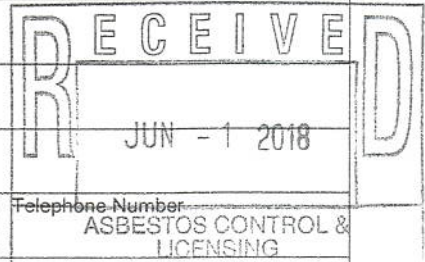


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Print Form

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

CK# 1673



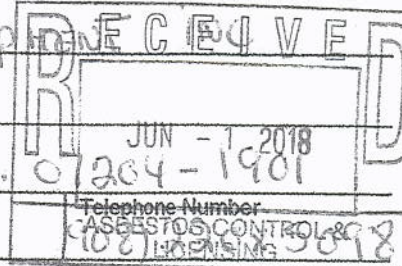
Date of Notification (1) 5/29/18		Name of Building Owner/Operator (2) 33 Maple St LLC							
Agencies Notified	Type Notification	Street Address 87 Halsey St							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07102							
		Name of Contact	Telephone Number ASBESTOS CONTROL & LICENSING						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Maple Avenue Public School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 33 Maple Ave		Square Feet 25,000	# of Floors 3						
City (5) Newark		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential House							
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	License No. 01255						
Start Date (10) 6/7/18	Scheduled Completion Date (11) 7/20/18	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 DEMO</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 checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1ST, 2ND, 3RD FLOORS			X	VAT & MASTIC	18,950 SF	<			
CRAWLSPACE			X	PIPE INSUL	30 LF	<			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill ISEI Landfill					
City, State Newark, NJ			Disposal Date TBD	City, State Bethlehem, PA					
Completed by E. Cirovic		Title Secretary	Signature <i>E. Cirovic</i>			Date 5/29/18			



# PAID

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

VIA U.S. MAIL  
ch#. 4333



Date of Notification (1) <b>5/26/18</b>		Name of Building Owner/Operator (2) <b>R. GONSOSA Development</b>	
Agencies Notified	Type Notification	Street Address <b>429 CHESTNUT ST</b>	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>ROSELLE PARK NJ. 07204-1901</b>	
		Name of Contact <b>MR Ricardo Sosa</b>	Telephone Number <b>1081-5098</b>

Name of Facility Where Abatement is Taking Place (3) <b>[REDACTED]</b>		Type of Facility (4)	
Street Address <b>[REDACTED]</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes etc.)	
City (5) <b>ELIZABETH NJ.</b>	Square Feet <b>1,500</b>	# of Floors <b>2</b>	Bldg. Age <b>80</b>
County (6) <b>UNION</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>HOUSE</b>	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address			Street Address <b>NOVATECH INC</b>	
City, State, Zip Code			City, State, Zip Code <b>P.O. Box 814</b>	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <b>732 238-7500</b>	License No. <b>00806</b>
Start Date (10) <b>6/4/18</b>	Scheduled Completion Date (11) <b>7/4/18</b>	Name of OSHA Monitor <b>NOVATECH INC</b>		

Occupancy Status During Abatement (Check Only One)		Street Address <b>P.O. Box 814</b>	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code <b>Old Bridge NJ. 08857</b>	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
REAR FET ROOF			X	ROOF MATERIAL	< 350 SF	X		

Name of Registered Waste Hauler <b>NOVATECH INC</b>	NJDEP Waste Hauler ID No. <b>18501</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>GROWS P.A.</b>
City, State <b>Old Bridge NJ. 08857</b>		Disposal Date <b>6/5/18</b>	City, State <b>Harrisville PA.</b>
Completed by <b>CARLOS ALMEIDA</b>	Title <b>PRESIDENT</b>	Signature <i>[Signature]</i>	Date <b>5/26/18</b>



Date of Notification (1) 05/23/18		Name of Building Owner/Operator (2) County College of Morris Street Address 214 Center Grove Rd. City, State, Zip Code Randolph, NJ 07869 Name of Contact Susan Kunz		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN - 1 2018 ASBESTOS CONTROL &amp; LICENSING Telephone Number 973-328-5109 </div>
Agencies Notified	Type Notification			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation			

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) County College of Morris - Cohen Hall Street Address 214 Center Grove Rd. City (5) Randolph, NJ 07869			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) Square Feet 50,000 # of Floors 2 Bldg. Age 50 Current Use (Prior if being demolished) School Building		
County (6) Morris		County Code (7) (STATE USE ONLY)		Name of Abatement Contractor (9) Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013-1935 Telephone Number 973-614-0377 License Number 00807	
Name of Monitoring Firm Hired by Building Owner (8) Whitman Companies, Inc. Street Address 116 Tices Lane, Unit B-1 City, State, Zip Code East Brunswick, NJ 08816 Project Manager for Monitoring Firm Kevin Lovely Telephone Number 732-390-5858			Name of OSHA Monitor Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013		
Scheduled Start Date (10) 06/08/18 Month / Day / Year Sched. Completion Date (11) 06/11/18 Month / Day / Year			Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:		

