

CK4608

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



Date of Notification (1) 5/26/17		Name of Building Owner/Operator (2) VOYAGER TRUCKING CORP	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 451 FREELINGHUYSEN AVE		ASBESTOS CONTROL & LICENSING	
City, State, Zip Code NEWARK NJ 07104		Telephone Number	
Name of Contact ALEX			

Name of Facility Where Abatement is Taking Place (3) 50 Washington St MILITARY NJ		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		Square Feet 52000	# of Floors 1
City (5) MILITARY NJ		Bldg. Age 70	
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Warehouse/Office	
Name of Monitoring Firm Hired by Building Owner (8) FINEG ENVIRONMENTAL INC		ASCM No.	Name of Abatement Contractor (9) ANI JOE ABATEMENT DEMOLITION LLC
Street Address 617 Stokes Rd. Suit 4-318		Street Address 1212 Burlington Ave	
City, State, Zip Code Medford NJ 08055		City, State, Zip Code Delaware NJ 08025	
Project Manager for Monitoring Firm MARK		Telephone No. 855-715-2211	Telephone No. 609-346-0916
Start Date (10) 5/30/17		Scheduled Completion Date (11) 6/30/17	License No. C1070
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: CLOSED		Name of OSHA Monitor FINEG ENVIRONMENTAL INC	
		Street Address 617 Stokes Rd. Suit 4-318	
		City, State, Zip Code Medford NJ 08055	

Scope of Work (Check All That Apply)

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

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

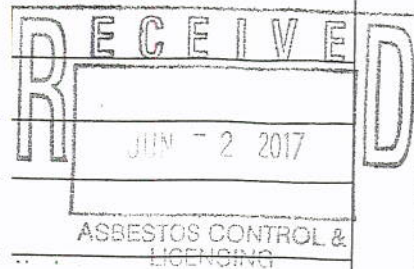
Name of Registered Waste Hauler ANI JOE LLC		NJDEP Waste Hauler ID No. 20547	Cubic Yards of Waste	Name of Registered Landfill WM of PA	
City, State Delaware NJ		Disposal Date TBD	City, State Tollytown PA		
Completed by Joseph T Hall		Title V. President	Signature 	Date 5/24/17	

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

TABLE 2
ASBESTOS SURVEY SUMMARY
ICON ENGINEERING - 50 WASHINGTON AVE
MILLTOWN, N.J.

Homogenous Area	Material Description	Structure	Location	Priority	Condition	Approximate Quantity
07 no	Exterior Window Caulk		(exterior) West Elevation	Y	Good	2528 SF
11	(black) Transom Glazing		Offices (exterior) North Wall	N	Damaged	36 LF
27	12" x 12" Vinyl Floor Tile & Associated Mastic		Top of Wooden Shed	N	Sig. Dam.	15 SF
29	9" x 9" Tan Vinyl Floor Tile & Associated Mastic		Office to Loading Dock	N	Damaged	152 SF
40	Ceramic Floor Tile Glue		Throughout N. Warehouse Offices	Y	Sig. Dam.	5036 SF
42	9" x 9" Tan Vinyl Floor Tile & Associated Mastic		Office Bathroom #3	N	Damaged	20 SF
48	Canvas Jacket to Fiberglass Piping		Entrance Door	N	Damaged	20 SF
50	Overhead Tank Insulation		Boiler Room - (overhead runs& drops)	Y	Sig. Dam.	65 LF (Allowance)
51	Water Tank Insulation		Boiler Room - (overhead runs& drops)	Y	Good	2 Tanks
52	Flue Insulation		Boiler Room	Y	Damaged	7' x 4' Round
53	Transite Pipe		Boiler Room - 12' Floor to ceiling stack	Y	Good	12" Pipe - 15 LF
55	Boiler Insulation		Boiler Room - Boiler #1 to ribs.	Y	Damaged	8.5 x 5 (2 sides)
56	Boiler Insulation		Boiler Room - Boiler #2 to ribs	Y	Damaged	8.5 x 5 (2 sides)
R02	Roofing Flashing Tar		Office Area Roof	N	Damaged	480 SF
R03	(bottom layer) Roofing Composite		Office Area Roof	N	Damaged	300 SF
R04	(top layer) Roofing Composite		Warehouse Area Upper Roof (north)	N	Sig. Dam.	1080 LF
R05	Roofing Flashing Tar		Warehouse Area Upper Roof (south)	N	Damaged	1600 SF
R07	Roofing Flashing Tar		Warehouse Area Upper Roof (south)	N	Damaged	260 SF
—	Pipe Gasket		Not visible, assumed to be present	Unknown		35 Units
27	12" x 12" Vinyl Floor Tile & Associated Mastic		Offices to Loading Dock	Unknown		162 SF

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



Date of Notification (1)

5 / 25 /17

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☒ DCA

Type Notification

☐ Initial Notification
☐ Amended Notification
☐ Cancellation
☒ On Hold #9
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
SETON HALL UNIVERSITY

Street Address
400 SOUTH ORANGE AVENUE

City, State, Zip Code
SOUTH ORANGE, NEW JERSEY 07079

Name of Contact
VICTORIA PIVOVARNICK

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

SETON HALL UNIVERSITY

Type of Facility (4)

☐ School (K-12)
☒ Subchapter 8 (Other
Other (ie. private & c nmcl. bldgs., homes, etc.)

Street Address
400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER

Square Feet 60,000 # of Floors 3 Bldg. Age 40+

City (5) SOUTH ORANGE County (6) ESSEX

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
TTI ENVIRONMENTAL INC.

