoring Firm Donald C. Wendt, PG		Telephone Number 973-240-1800	Telephone Number 973-614-0377		License Number 00807
Scheduled Start Date (10) 08/14/17		Sched. Completion Date (11) 09/02/17			
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: Occupied building					
Name of OSHA Monitor Four Strong Builders, Inc.			Street Address 180 Sargeant Avenue		
City, State, Zip Code Clifton, NJ 07013			City, State, Zip Code Clifton, NJ 07013		

Scope of Work (Check all that apply)

- Demolition
- >3 sf or >3 lf
- >160 sf or >260 lf

Renovation

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type								
	Yes	No	N/A			R	E	N	E	O	S			
4th Floor - Multiple rooms	<input checked="" type="checkbox"/>			Wall and Ceiling plaster	1,667 SF	<input checked="" type="checkbox"/>								

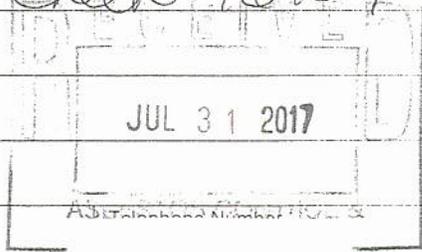
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, NJ 07105		Disposal Date		City, State Pen, Argyl, PA 18072	
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator		Signature 	
				Date 7/24/17	

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

CK# 16742
 Page 1

Check 16742
 Check 16727

Date of Notification (1) 7/19/17		Name of Building Owner/Operator (2) JBM Management LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 7 Tanglewood Lane City, State, Zip Code East Brunswick, NJ 08816 Name of Contact Jim
			Name of Facility Where Abatement is Taking Place (3) Old Vacant Bar
			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)



Name of Facility Where Abatement is Taking Place (3) Old Vacant Bar		Type of Facility (4)	
Street Address 3630 Route 35		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) South Amboy	Square Feet 2500	# of Floors 2	Bldg. Age 65
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) old bar/commercial	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC
Street Address		Street Address PO Box 483, 4 E Gate Drive	
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-764-2276	License No. 703
Start Date (10) 7/28/17	Scheduled Completion Date (11) 9/15/17	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Southwest Corner/HVAC ductwork			x	tar	100 SF	x			
Roof - 8 HVAC units			x	flashing/mechanical flashing	400 SF	x			
Exterior duct			x	tar	100 SF	x			
Exterior (under stucco)			x	felt paper	3,500 SF	x			

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

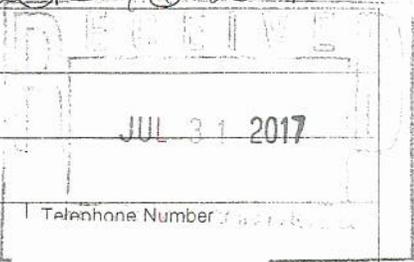
CK# 16742

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Print Form

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

Check 16742
 Check 16727



Date of Notification (1) 7/19/17		Name of Building Owner/Operator (2) JBM Management LLC	
Agencies Notified	Type Notification	Street Address 7 Tanglewood Lane	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Brunswick, NJ 08816	
		Name of Contact Jim	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Old Vacant Bar		Type of Facility (4)	
Street Address 3630 Route 35		<input type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter 8 (Other than K-12)
City (5) South Amboy		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Square Feet 2500	# of Floors 2
Name of Monitoring Firm Hired by Building Owner (8)		Bldg. Age 65	Current Use (Prior if being demolished) old bar/commercial
ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC	
Street Address		Street Address PO Box 483, 4 E Gate Drive	
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703
Start Date (10) 7/28/17	Scheduled Completion Date (11) 9/15/17	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
<input type="checkbox"/> Other - Describe: _____			

Scope of Work (Check All That Apply)

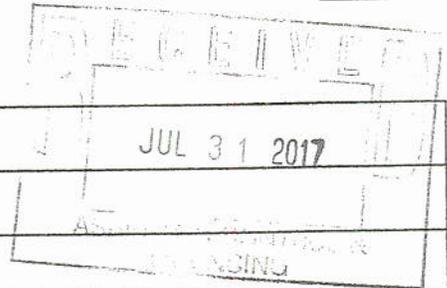
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <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
South end - interior			x	9"x9" floor tile	200 SF	x			

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

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

CW# 528



Date of Notification (1) 06-13-2017		Name of Building Owner/Operator (2) Union City Board of Education	
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 3912 Bergen Turnpike	
		City, State, Zip Code Union City, NJ 07087	
		Name of Contact Justin Mercado	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) George Washington 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 3905 New York Avenue		Square Feet n/a	# of Floors N/A
City (5) Union City		Bldg. Age N/A	
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School	

Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental Inc.	ASCM No. 00149	Name of Abatement Contractor (9) Amax Contracting LLC	
Street Address 56 East Bridge Street		Street Address PO BOX 734	
City, State, Zip Code Morrisville PA 19067		City, State, Zip Code Woodland Park NJ 07424	
Project Manager for Monitoring Firm Richard Beach	Telephone No. 267-991-9212	Telephone No. 973-692-6298	License No. 01266
Start Date (10) 8/01/2017	Scheduled Completion Date (11) 08/20/2017	Name of OSHA Monitor Amax 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 PO BOX 734
	City, State, Zip Code Woodland Park NJ 07424

Scope of Work (Check All That Apply)

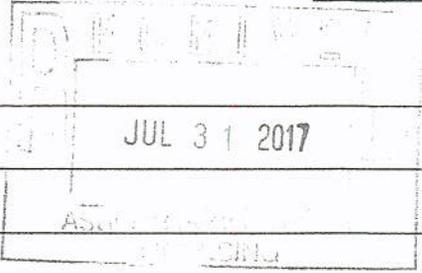
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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-Boiler Room		X		Air Cell Pipe Insulation	185 LF	X			
Basement-Boiler Room		X		Fitting Insul & Joint Compound	77 LF	X			
Basement-Boiler Room		X		Boiler Breaching Insulation	2480SF	X			
Basement-Boiler Room Basement-Boiler Room		X X		Tan Insulation/Paste Boiler Plate Cloth Wrap	35 SF 10 SF	X X			

Name of Registered Waste Hauler Amax Contracting LLC	NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 30 cy	Name of Registered Landfill Fairless Hills
City, State Woodland Park NJ 07424		Disposal Date 8-20-2017	City, State Morrisville PA
Completed by Tome Maslarkov	Title Project Manager	Signature 	Date 06-13-2017

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

CK # 553



Date of Notification (1) 07-20-2017		Name of Building Owner/Operator (2) Louis Anagnostis	
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"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code South Orange NJ 07079	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Louis Anagnostis	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Dwelling		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) South Orange NJ 07079	Square Feet N/A	# of Floors N/A	Bldg. Age N/A
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Private Dwelling	

Name of Monitoring Firm Hired by Building Owner (8) Standard Environmental		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC	
Street Address 2108 Fulton Ave Suite 2A		Street Address PO BOX 734		
City, State, Zip Code Brooklyn NY 11233		City, State, Zip Code Woodland Park NJ 07424		
Project Manager for Monitoring Firm Kayode Adefisoye		Telephone No. 347-241-7673	Telephone No. 973-692-6298	License No. 01266

Start Date (10) 07-31-2017	Scheduled Completion Date (11) 08-06-2017	Name of OSHA Monitor Amax Contracting LLC		
Occupancy Status During Abatement (Check Only One)		Street Address PO BOX 734		
<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 Woodland Park NJ 07424		

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
Basement			x	VAT	300 SF	x			

Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 4 cy	Name of Registered Landfill Fairless Hills	
City, State Woodland Park NJ 07424		Disposal Date 08-11-2017		City, State Morrisville PA	
Completed by Tome Maslarkov	Title Project Manager	Signature 		Date 07-20-2017	

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

OC # 11168

RECEIVED
 JUL 31 2017
 ASBESTOS ABATEMENT
 PROCESSING

Date of Notification (1) 07/24/2017		Name of Building Owner/Operator (2) Mercer County Improvement Authority	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	80 Hamilton Avenue	Trenton, NJ 08611
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact	Telephone Number
		Al Collins	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Mercer County Courthouse (Old Courthouse)		Type of Facility (4)	
Street Address 209 South Broad Street		<input type="checkbox"/> School (K-12)	<input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)
City (5) Trenton		<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Square Feet ~ 40,000	# of Floors 4
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc.		ASCM No. 00102	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.
Street Address 515 Grove Street Suite 1B		Street Address 42 Ridge Road	
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Phoenixville, PA 19460	
Project Manager for Monitoring Firm Thomas Adams	Telephone No. 856 656-2912	Telephone No. 610 933-4332	License No. 00836
Start Date (10) 08/14/2017	Scheduled Completion Date (11) 08/28/2017	Name of OSHA Monitor Neuber Environmental Services, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 42 Ridge Road	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Phoenixville, PA 19460	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
<input checked="" type="checkbox"/> Other - Describe: Construction Personnel Only			

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
Ground FI Electric/Storage Room			X	Floor Tile and Mastic	235 SF	X			
Ground FI Electric/Storage Room			X	Plaster Ceiling	455 SF	X			
Ground FI Electric/Storage Room			X	Pipe Insulation	75 LF	X			
Ground FI Electric/Storage Room			X	Drywall Partition Wall	122 SF	X			

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No. 10416	Cubic Yards of Waste ~ 2	Name of Registered Landfill GROWS/Tullytown Landfill
City, State Trenton, NJ	Disposal Date 08/2017	City, State Morrisville, PA	
Completed by Patrick Larney	Title Project Manager	Signature 	Date 07/24/2017