## Scope of Work (Check all that apply)

☐ 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) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				REMOVAL	REPAIR	ENCLOSURE	ISOLATION	OTHER
CH266D, CH266E & CH266F	X	VAT & Mastic	260 SF	X				

Name of Registered Waste Hauler Newark Carting, Co. City, State Newark, NJ		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill City, State Pen Argil, PA 18072	
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator	Signature 	Date 5/23/18	



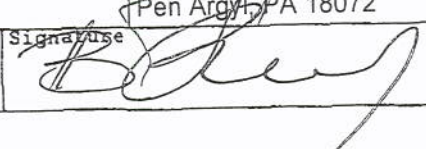
**PAID**NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)Initial Non-Friable  
Notification / Check #: 7194

Date of Notification (1) 0   5   /   2   3   /   1   8		Name of Building Owner/Operator (2) County College of Morris Street Address 214 Center Grove Rd. City, State, Zip Code Randolph, NJ 07869		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JUN - 1 2018  ASBESTOS CONTROL &amp; LICENSING </div>
Agencies Notified	Type Notification	Name of Contact Susan Kunz		
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation			

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) County College of Morris - Cohen Hall Street Address 214 Center Grove Rd. City (5) Randolph, NJ 07869			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) Square Feet 50,000 # of Floors 2 Bldg. Age 50 Current Use (Prior if being demolished) School Building	
County (6) Morris	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013-1935 Telephone Number 973-614-0377 License Number 00807		
Name of Monitoring Firm Hired by Building Owner (8) Whitman Companies, Inc. Street Address 116 Tices Lane, Unit B-1 City, State, Zip Code East Brunswick, NJ 08816 Project Manager for Monitoring Firm Kevin Lovely Telephone Number 732-390-5858		Name of OSHA Monitor Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013		
Sched. Completion Date (11) 0   6   /   0   8   /   1   8   Month / Day / Year		Sched. Completion Date (11) 0   6   /   1   1   /   1   8   Month / Day / Year		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input type="checkbox"/> Other - Describe: _____				
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-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				
				R	E	N	E	
CH266D, CH266E & CH266F	<input checked="" type="checkbox"/>	VAT & Mastic	260 SF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler Newark Carting, Co. City, State Newark, NJ	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill City, State Pen Argyl, PA 18072
Completed By (Print or Type) Bilyana Kulakovska	Title Office Administrator	Signature 	Date 5/23/18



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

Ck # 1672

DECEIVED	
JUN - 1 2018	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 5/29/18		Name of Building Owner/Operator (2) 452 Lyons Ave LLC							
Agencies Notified	Type Notification	Street Address 87 Halsey St							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07102							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Public School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 452-460 Lyons Ave		Square Feet 25,000	# of Floors 3						
City (5) Newark		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential House							
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	License No. 01255						
Start Date (10) 6/7/18	Scheduled Completion Date (11) 7/20/18	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 DEMO</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 checked="" type="checkbox"/> ≥180 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
1st & 2nd Floor			X	VAT	10,446 SF	<			
Basement Boiler Room			X	Pipe Fittings	200	<			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill ISEI Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed by E. Cirovic		Title Secretary	Signature <i>E. Cirovic</i>			Date 5/29/18			



May.25.2018 03:22 PM A. Mac Contracting

20126213.1

PAID

CH 1087

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

RECEIVED	
PAGE: 2/3	
JUN - 1 2018	CHECK # 7087
DOL 10 DAY ASBESTOS CONTROL & LICENSING	
TV	
WAIVER APPROVED	
Telephone Number 201-638-5851	

Date of Notification (1) <b>5/25/18</b>		Name of Building Owner/Operator (2) <b>Square Arch, LLC</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	
Street Address <b>17 RONALD C.</b>		City, State, Zip Code <b>RAUNSWAY, N.J. 07448</b>	
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENTIAL</b>		Name of Contact <b>CHAD FENS</b>	
Street Address <b>[REDACTED]</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Substructure (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <b>WASHINGTON</b>		Square Feet <b>165</b>	
County (6) <b>BERGEN</b>		# of Floors <b>2</b>	
County Code (7) (STATE USE ONLY)		Bldg. Age <b>64</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>A.MAC Contracting Inc.</b>		Current Use (Prior to being demolished) <b>REPAIR / DEMO</b>	
Street Address <b>185 Midland Ave</b>		Name of Abatement Contractor (9) <b>A.MAC Contracting Inc.</b>	
City, State, Zip Code <b>Midland Park, NJ 07432</b>		Street Address <b>280 Huyler Street</b>	
Project Manager for Monitoring Firm <b>[REDACTED]</b>		City, State, Zip Code <b>Hackensack, NJ 07606</b>	
Telephone No. <b>201-262-5641</b>		Telephone No. <b>201-262-5641</b>	
Start Date (10) <b>5/25/18</b>		License No. <b>00156</b>	
Scheduled Completion Date (11) <b>5/30/18</b>		Name of OSHA Monitor <b>Omega Environmental Services Inc</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>280 Huyler Street</b>	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 2160 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 Enclosure <input type="checkbox"/> Non-Enclosed ("") and Non-Frable Procedure		City, State, Zip Code <b>Hackensack, NJ 07606</b>	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED In Facility (13)</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
<b>ATTIC</b>		<b>PIRE INSULATION</b>	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) <b>169 LF</b>	
Abatement Type Removal Repair Encapsulate Enclose			
Name of Registered Waste Hauler <b>Newark Carting Inc.</b>		NJ DEP Waste Hauler ID No. <b>04506</b>	
City, State <b>Newark, NJ 07105</b>		Cubic Yards of Waste <b>3</b>	
Completed by <b>Joseph Vaccaro</b>		Disposal Date <b>5/25/18 ON</b>	
Title <b>Vice President</b>		Name of Registered Landfill <b>Central Sanitary Landfill</b>	
Signature <b>J. Vaccaro</b>		City, State <b>PA 08702</b>	
Date <b>5/25/18</b>			