ASCM No.
3

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
1253 NORTH CHURCH STREET

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
MOORESTOWN, NEW JERSEY 08057

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
JEFF SEAMAN

Telephone Number
856-889-5182

Telephone Number
845-369-7500 License Number 1101

EXPECTED START DATE (10): (RESTART)

5 / 16 /17
Month Day Year

Sched. Completion Date (11)

11 / 30 / 17
Month Day Year

Name of OSHA Monitor
QUALITY ENVIRONMENTAL SOLUTIONS & TECH.

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MON-FRI 7AM-12:00AM SATURDAY 7AM-3:30 PM

Street Address
1376 ROUTE 9

City, State, Zip Code
WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF
☒ Renovation

☒ Full Containment with Negative Pressure
☒ Mini-Enclo.
☒ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LI)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
KITCHEN			X	PIPE FITTINGS	15 LF	X			
BACK HALL			X	PIPE FITTINGS	35 LF	X			
BACK HALL			X	SPRAY ON INSULATION	500 SF	X			
DISHWASHING AREA & ASSOCIATED						X			
HALL			X	PIPE FITTINGS	85 LF	X			
RECEIVING AREA			X	PIPE FITTINGS	15 LF	X			
RECEIVING AREA			X	SPRAY ON INSULATION	1,530 SF	X			
BOARD DINING			X	PIPE FITTINGS	25 LF	X			
SEVERY BAY 1			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 1			X	SPRAY ON INSULATION	760 SF	X			
HALLWAY BETWEEN SEVERY BAYS			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 2			X	PIPE FITTINGS	15 LF	X			
KITCHEN			X	FIRE WALL	40 SF	X			
Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD. City, State NEWARK, NEW JERSEY 07105		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 200	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL City, State PLAINFIELD TOWNSHIP, P.				
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Disposal Date 12/23-11/30/2017	Signature <i>[Signature]</i>	Date 6/25/17			

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

Date of Notification (1)

5 / 3 /17

Agencies Notified

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☐ DEP
☒ DOL
☒ DOH
☒ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

#8

Name of Building Owner/Operator (2)
SETON HALL UNIVERSITY

Street Address
400 SOUTH ORANGE AVENUE

City, State, Zip Code
SOUTH ORANGE, NEW JERSEY 07079

Name of Contact
VICTORIA PIVOVARNIK

Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

SETON HALL UNIVERSITY

Street Address
400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER

City (5)
SOUTH ORANGE

County (6)
ESSEX

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)
☒ Subchapter 8 (Other than K-12)
☐ Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet
60,000

of Floors
3

Bldg. Age
40+

Current Use (Prior if being demolished)
UNIVERSITY

Name of Monitoring Firm Hired by Building Owner (8)
TTI ENVIRONMENTAL INC.

ASCM No.
3

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
1253 NORTH CHURCH STREET

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Telephone Number
845-369-7500

License Number
1101

Name of OSHA Monitor
QUALITY ENVIRONMENTAL SOLUTIONS & TECH.

EXPECTED START DATE (10): (RESTART)
5 / 16 /17
Month Day Year

Sched. Completion Date (11)
11 / 30 / 17
Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MON-FRI 7AM-12:00AM SATURDAY 7AM-3:30 PM

Street Address
1376 ROUTE 9

City, State, Zip Code
WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

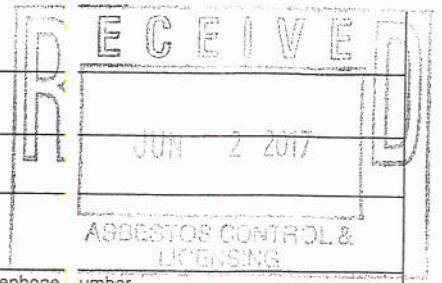
☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF

☒ Renovation

☒ Full Containment with Negative Pressure
☒ Mini-Endo
☒ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or L)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
KITCHEN			X	PIPE FITTINGS	15 LF	X			
BACK HALL			X	PIPE FITTINGS	35 LF	X			
BACK HALL			X	SPRAY ON INSULATION	500 SF	X			
DISHWASHING AREA & ASSOCIATED HALL			X	PIPE FITTINGS	85 LF	X			
RECEIVING AREA			X	PIPE FITTINGS	15 LF	X			
RECEIVING AREA			X	SPRAY ON INSULATION	1,530 SF	X			
BOARD DINING			X	PIPE FITTINGS	25 LF	X			
SEVERY BAY 1			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 1			X	SPRAY ON INSULATION	760 SF	X			
HALLWAY BETWEEN SEVERY BAYS			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 2			X	PIPE FITTINGS	15 LF	X			
KITCHEN			X	FIRE WALL	40 SF	X			
Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD. City, State NEWARK, NEW JERSEY 07105		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 200	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL City, State PLAINFIELD TOWNSHIP, NJ				
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 5-3-17			

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



Date of Notification (1) 3 / 13 /17		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 400 SOUTH ORANGE AVENUE City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079 Name of Contact VICTORIA PIVOVARNICK	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		#7	
		Telephone number	

FACILITY INFORMATION

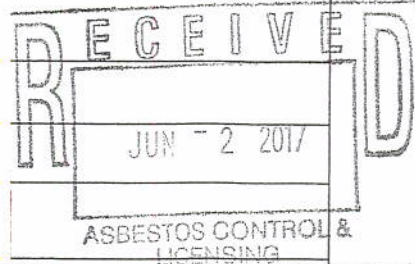
Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (ie. private & commercial bldgs., homes, etc.)		
Street Address 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER			Square Feet 60,000	# of Floors 3	Bldg. Age 40+
City (5) SOUTH ORANGE	County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY		
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL INC.			ASCM No. 3	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 1253 NORTH CHURCH STREET			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MOORESTOWN, NEW JERSEY 08057			City, State, Zip Code SUFFERN, NEW YORK 10911		
Project Manager for Monitoring Firm JEFF SEAMAN			Telephone Number 856-889-5182	Telephone Number 845-369-7500	Licenses Number 101
Expected State Date (10) 3 / 3 /17 Month Day Year		Sched. Completion Date (11) 11 / 30 / 17 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.	
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 checked="" type="checkbox"/> Other - Describe: MON-FRI 7AM-12:00AM SATURDAY 7AM-3:30 PM			Street Address 1376 ROUTE 9		
			City, State, Zip Code WAPPINGER FALLS, NY 12590		