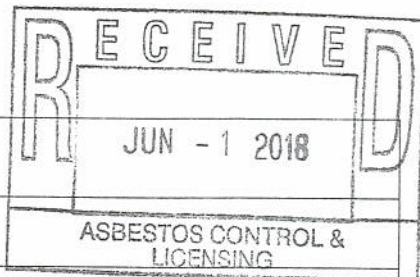
ASB-41 (R-08-08)

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



CH4847

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



Date of Notification (1) 05 / 29 / 18		Name of Building Owner/Operator (2) Matt Andrews							
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 Cibolo, TX 78108							
		Name of Contact Matt Andrews	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <div style="background-color: black; width: 150px; height: 15px;"></div>									
City (5) Moorestown		Square Feet 2,200	# of Floors 3						
		Bldg. Age 80							
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) Management & Enviro. 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) 06 / 09 / 18	Scheduled Completion Date (11) 06 / 11 / 18	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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"/>	Flue Packing	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawlspace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 06/11/2018		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 			Date 5/29/18		



PAID

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

CK 4629

Date of Notification (1) <b>5/29/18</b>		Name of Building Owner/Operator (2) <b>ESTATE OF GLADYS ARTINIAN</b>							
Agencies Notified	Type Notification	Street Address	RECEIVED JUN - 1 2018						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>LEONIA NJ. 07605</b>							
Name of Contact <b>MR. KADEMIAN</b>		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>ESTATE OF GLADYS ARTINIAN</b>		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>LEONIA</b>		Square Feet <b>2000</b>	# of Floors <b>2</b>						
County (6) <b>BERGEN</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>1935</b>						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) <b>RESIDENCE</b>							
Street Address		Name of Abatement Contractor (9) <b>Best Removal Inc.</b>							
City, State, Zip Code		Street Address <b>450 South River Street</b>							
Project Manager for Monitoring Firm		City, State, Zip Code <b>Hackensack, NJ 07601</b>							
Telephone No.		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>						
Start Date (10) <b>6/15/18</b>	Scheduled Completion Date (11) <b>6/16/18</b>	Name of OSHA Monitor <b>Omega Environmental</b>							
Occupancy Status During Abatement (Check Only One)		Street Address <b>280 Huyler Street</b>							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8:00AM TO 5:00PM</b>		City, State, Zip Code <b>South Hackensack, NJ 07606</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
<b>DASHEMENT</b>			<b>X</b>	<b>THERMAL INSULATION</b>	<b>90LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>2 1/2 CY</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>					
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>6/18/18</b>		City, State <b>Waynesburg, OH 44688</b>					
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>		Signature <i>J. Maiorano</i>		Date <b>5/29/18</b>			



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

CX 4628

Date of Notification (1) <b>5/29/18</b>		Name of Building Owner/Operator (2) <b>MS JANET REID</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN - 1 2018 ASBESTOS CONTROL &amp; LICENSING </div>					
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 <b>RAMSEY, NJ. 07446</b>		Name of Contact <b>Ms. Reid</b>				Telephone Number			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>MS JANET REID</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]				Square Feet <b>1900</b>					
City (5) <b>RAMSEY</b>				# of Floors <b>2</b>					
County (6) <b>BERGEN</b>				Bldg. Age <b>1945</b>					
County Code (7) <b>STATE USE ONLY</b>				Current Use (Prior if being demolished) <b>RESIDENCE</b>					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) <b>Best Removal Inc.</b>					
Street Address				Street Address <b>450 South River Street</b>					
City, State, Zip Code				City, State, Zip Code <b>Hackensack, NJ 07601</b>					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>201-329-7444</b>					
				License No. <b>00388</b>					
Start Date (10) <b>6/14/18</b>		Scheduled Completion Date (11) <b>6/15/18</b>		Name of OSHA Monitor <b>Omega Environmental</b>					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8:00AM to 5:00PM</b>				Street Address <b>280 Huyler Street</b>					
				City, State, Zip Code <b>South Hackensack, NJ 07606</b>					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
<b>BASEMENT</b>			<b>Y</b>	<b>THERMAL INSULATION</b>	<b>100 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>		Cubic Yards of Waste <b>2 1/2 CY</b>		Name of Registered Landfill <b>Minerva Enterprises, LLC</b>			
City, State <b>Hackensack, NJ 07601</b>				Disposal Date <b>6/15/18</b>		City, State <b>Waynesburg, OH 44688</b>			
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>		Signature <i>J. Maiorano</i>		Date <b>5/29/18</b>			