Scope of Work (Check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >3SF OR LF		<input checked="" type="checkbox"/> Mini-Encl.
<input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
KITCHEN			X	PIPE FITTINGS	15 LF	X			
BACK HALL			X	PIPE FITTINGS	35 LF	X			
BACK HALL			X	SPRAY ON INSULATION	500 SF	X			
DISHWASHING AREA & ASSOCIATED						X			
HALL			X	PIPE FITTINGS	85 LF	X			
RECEIVING AREA			X	PIPE FITTINGS	15 LF	X			
RECEIVING AREA			X	SPRAY ON INSULATION	1,530 SF	X			
BOARD DINING			X	PIPE FITTINGS	25 LF	X			
SEVERY BAY 1			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 1			X	SPRAY ON INSULATION	760 SF	X			
HALLWAY BETWEEN SEVERY BAYS			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 2			X	PIPE FITTINGS	15 LF	X			
KITCHEN			X	FIRE WALL	40 SF	X			
Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD.	NJDEP Waste Hauler ID No. 913			Cubic Yards of Waste 200	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
City, State NEWARK, NEW JERSEY 07105	Disposal Date 12/23-11/30/2017			City, State PLAINFIELD TOWNSHIP, PA					
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS			Signature 	Date 3/13/17				

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



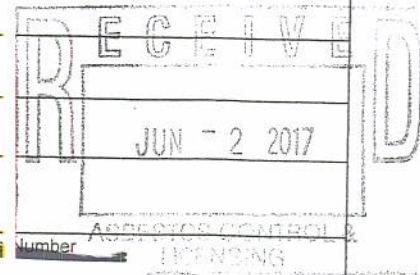
#7	Name of Building Owner/Operator (2)	SETON HALL UNIVERSITY
	Street Address	400 SOUTH ORANGE AVENUE
	City, State, Zip Code	SOUTH ORANGE, NEW JERSEY 07079
	Name of Contact	VICTORIA PIVOVARNICK
Telephone Number		

FACILITY INFORMATION		
Place (3)	Type of Facility (4)	
CENTER	<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (ie. private & commercial bldgs., homes, etc.)	
	Square Feet	# of Floors
	60,000	3
County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
	UNIVERSITY	
Owner (8)	ASCM No.	Name of Abatement Contractor (9)
	3	PAR ENVIRONMENTAL CORPORATION
Street Address		
313 SPOOK ROCK ROAD		
City, State, Zip Code		
SUFFERN, NEW YORK 10901		
Telephone Number	Telephone Number	License Number
856-889-5182	845-369-7500	101
Sched. Completion Date (11)	Name of OSHA Monitor	
11 / 30 / 17	QUALITY ENVIRONMENTAL SOLUTIONS & TECH.	
Month Day Year		
Period of Abatement	Street Address	
2:00AM SATURDAY 7AM-3:30 PM	1376 ROUTE 9	
	City, State, Zip Code	
	WAPPINGER FALLS, NY 12590	

Renovation	<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-Friable Procedure
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	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULATION	ENCLOSURE
			X	PIPE FITTINGS	15 LF	X			
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			X	SPRAY ON INSULATION	500 SF	X			
						X			
			X	PIPE FITTINGS	85 LF	X			
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			X	SPRAY ON INSULATION	760 SF	X			
			X	PIPE FITTINGS	15 LF	X			
			X	PIPE FITTINGS	15 LF	X			
			X	FIRE WALL	40 SF	X			
NJDEP Waste Hauler ID No.	913			Cubic Yards of Waste	200	Name of Registered Landfill			
				Disposal Date		City, State			
				12/23-11/30/2017		PLAINFIELD TOWNSHIP, PA			
Signature				Date		3/13/17			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
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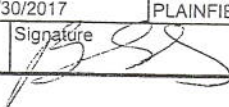


Date of Notification (1) 2 / 27 /17		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY	
Agencies Notified		Street Address 400 SOUTH ORANGE AVENUE	
Type Notification		City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079	
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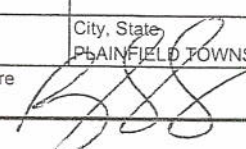
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Project Manager for Monitoring Firm JEFF SEAMAN		Telephone Number 856-889-5182		Telephone Number 845-369-7500	License Number 101
Expected State Date (10) 3 / 3 /17		Sched. Completion Date (11) 11 / 30 / 17		Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.	
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				City, State, Zip Code WAPPINGERS FALLS, NY 12590	
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Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
KITCHEN			X	PIPE FITTINGS	15 LF	X			
BACK HALL			X	PIPE FITTINGS	35 LF	X			
BACK HALL			X	SPRAY ON INSULATION	500 SF	X			
DISHWASHING AREA & ASSOCIATED						X			
HALL			X	PIPE FITTINGS	85 LF	X			
RECEIVING AREA			X	PIPE FITTINGS	15 LF	X			
RECEIVING AREA			X	SPRAY ON INSULATION	1,530 SF	X			
BOARD DINING			X	PIPE FITTINGS	25 LF	X			
SEVERY BAY 1			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 1			X	SPRAY ON INSULATION	760 SF	X			
HALLWAY BETWEEN SEVERY BAYS			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 2			X	PIPE FITTINGS	15 LF	X			
KITCHEN			X	FIRE WALL	40 SF	X			
Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD. City, State NEWARK, NEW JERSEY 07105		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 200	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
Disposal Date 12/23-11/30/2017		City, State PLAINFIELD TOWNSHIP, PA		Signature 					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Date 2/27/17					

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

Date of Notification (1) 2 / 27 /17		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUN - 2 2017 </div>	
Agencies Notified		Street Address 400 SOUTH ORANGE AVENUE			
Type Notification		City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION			
		Name of Contact VICTORIA PIVOVARNICK		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER				Square Feet 60,000	
City (5) SOUTH ORANGE		County (6) ESSEX		# of Floors 3	
		County Code (7) (STATE USE ONLY)		Bldg. Age 40+	
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL INC.				Current Use (Prior if being demolished) UNIVERSITY	
Street Address 1253 NORTH CHURCH STREET				Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code MOORESTOWN, NEW JERSEY 08057				Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm JEFF SEAMAN				City, State, Zip Code SUFFERN, NEW YORK 10901	
Telephone Number 856-889-5182				Telephone Number 845-369-7500	
Expected State Date (10) 3 / 3 /16				License Number 1101	
Sched. Completion Date (11) Month 11 / Day 30 / Year 17				Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.	
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 checked="" type="checkbox"/> Other - Describe: MON-FRI 7AM-3:30PM SATURDAY 7AM-3:30 PM				Street Address 1376 ROUTE 9	
				City, State, Zip Code WAPPINGERS FALLS, NY 12590	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		Is Location normally used solely by Maint/Custodial Staff (12)		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
KITCHEN		X		PIPE FITTINGS 15 LF	
BACK HALL		X		PIPE FITTINGS 35 LF	
BACK HALL		X		SPRAY ON INSULATION 500 SF	
DISHWASHING AREA & ASSOCIATED				X	
HALL		X		PIPE FITTINGS 85 LF	
RECEIVING AREA		X		PIPE FITTINGS 15 LF	
RECEIVING AREA		X		SPRAY ON INSULATION 1,530 SF	
BOARD DINING		X		PIPE FITTINGS 25 LF	
SEVERY BAY 1		X		PIPE FITTINGS 15 LF	
SEVERY BAY 1		X		SPRAY ON INSULATION 760 SF	
HALLWAY BETWEEN SEVERY BAYS		X		PIPE FITTINGS 15 LF	
SEVERY BAY 2		X		PIPE FITTINGS 15 LF	
KITCHEN		X		FIRE WALL 40 SF	
Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD. City, State NEWARK, NEW JERSEY 07105		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 200	
Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL		Disposal Date 12/23-11/30/2017		City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature  Date 3/3/17	

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

Date of Notification (1) 2 / 27 /17		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUN 2 2017 </div>	
Agencies Notified		Street Address 400 SOUTH ORANGE AVENUE			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079			
Type Notification		Name of Contact VICTORIA PIVOVARNICK		Telephone Number	
<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #4 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION					
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER				Square Feet 60,000	# of Floors 3
City (5) SOUTH ORANGE				County (6) ESSEX	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL INC.				ASCM No. 3	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 1253 NORTH CHURCH STREET				Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MOORESTOWN, NEW JERSEY 08057				City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm JEFF SEAMAN		Telephone Number 856-889-5182		Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 3 / 3 /16 Month Day Year		Sched. Completion Date (11) 11 / 30 / 17 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.	
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 checked="" type="checkbox"/> Other - Describe: MON-FRI : SATURDY 7AM-3:30 PM				Street Address 1376 ROUTE 9	
				City, State, Zip Code WAPPINGERS FALLS, NY 12590	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	
				Amount (Specify SF or LF)	Abatement Type REMOVAL REPAIR ENCAPSULE ENCLOSURE
KITCHEN		X		PIPE FITTINGS	15 LF X
BACK HALL		X		PIPE FITTINGS	35 LF X
BACK HALL		X		SPRAY ON INSULATION	500 SF X
DISHWASHING AREA & ASSOCIATED					X
HALL		X		PIPE FITTINGS	85 LF X
RECEIVING AREA		X		PIPE FITTINGS	15 LF X
RECEIVING AREA		X		SPRAY ON INSULATION	1,530 SF X
BOARD DINING		X		PIPE FITTINGS	25 LF X
SEVERY BAY 1		X		PIPE FITTINGS	15 LF X
SEVERY BAY 1		X		SPRAY ON INSULATION	760 SF X
HALLWAY BETWEEN SEVERY BAYS		X		PIPE FITTINGS	15 LF X
SEVERY BAY 2		X		PIPE FITTINGS	15 LF X
KITCHEN		X		FIRE WALL	40 SF X
Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD.		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 200	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY 07105		Disposal Date 12/23-11/30/2017		City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 	Date 2/27/17

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1)

2 / 21 /17

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☒ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #3
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

SETON HALL UNIVERSITY

Street Address

400 SOUTH ORANGE AVENUE

City, State, Zip Code

SOUTH ORANGE, NEW JERSEY 07079

Name of Contact

VICTORIA PIVOVARNICK

Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

SETON HALL UNIVERSITY

Type of Facility (4)

☐ School (K-12)
☒ Subchapter 8 (Other than K-12)
☐ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER

Square Feet

60,000

of Floors

3

Bldg. Age

40+

City (5)

SOUTH ORANGE

County (6)

ESSEX

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

UNIVERSITY

Name of Monitoring Firm Hired by Building Owner (8)

TTI ENVIRONMENTAL INC.

ASCM No.

3

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

1253 NORTH CHURCH STREET

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

MOORESTOWN, NEW JERSEY 08057

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

JEFF SEAMAN

Telephone Number

856-889-5182

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

12 / 23 /16
Month Day Year

Sched. Completion Date (11)

11 / 30 / 17
Month Day Year

Name of OSHA Monitor

QUALITY ENVIRONMENTAL SOLUTIONS & TECH.