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

CK  
763

Date of Notification (1) 5/25/18 Type Notification		Name of Building Owner / Operator (2) <b>Matt Giacometti</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  JUN - 1 2018 </div>	
Agencies Notified		Street Address			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Westfield, NJ 07090</b>			
		Name of Contact <b>Matt Giacometti</b>			
<div style="text-align: center;"><b>FACILITY INFORMATION</b></div>					
Name of Facility Where Abatement is Taking Place (3) <b>Vacant Residence</b>			Type of Facility (4)		
Street Address			School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5) <b>Westfield</b>	County (6) <b>Union</b>	County Code (7)	Square Feet <b>2,800</b>	# of Floors <b>2</b>	Bldg. Age <b>50</b>
			Current Use (Prior if being demolished) <b>Residential</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>		
Street Address <b>64 Broad Street</b>			Street Address <b>443 Schoolhouse Road</b>		
City, State & Zip Code <b>Matawan, NJ 07747</b>			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-605-9062</b>	License Number <b>00714</b>	
Scheduled Start Date (10) <b>6/9/18</b>	Scheduled Completion Date (11) <b>6/18/18</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: <b>Area Isolated During Abatement</b> Other - Describe:			Street Address <b>443 Schoolhouse Road</b>		
			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
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"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input checked="" type="checkbox"/> Quantity is $\geq 160$ SF or $\geq 260$ LF ACM <input type="checkbox"/> Other: <b>Non-friable</b>					
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)	
<b>Attic</b>	<b>N/A</b>	<b>Vermiculite insulation</b>	<b>600 SF</b>	<b>Removal</b>	
Name of Registered Waste Hauler <b>Freehold Carting</b>					
NJDEP Waste Hauler ID # <b>18693</b>		Cu. Yds. of Waste <b>20</b>	Name of Registered Landfill <b>TRRF</b>		
City, State <b>Trenton, NJ</b>		Disposal Date <b>6/18/18</b>	City, State <b>Tullytown, Pa</b>		
Completed By (Print or Type) <b>Dominick Tringali</b>	Title <b>Pres.</b>	Signature <i>Dominick Tringali</i>		Date <b>5/25/18</b>	



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

CK  
7764

Date of Notification (1) 5/25/18 Type Notification		Name of Building Owner / Operator (2) <b>InSite Real Estate LLC</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  JUN 1 2018 </div>	
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	Emergency Notification <input checked="" type="checkbox"/> Initial Notification Amended Notification Cancellation	Street Address <b>1400 16<sup>th</sup> Street</b>			
		City, State & Zip Code <b>Oak Brook, IL 60523</b>			
		Name of Contact <b>Michelle Sadler</b>		ASBESTOS CONTROL Telephone Number <b>630-617-9121</b>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Vacant Building</b>			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>49 Lincoln Highway</b>			Square Feet <b>1,800</b>		
City (5) <b>Edison</b>	County (6) <b>Middlesex</b>	County Code (7)	# of Floors <b>1</b>	Bldg. Age <b>50</b>	
			Current Use (Prior if being demolished) <b>Commercial</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>ECS Mid Atlantic</b>			ASCM No.		
Street Address <b>2 Executive Drive</b>			Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>		
City, State & Zip Code <b>Moorestown, NJ 08057</b>			Street Address <b>443 Schoolhouse Road</b>		
Project Manager for Monitoring Firm <b>Sean Barnes</b>			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Telephone Number <b>609-832-3910</b>			Telephone Number <b>732-605-9062</b>		License Number <b>00714</b>
Scheduled Start Date (10) <b>6/9/18</b>	Scheduled Completion Date (11) <b>6/18/18</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: <b>Area Isolated During Abatement</b> Other - Describe:			Street Address <b>443 Schoolhouse Road</b>		
			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Project Quantity is $\geq 3$ SF or $\geq 3$ LF ACM <input checked="" type="checkbox"/> Quantity is $\geq 160$ SF or $\geq 260$ LF ACM <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Other: <b>Non-friable</b>					
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)
<b>Deli Area</b>		<b>N/A</b>	<b>Joint Compund</b>	<b>2,200 SF</b>	<b>Removal</b>
<b>Deli Area</b>		<b>N/A</b>	<b>VAT</b>	<b>900 SF</b>	<b>Removal</b>
<b>Roof</b>		<b>N/A</b>	<b>Duct base tar paper</b>	<b>30 SF</b>	<b>Removal</b>
Name of Registered Waste Hauler <b>Freehold Carting</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>20</b>	Name of Registered Landfill <b>TRRF</b>	
City, State <b>Trenton, NJ</b>			Disposal Date <b>6/18/18</b>	City, State <b>Tullytown, Pa</b>	
Completed By (Print or Type) <b>Dominick Tringali</b>		Title <b>Pres.</b>	Signature <i>Dominick Tringali</i>		Date <b>5/25/18</b>