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MONDAY- SATURDY 7AM-3:30 PM

Street Address

1376 ROUTE 9

City, State, Zip Code

WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

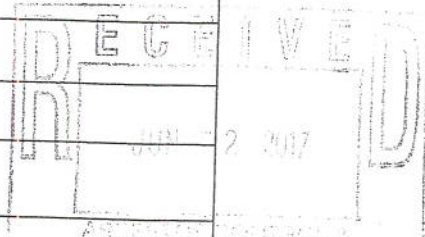
☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF
☒ Renovation

☒ Full Containment with Negative Pressure
☒ Mini-Enclo.
☒ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
KITCHEN			X	PIPE FITTINGS	15 LF	X			
BACK HALL			X	PIPE FITTINGS	35 LF	X			
BACK HALL			X	SPRAY ON INSULATION	500 SF	X			
DISHWASHING AREA & ASSOCIATED						X			
HALL			X	PIPE FITTINGS	85 LF	X			
RECEIVING AREA			X	PIPE FITTINGS	15 LF	X			
RECEIVING AREA			X	SPRAY ON INSULATION	1,530 SF	X			
BOARD DINING			X	PIPE FITTINGS	25 LF	X			
SEVERY BAY 1			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 1			X	SPRAY ON INSULATION	760 SF	X			
HALLWAY BETWEEN SEVERY BAYS			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 2			X	PIPE FITTINGS	15 LF	X			
KITCHEN			X	FIRE WALL	40 SF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill			
NEWARK CARTING INC.		913		200		GRAND CENTRAL SANITARY LANDFILL			
City, State		Disposal Date		City, State					
NEWARK, NEW JERSEY 07105		12/23-11/30/2017		PLAINFIELD TOWNSHIP, PA					
Completed by (Print or Type)		Title		Signature		Date			
BENJAMIN SANCHEZ		DIRECTOR OF OPERATIONS				7/20/17			

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

Date of Notification (1) 1 / 10 / 17		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 400 SOUTH ORANGE AVENUE City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Name of Contact VICTORIA PIVOVARNIK Telephone Number	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER		Square Feet 60,000	# of Floors 3
City (5) SOUTH ORANGE	County (6) ESSEX	County Code (7) (STATE USE ONLY)	Bldg. Age 40+
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL INC.		ASCM No. 3	Current Use (Prior if being demolished) UNIVERSITY
Street Address 1253 NORTH CHURCH STREET		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code MOORESTOWN, NEW JERSEY 08057		Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm JEFF SEAMAN		Telephone Number 856-889-5182	City, State, Zip Code SUFFERN, NEW YORK 10901
Expected State Date (10) 12 / 23 / 16 Month Day Year		Sched. Completion Date (11) 11 / 30 / 17 Month Day Year	Telephone Number 845-369-7500
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 checked="" type="checkbox"/> Other - Describe: MONDAY- SATURDY 7AM-3:30 PM		License Number 1101	
		Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.	
		Street Address 1376 ROUTE 9	
		City, State, Zip Code WAPPINGERS FALLS, NY 12590	

Scope of Work (Check all that apply)

☐ Demolition
☒ >3SF OR LF
☒ >160 SF OR 260 LF

☒ Renovation

☒ Full Containment with Negative Pressure
☒ Mini-Enclo.
☒ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
KITCHEN			X	PIPE FITTINGS	15 LF	X			
BACK HALL			X	PIPE FITTINGS	35 LF	X			
BACK HALL			X	SPRAY ON INSULATION	500 SF	X			
DISHWASHING AREA & ASSOCIATED HALL			X	PIPE FITTINGS		X			
RECEIVING AREA			X	PIPE FITTINGS	85 LF	X			
RECEIVING AREA			X	SPRAY ON INSULATION	1,530 SF	X			
BOARD DINING			X	PIPE FITTINGS	25 LF	X			
SEVERY BAY 1			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 1			X	SPRAY ON INSULATION	760 SF	X			
HALLWAY BETWEEN SEVERY BAYS			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 2			X	PIPE FITTINGS	15 LF	X			
KITCHEN			X	FIRE WALL	40 SF	X			
Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD. City, State NEWARK, NEW JERSEY 07105		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 200	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Disposal Date 12/23-11/30/2017	City, State PLAINFIELD TOWNSHIP, PA				
		Signature <i>[Signature]</i>		Date 1-10-17					

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

Date of Notification (1)

12 / 19 /16

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☒ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #1
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

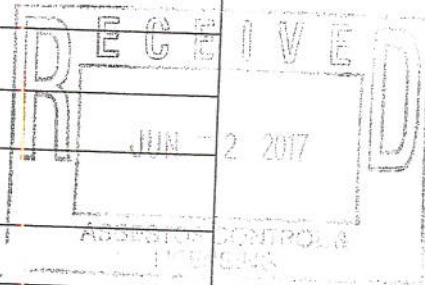
Name of Building Owner/Operator (2)
SETON HALL UNIVERSITY

Street Address
400 SOUTH ORANGE AVENUE

City, State, Zip Code
SOUTH ORANGE, NEW JERSEY 07079

Name of Contact
VICTORIA PIVOVARNICK

Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

SETON HALL UNIVERSITY

Street Address
400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER

City (5)
SOUTH ORANGE

County (6)
ESSEX

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)
☒ Subchapter 8 (Other than K-12)
☐ Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet
60,000

of Floors
3

Bldg. Age
40+

Current Use (Prior if being demolished)
UNIVERSITY

Name of Monitoring Firm Hired by Building Owner (8)
TTI ENVIRONMENTAL INC.

Street Address
1253 NORTH CHURCH STREET

City, State, Zip Code

MOORESTOWN, NEW JERSEY 08057

Project Manager for Monitoring Firm
JEFF SEAMAN

Telephone Number
856-889-5182

ASCM No.
3

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Telephone Number
845-369-7500

License Number
1101

Expected State Date (10)

12 / 23 /16
Month Day Year

Sched. Completion Date (11)

11 / 30 / 17
Month Day Year

Name of OSHA Monitor
QUALITY ENVIRONMENTAL SOLUTIONS & TECH.

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MONDAY- SATURDY 7AM-3:30 PM

Street Address
1376 ROUTE 9

City, State, Zip Code
WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF

☒ Renovation

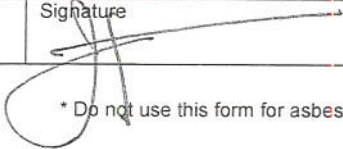
☒ Full Containment with Negative Pressure
☒ Mini-Enclo.
☒ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
KITCHEN			X	PIPE FITTINGS	15 LF	X			
BACK HALL			X	PIPE FITTINGS	35 LF	X			
BACK HALL			X	SPRAY ON INSULATION	500 SF	X			
DISHWASHING AREA & ASSOCIATED						X			
HALL			X	PIPE FITTINGS	85 LF	X			
RECEIVING AREA			X	PIPE FITTINGS	15 LF	X			
RECEIVING AREA			X	SPRAY ON INSULATION	1,530 SF	X			
BOARD DINING			X	PIPE FITTINGS	25 LF	X			
SEVERY BAY 1			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 1			X	SPRAY ON INSULATION	760 SF	X			
HALLWAY BETWEEN SEVERY BAYS			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 2			X	PIPE FITTINGS	15 LF	X			
KITCHEN			X	FIRE WALL	40 SF	X			
Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD. City, State NEWARK, NEW JERSEY 07105		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 200		Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Disposal Date 12/23-11/30/2017		City, State PLAINFIELD TOWNSHIP, PA		Signature <i>[Signature]</i>	
						Date 12/19/16			

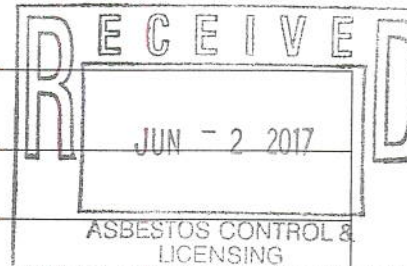
CK10904

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

RECEIVED		Print Form
JUN - 2 2017		
ASBESTOS CONTROL & LICENSING		

Date of Notification (1) 5/26/2017		Name of Building Owner/Operator (2) AGL Services Co.							
Agencies Notified	Type Notification	Street Address Ten Peachtree Place, Suite 1000							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Atlanta, GA 30309							
		Name of Contact Chad Quinn (agent for Owner)	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Elizabeth Gas Plant - Control Bldg		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 300 3rd Avenue		Square Feet 9,900	# of Floors 1-2						
City (5) Elizabeth		Bldg. Age 40+							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) office and control							
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address 411 Southgate Court, Suite E		Street Address 42 Ridge Road							
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	Telephone No. 610-933-4332						
		License No. 00836							
Start Date (10) 6/13/2017	Scheduled Completion Date (11) 6/20/2017	Name of OSHA Monitor Neuber Env. Svcs., Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 42 Ridge Road							
		City, State, Zip Code Phoenixville, PA 19460							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Generator Room - Control Bldg.			X	TSI, pipe and elbows	60 lf	X			
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 10416	Cubic Yards of Waste 30	Name of Registered Landfill GROWS/Tulleytown Landfill					
City, State Fairless Hills, PA		Disposal Date 6/2017		City, State Morrisville, PA					
Completed by Jeff LaRiviere		Title Pres.	Signature 			Date 5/26/2017			

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



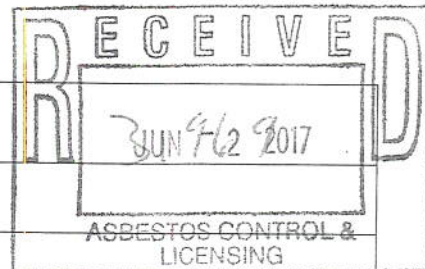
Date of Notification (1) 5 / 23 / 17		Name of Building Owner/Operator (2) East Greenwich 2, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1000 Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Name of Contact Linda Popell							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Diner		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 170 Berkley Road									
City (5) Clarksboro		Square Feet 3,000	# of Floors 1 Bldg. Age 50						
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacant							
Name of Monitoring Firm Hired by Building Owner (8) Whitestone Associated, Inc.		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co, Inc.						
Street Address 1600 Manor Drive		Street Address 923 Haws Ave.							
City, State, Zip Code Chalfont, PA 18914		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm JEREMY M. HASSETT		Telephone No. 215-712-2700	Telephone No. 610-239-9920 License No. 00398						
Start Date (10) 6 / 9 / 17	Scheduled Completion Date (11) 6 / 19 / 17		Name of OSHA Monitor EMSL						
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 521 Plymouth Road City, State, Zip Code Plymouth Meeting, PA 19462							
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) 300SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	roofing tar		<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 Robinson Waste Haulers		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfills					
City, State Voorhees, NJ 08043		Disposal Date 6/19/17		City, State Morrisville, PA					
Completed By (Print or Type) James M. Kelly		Title Vice President		Signature 			Date 6/23/17		

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ASBESTOS CONTROL & LICENSING