PAID

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

Check #2311

Date of Notification (1) <b>05/25/2018</b>		Name of Building Owner / Operator (2) <b>Gertrude Kelly</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  JUN - 1 2018 </div>					
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>New Brunswick, NJ 08901</b>							
		Name of Contact <b>Gertrude Kelly</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4)						
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) <b>New Brunswick</b>	County (6) <b>Middlesex</b>	County Code (7)	Square Feet <b>2016</b>	# of Floors <b>3</b>	Bldg. Age <b>50+</b>				
			Current Use (Prior if being demolished) <b>Residence</b>						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Alpha Environmental, LLC</b>						
Street Address			Street Address <b>PO Box 8297</b>						
City, State & Zip Code			City, State & Zip Code <b>Trenton, NJ 08650</b>						
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>609-847-2956</b>		License Number <b>01222</b>				
Scheduled Start Date (10) <b>06/03/2018</b>	Scheduled Completion Date (11) <b>06/05/2018</b>		Name of OSHA Monitor <b>EMSL Analytical</b>						
Occupancy Status During Abatement (Check only one)			Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			<b>200 Route 130 North</b>						
			City, State & Zip Code <b>Cinnaminson, NJ 08077</b>						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <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 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
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe insulation</b>	<b>120lf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>		NJDEP Waste Hauler ID No. <b>00033330</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Grows Landfill</b>					
City, State <b>Trenton, NJ</b>		Disposal Date <b>various</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Rod Richardson</b>		Title <b>Project Manager</b>	Signature <i>Rod Richardson</i>			Date <b>5/25/2018</b>			



Ch 6717

**PAID**  
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:20)

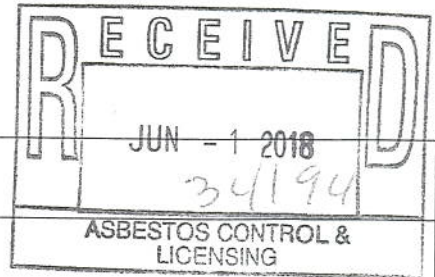
Print Form
RECEIVED
JUN - 1 2018
<b>ASBESTOS CONTROL &amp; LICENSING</b>

Date of Notification (1) 5/29/18		Name of Building Owner/Operator (2) Ocean Financial LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 111 Clifton Ave, Suite 19 City, State, Zip Code Lakewood, NJ 08701 Name of Contact Mo Abraham Telephone Number 732-645-9990	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1700 # of Floors 3 Bldg. Age _____	
City (5) East Orange		County (6) Essex 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 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701		Project Manager for Monitoring Firm _____ Telephone No. 732-668-9078 License No. 1200	
Start Date (10) 5/30/18 Scheduled Completion Date (11) 5/31/18		Name of OSHA Monitor AAA LEAD PROFESSIONALS Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701	
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: _____			
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf  <input type="checkbox"/> ≥160 sf or ≥260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure  <input checked="" type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glovebag Procedure  <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-around;"> <span>Yes</span> <span>No</span> <span>N/A</span> </div>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
INTERIOR		Pipe Insulation	20 LF
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 3
City, State NEWARK, NJ		Name of Registered Landfill IESI	
Disposal Date 5/31/18		City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature _____ Date _____



CH34194

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



Date of Notification (1) <b>05 / 29 / 18</b>		Name of Building Owner/Operator (2) <b>Disantis Contracting, LLC</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>313 Halyard Road</b>							
		City, State, Zip Code <b>Ortley Beach, NJ 08751</b>							
		Name of Contact <b>Frank Disantis</b>	Telephone Number <b>732-749-6009</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>Seaside Heights</b>		Square Feet <b>2000</b>	# of Floors <b>2</b> Bldg. Age <b>65</b>						
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>						
Street Address		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <b>05 / 30 / 18</b>	Scheduled Completion Date (11) <b>05 / 31 / 18</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address <b>1056 Stelton</b>							
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>exterior</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>asbestos siding</b>	<b>500 sf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>05/31/18</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 			Date <b>5/29/18</b>		



CK# 5105

# PAID

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

Print Form
JUN - 1 2018

Date of Notification (1) <b>5/30/18</b>		Name of Building Owner/Operator (2) <b>REGA by Branch, LLC</b>	
Agencies Notified	Type Notification	Street Address <b>485 S 2nd Ave Suite C</b>	<b>ASBESTOS CONTROL &amp; LICENSING</b>
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Highland Park, NJ 08904</b>	Telephone Number <b>732 936 5000</b>
		Name of Contact <b>Jared</b>	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Rega Property</b>		Type of Facility (4)	
Street Address <b>375 Bath Ave Building #4</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <b>Long Branch</b>	County (6) <b>Monmouth</b>	Square Feet <b>4500</b>	# of Floors <b>2</b>
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Apts - Residence</b>	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address <b>95 Montrose Rd</b>	
City, State, Zip Code		City, State, Zip Code <b>Colts Neck, NJ 07722</b>	
Project Manager for Monitoring Firm		Telephone No. <b>732 241 1757</b>	License No. <b>00029</b>
Start Date (10) <b>6/7/18</b>		Scheduled Completion Date (11) <b>6/21/18</b>	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7 AM - 7 PM</b>		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) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement/Crawlspace</b>			<b>X</b>	<b>Pipe covering</b>	<b>600 LF</b>	<b>X</b>			

Name of Registered Waste Hauler <b>Ace Insulation Inc</b>		NJDEP Waste Hauler ID No. <b>12056</b>		Cubic Yards of Waste <b>4</b>		Name of Registered Landfill <b>Fairless</b>	
City, State <b>Colts Neck, NJ</b>		Disposal Date		City, State <b>Morrisville, PA</b>			
Completed by <b>Bone McBride</b>		Title <b>Secretary/Treasurer</b>		Signature <b>[Signature]</b>		Date <b>5/30/18</b>	

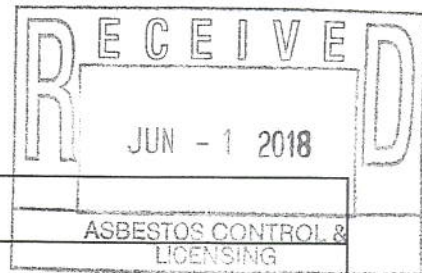


CH 1384

## NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

CHECK# 1384



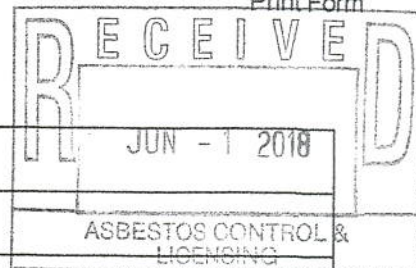
Date of Notification (1) <b>5/30/2018</b>		Name of Building Owner/Operator (2) <b>THE PENNINGTON SCHOOL</b>		ASBESTOS CONTROL & LICENSING				
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <b>112 W. DELAWARE AVENUE</b>		
		City, State, Zip Code <b>PENNINGTON, NJ 08534</b>		Name of Contact <b>MIKE HUNTER</b>				
				Telephone Number <b>609-847-5336</b>				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>THE PENNINGTON SCHOOL (OLD MAIN)</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)				
Street Address <b>112 W. DELAWARE AVENUE</b>				Square Feet				
City (5) <b>PENNINGTON, NJ</b>				# of Floors Bldg. Age				
County <b>MERCER</b>		County Code (7) (STATE USE ONLY)		AIRPORT				
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL CONNECTION, INC.</b>		ASCM No. <b>46427</b>		Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>				
Street Address <b>120 N. WARREN STREET</b>		Street Address <b>15 BLACK FOREST ROAD</b>						
City, State, Zip Code <b>TRENTON, NJ 08608</b>		City, State, Zip Code <b>HAMILTON, NJ 08691</b>						
Project Manager for Monitoring Firm		Telephone No. <b>609-392-4200</b>		License No. <b>00676</b>				
Start Date (10) <b>6/18/2018</b>		Scheduled Completion Date (11) <b>6/18/2018</b>		Name of OSHA Monitor <b>MECS</b>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours 5PM-2 AM <input checked="" type="checkbox"/> OTHER: ESSENTIAL PERSONNEL				Street Address <b>P.O. BOX 341</b>				
				City, State, Zip Code <b>CROSSWICKS, N.J. 08515</b>				
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input 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 (*) & 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
STAIRWELL		<input checked="" type="checkbox"/>	NFVAT	41 S.F.	<input checked="" type="checkbox"/>			
OFFICE/PIPE CHASE		<input checked="" type="checkbox"/>	PIPE INSULATION (WRAP & CUT)	14 L.F.	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>J VINCH &amp; SONS</b>			NJDEP Waste Hauler ID No. <b>100062PA4</b>	Cubic Yards of Waste <b>1 YD</b>	Name of Registered Landfill <b>Grows Landfill</b>			
City, State <b>TRENTON, NJ 08638</b>			Disposal Date <b>6/20/2018</b>		CITY, STATE <b>Morrisville, PA</b>			
Completed By <b>DAVID D'ANDREA</b>		Title <b>PRESIDENT</b>	Signature <i>David D'Andrea</i>			Date <b>5/30/2018</b>		