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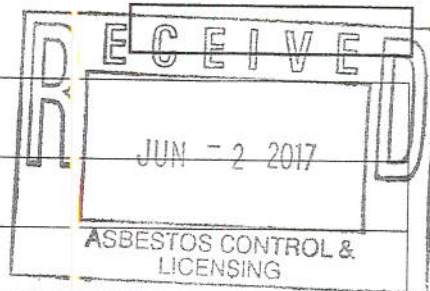
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 05 / 25 / 17		Name of Building Owner/Operator (2) Garozzo & Scimeca Construction, Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2922 Fries Mill Road							
		City, State, Zip Code Williamstown, NJ 08094							
		Name of Contact Bob Scimeca	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lindenwold School #5		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 550 Chews Landing Road		Square Feet 52,700 sf	# of Floors 1						
City (5) Lindenwold		Bldg. Age 60							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 06 / 20 / 17	Scheduled Completion Date (11) 06 / 30 / 17	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	transite panels	60 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 6/30/17		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 5/25/17			

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




Date of Notification (1) 05 / 25 / 17		Name of Building Owner/Operator (2) Reinco Inc.							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 520 North Avenue							
		City, State, Zip Code Plainfield, NJ 07060							
		Name of Contact Erick Reinco							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Comercial bldg.		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 520 North Avenue		Square Feet	# of Floors						
City (5) Plainfield, NJ 07060		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC							
Street Address		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	License No. 0127						
Start Date (10) 06 / 03 / 17	Scheduled Completion Date (11) 06 / 05 / 17	Name of OSHA Monitor Iris Environmental Laboratories							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM _____ AM		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawl space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	60 L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 05/25/17			

ASB-41

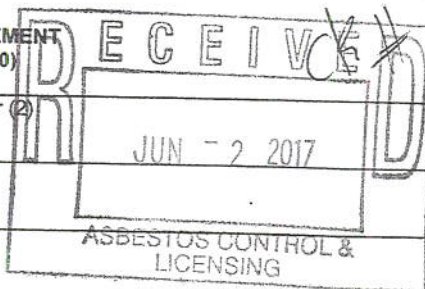
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 05-24-2017		Name of Building Owner/Operator (2) Regina Doherty & Chris Evans		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN - 2 2017 ASBESTOS CONTROL & LICENSING Telephone Number _____ </div>					
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morris Plains, NJ 07950 Name of Contact Daniel Puentes							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling			Type of Facility (4)						
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Morris Plains		Square Feet N/A	# of Floors N/A	Bldg. Age N/A					
County (6) Morris		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) United Safety LLC					
Street Address		Street Address 12 Maple Ave #F2							
City, State, Zip Code		City, State, Zip Code Pine Brook, NJ 07058							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-276-0099	License No. 01317				
Start Date (10) 06-03-2017		Scheduled Completion Date (11) 06-05-2017		Name of OSHA Monitor United Safety LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 12 Maple Ave #F2					
<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 Pine Brook, NJ 07058					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	80 LF	X			
Name of Registered Waste Hauler United Safety LLC		NJDEP Waste Hauler ID No. 0036820		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Pine Brook, NJ				Disposal Date TBD	City, State Tullytown, PA				
Completed by Vanco Petkov		Title Project Manager		Signature 		Date 05-24-2017			

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



Date of Notification (1) 5/24/2017		Name of Building Owner/Operator (2) Elshiekh Enterprises							
Agencies Notified	Type Notification	Street Address 12 Via Vitale							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Kenilworth NJ							
		Name of Contact Hany Elshiekh	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) westfield NJ		Square Feet 800SF	# of Floors 2						
County (6) Clerk		County Code (7) (STATE USE ONLY) _____	Bldg. Age +50						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC						
Street Address N/A		Street Address 1435 51st Street							
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 201-552-9685						
Start Date (10) 6/1/2017		Scheduled Completion Date (11) 6/5/2017	License No. 01320						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Iris Environmental Laboratories							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union NJ 07803							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe Insulation	30LF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill					
City, State Po Box 5670		Disposal Date		City, State 2335 Applebutter Rd Bethlehem PA					
Completed by Marcos Regato		Title President	Signature <i>Marcos Regato</i>		Date 5/24/2017				

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

Date of Notification (1) 5/23/17		Name of Building Owner/Operator (2) VISION MANAGEMENT LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including Leakage) <input type="checkbox"/> Cancellation	Street Address 1 BLOOMFIELD AVE City, State, Zip Code MOUNTAIN LAKES, N.J. 07096 Name of Contact ANDREW MURPHY Telephone Number 201-262-8541	

Name of Facility Where Abatement is Taking Place (3) OFFICE BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 67 PARK PLACE EAST		Square Feet 8,000	
City (5) MORRISTOWN		# of Floors 10	
County (6) MORRIS		Bldg. Age +50	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) ASC Mfg.		Name of Abatement Contractor (9) A.MAC Contracting Inc.	
Street Address		Street Address 185 Vreeland Ave	
City, State, Zip Code		City, State, Zip Code Midland Park, NJ 07432	
Project Manager for Monitoring Firm		Telephone No. 201-262-8541	
Telephone No.		License No. 00158	

Start Date (10) 5/23/17	Scheduled Completion Date (11) 5/30/17	Name of OSHA Monitor Omega Environmental Services Inc
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other -- Describe:		Street Address 280 Huyler Street
Scope of Work (Check All That Apply) <input type="checkbox"/> 25 sf or less if 250 sf or less if		City, State, Zip Code Heckensack, NJ 07806

Renovation Demolition		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted ("I") and Non-Friable Procedure	
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Location of Asbestos-Containing Material (ACM) in Facility (13) 9TH FLOOR	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	Encasement
			<input checked="" type="checkbox"/>	VAT	565F	<input checked="" type="checkbox"/>			

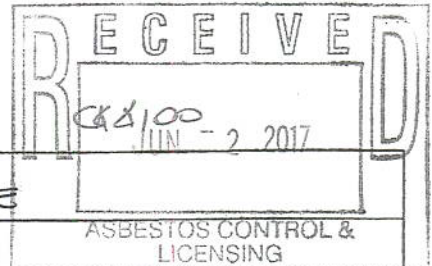
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No 004608	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, NJ 07105		Disposal Date 5/23/17		City, State Penn Argy. PA 08072	
Completed by Joseph Vaccaro		Title Vice President		Signature J. Vaccaro	
				Date 5/23/17	