ASB-41

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



**PAID**  
 State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to N.J.A.C. 8:60 and 12:420)

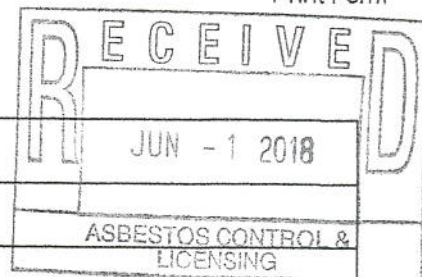


Date of Notification (1) 05/30/2018		Name of Building Owner/Operator (2) Springfield Public Schools							
Agencies Notified	Type Notification	Street Address 139 Mountain Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Springfield Township, NJ 07081							
		Name of Contact William Knorr	Telephone Number 973-376-1025 ext. 1239						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Jonathan Dayton High School/Springfield HS		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 139 Mountain Ave.		Square Feet 100000	# of Floors 2						
City (5) Springfield		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc		ASCM No. 00079	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.						
Street Address 20-21 Wagaraw Road, Bldg. 35 E		Street Address 265A Route 46 Suite 3D							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Guillermo M. Morales		Telephone No. 973-636-9145	Telephone No. 973-256-7010						
License No. 0666									
Start Date (10) 06/08/2018	Scheduled Completion Date (11) 06/10/2018	Name of OSHA Monitor Bako Construction & Restoration, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 265A Route 46 Suite 3D							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room G-2		X		Thermal System Insulation	16 LF	X			
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Totowa, NJ		Disposal Date 06/11/2018		City, State Tullytown, PA					
Completed by Damir Valjevac		Title Project Manager		Signature 			Date 05/30/2018		



CH 4372

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




Date of Notification (1) 05/30/2018		Name of Building Owner/Operator (2) Mahwah Board Of Education							
Agencies Notified	Type Notification	Street Address 60 Ridge Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mahwah, NJ 07430							
		Name of Contact Scot Van Demark	Telephone Number 201-657-5867						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mahwah High School Building 7		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 60 Ridge Road		Square Feet 5000	# of Floors 1						
City (5) Mahwah		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) RKO Environmental Analysis, Inc		ASCM No. 00090	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.						
Street Address 401 St. James Avenue		Street Address 265A Route 46 Suite 3D							
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Jonathan Gilbert		Telephone No. 908-454-6316	Telephone No. 973-256-7010						
License No. 0666									
Start Date (10) 06/16/2018	Scheduled Completion Date (11) 06/17/2018	Name of OSHA Monitor Bako Construction & Restoration, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 265A Route 46 Suite 3D							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Building 7 Mech. Room		X		Pipe Fitting Insulation	27 Elbows	X			
Building 7 Store Room		X		Pipe Fitting Insulation	12 Elbows	X			
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Totowa, NJ		Disposal Date 06/18/2018		City, State Tullytown, PA					
Completed by Damir Valjevac		Title Project Manager		Signature 		Date 05/30/2018			



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

RECEIVED
JUN - 1 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/30/18		Name of Building Owner/Operator (2) Regina Jelling							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montvale, NJ 07465							
		Name of Contact Regina Jelling							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential 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 3100	# of Floors 2						
City (5) Montvale		Bldg. Age 65+/-							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		Name of Abatement Contractor (9) All Stages Abatement							
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 6/6/18	Scheduled Completion Date (11) 6/10/18	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: 8 A.M. to 4 P.M.		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT	396 SF	X			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ			Disposal Date TBD	City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President	Signature 			Date 5/30/18			



CH 1552


**PAID**  
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:420)

Print Form

RECEIVED

JUN - 1 2018

ASBESTOS CONTROL & LICENSING


Date of Notification (1) 5/30/18		Name of Building Owner/Operator (2) Jeff Lawrence							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Old Tappan, NJ 07675							
		Name of Contact Jeff Lawrence	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential 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) Old Tappan		Square Feet 2600	# of Floors 2						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age 65+/-						
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No. _____	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. _____	License No. _____						
Start Date (10) 6/8/18	Scheduled Completion Date (11) 6/12/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M. to 4 P.M.		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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	210 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President		Signature 		Date 5/30/18			



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State of New Jersey  
DIVISION OF TREASURY - BATEMENT

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

RECEIVED  
JUN - 1 2018  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/30/18		Name of Building Owner/Operator (2) Erinn Corrigan		JUN - 1 2018					
Agencies Notified <input checked="" 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 <div style="background-color: black; height: 15px; width: 100%;"></div> City, State, Zip Code Dumont, NJ 07628  Name of Contact Erinn Corrigan					
				ASBESTOS CONTROL & LICENSING					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential 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 <div style="background-color: black; height: 15px; width: 100%;"></div>				Square Feet 2050					
City (5) Dumont				# of Floors 2					
County (6) Bergen				Bldg. Age 65+/-					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No. _____		Name of Abatement Contractor (9) All Stages Abatement					
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 201-600-3184					
Start Date (10) 6/1/18		Scheduled Completion Date (11) 6/4/18		License No. 01305					
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: 8 A.M to 4 P.M.				Name of OSHA Monitor  Street Address  City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT	494 SF	X			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592		Cubic Yards of Waste 3		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President		Signature 		Date 5/30/18			



Date of Notification (1) <b>5/31/18</b>		Name of Building Owner/Operator (2) Rutgers, The State University of New Jersey		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  JUN - 1 2018  ASBESTOS CONTROL &amp; </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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				74 Street 1603, Building 4116  City, State, Zip Code Piscataway, NJ 08854-8036  Name of Contact Michael Smith			
				Telephone Number 848-445-2550					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Labor Education Center				Type of Facility (4)					
Street Address 50 Labor Center Way				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) New Brunswick				Square Feet 12,000	# of Floors 1				
County (6) Middlesex				County Code (7) (STATE USE ONLY)	Bldg. Age 50+				
Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services			ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC					
Street Address 3 Terri Lane, Suite 4 - 5			Street Address 303 B National Road						
City, State, Zip Code Burlington, NJ			City, State, Zip Code Exton, PA 19341						
Project Manager for Monitoring Firm Brian Kearney			Telephone No. 609-386-8800	Telephone No. 484-872-8884	License No. 01161				
Start Date (10) 5/23/18		Scheduled Completion Date (11) <b>6/29/18</b>		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One)				Street Address 200 Route 130					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 4 pm - 12 am				City, State, Zip Code Cinnaminson, NJ					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldg. 6109, Basement, Chase			X	Pipe fitting insulation*	110 LF	X			
Bldg. 6109, Floor 1			X	Pipe fitting insulation*	110 LF	X			
				*cut and wrap procedure					
Name of Registered Waste Hauler Waste Management of NJ			NJDEP Waste Hauler ID No.	Cubic Yards of Waste 20	Name of Registered Landfill GROWS Landfill				
City, State Trenton, NJ			Disposal Date TBD		City, State Morrisville, PA				
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>	Date 5/31/18				



CH 27195

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 17:27 and 17:28)

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ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 5 / 21 / 18		Name of Building Owner/Operator (2) Rowan University							
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 201 Mullica Hill Road							
		City, State, Zip Code Glassboro NJ. 08028							
		Name of Contact Jack Glass	Telephone Number 856-2564154						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mimosa Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 201 Mullica Hill Road									
City (5) Glassboro		Square Feet 10,800	# of Floors 2						
County (6) Gloucester		Bldg. Age +/- 70							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Pars Environmental Services		ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc.						
Street Address 500 Horizon Drive #540		Street Address 8436 Enterprise Avenue							
City, State, Zip Code Hamilton Township NJ. 08691		City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm Rafael Torres		Telephone No. 609-890-7277	Telephone No. 215-365-5810						
Start Date (10) 6 / 11 / 18		Scheduled Completion Date (11) 6 / 25 / 18	License No. 1156						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-11:00 PM / _____ PM-_____ AM		Name of OSHA Monitor USA Environmental Management, Inc							
		Street Address 8436 Enterprise Avenue							
		City, State, Zip Code Philadelphia, PA 19153							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 227	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile Non-Friable	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 30	Name of Registered Landfill Minerva Landfill					
City, State New Castle De.		Disposal Date 6/25/18		City, State Waynesburg Pa.					
Completed By (Print or Type) Kevin Meldrum		Title Project Manager		Signature <i>Kevin Meldrum</i>			Date 5-21-18		



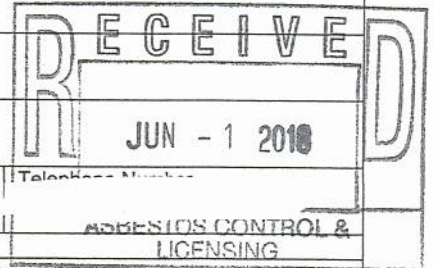
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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Print Form

CK 6783

Date of Notification (1) 5/23/18		Name of Building Owner/Operator (2) Jeff Wild Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Surf City NJ 08008							
		Name of Contact Jeff							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Jeff Wild 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) Surf City NJ 08008		Square Feet 1000+	# of Floors 2						
County (6) Ocean		Bldg. Age 35+							
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. 856-753-9800	License No. 00727						
Start Date (10) 6/1/18	Scheduled Completion Date (11) 6/7/18	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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 Siding			x	Exterior Siding	1600 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 6/7/18		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 5/23/18		





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

Print Form

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JUN - 1 2018

**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) June 1, 2018		Name of Building Owner/Operator (2) 111 Washington street Realty LLC							
Agencies Notified	Type Notification	Street Address 111 Washington street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paterson							
		Name of Contact Brian Drost	Telephone Number 2014818101						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 111 Washington Street Realty LLC		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 111 Washington Street		Square Feet 12000	# of Floors 4						
City (5) Paterson		Bldg. Age 204							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Enviro-Pro Unltd Corp.		ASCM No.	Name of Abatement Contractor (9) Alba Environmental Inc.						
Street Address 262 West 38th Street, Suite 601		Street Address 237 West 37th Street, Suite 303							
City, State, Zip Code New York NY 10018		City, State, Zip Code New York NY 10001							
Project Manager for Monitoring Firm Yevgeniy Golubchik		Telephone No. 2128589449	License No. 01343						
Start Date (10) June 18, 2018	Scheduled Completion Date (11) December 12, 2018	Name of OSHA Monitor Metro Analytical							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 255 West 36th Street, Ground floor - 101							
		City, State, Zip Code New York, NY 10018							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Main Roof		x		Roof & Flashing Material	4400	x			
Middle Roof		x		Roof & Flashing Material	4200	x			
Lower Roof		x		Roof & Flashing Material	1900	x			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.W.S. Landfill					
City, State Canden, NJ		Disposal Date 7/10/2018		City, State Tullytown, PA					
Completed by <i>William A. ...</i>	Title Project Manager	Signature <i>William A. ...</i>				Date 6/1/2018			