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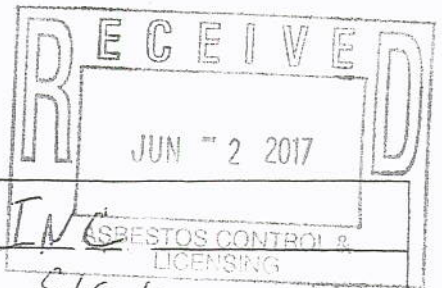
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 5/24/17		Name of Building Owner/Operator (2) MS. RENE SENSEAU						
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]	ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code BOGOTA, NJ, 07603						
		Name of Contact MS. SENSEAU	Telephone Number [REDACTED]					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MS. SENSEAU		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]								
City (5) BOGOTA	Square Feet 1800	# of Floors 2	Bldg. Age 1945					
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc					
Street Address		Street Address 450 South River Street						
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07601						
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388					
Start Date (10) 6/9/17	Scheduled Completion Date (11) 6/10/17	Name of OSHA Monitor Omega Environmental						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:30 AM TO 5:00 PM		Street Address 280 Huyler Street						
		City, State, Zip Code South Hackensack, NJ 07606						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BASEMENT / CRAWL SPACE	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) 42 LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
					X			
Name of Registered Waste Hauler Best Removal Inc		NUDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2.75	Name of Registered Landfill Minverva Enterprises, LLC				
City, State Hackensack, NJ 07601		Disposal Date 6/12/17		City, State Waynesburg, OH 44688				
Completed by J. Maiorano		Title Estimator	Signature <i>J. Maiorano</i>		Date 5/24/17			

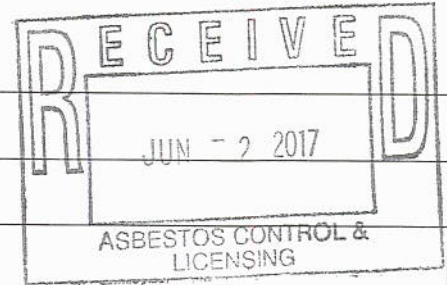
Chk# 4676

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



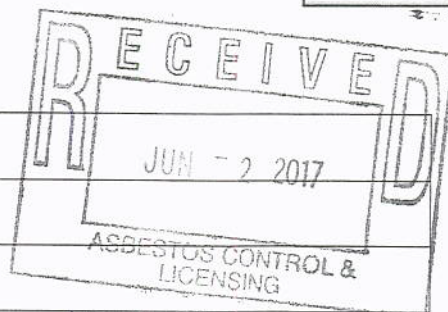
Date of Notification (1) 5/24/17		Name of Building Owner/Operator (2) W. J. Gross INC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 495 Center Street		City, State, Zip Code Sewell NJ 08080							
Name of Contact Bill Gross		Title							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Woodrow Wilson High School boys locker Room		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 3100 Federal St		Square Feet # of Floors Bldg. Age							
City (5) Camden		Current Use (Prior if being demolished) School							
County (6) Camden		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Ami Joe Abatement Contractors LLC							
City, State, Zip Code		Street Address 1212 Burlington Ave							
Project Manager for Monitoring Firm		City, State, Zip Code Delanco NJ 08025							
Telephone No.		Telephone No. 609-346-0916							
License No. C1070		Name of OSHA Monitor							
Start Date (10) 6/3/17		Scheduled Completion Date (11) 6/17/17							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
boys locker Room				elbows	2600	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Ami Joe LLC		NJDEP Waste Hauler ID No. 20547		Cubic Yards of Waste		Name of Registered Landfill WM of PA			
City, State Delanco NJ		Disposal Date TBD		City, State Pittsford PA					
Completed by Joseph T Hall		Title V. President		Signature [Signature]		Date 5/24/17			

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



Date of Notification (1) 05/25/2017		Name of Building Owner/Operator (2) William Ciccone							
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Verona, NJ 07044							
		Name of Contact William Ciccone	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Verona		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____							
Street Address		Name of Abatement Contractor (9) D&S Abatement, Inc.							
City, State, Zip Code		Street Address 11 Rosengren Avenue							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 06/07/2017	Scheduled Completion Date (11) 06/08/2017	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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) 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
Garage		x		Duct Insulation	50 LF	x			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 			Date 05/25/2017		

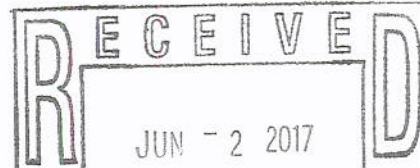
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 05/25/2017		Name of Building Owner/Operator (2) Susan Dusenberry							
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 Hawthorne, NJ 07506							
		Name of Contact Susan Dusenberry	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Hawthorne		Bldg. Age N/A							
County (6) Passaic	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.							
Street Address		Name of Abatement Contractor (9) D&S Abatement, Inc.							
City, State, Zip Code		Street Address 11 Rosengren Avenue							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 06/07/2017	Scheduled Completion Date (11) 06/08/2017	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input 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
Basement		x		Pipe Insulation	10 LF	x			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 			Date 05/25/2017		

CK# 4239

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

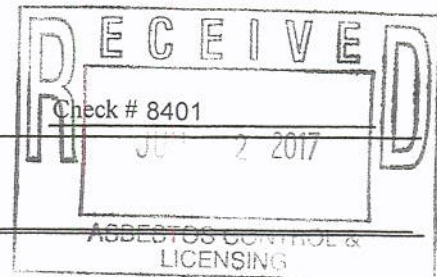


Date of Notification (1) <u>5-23-17</u>		Name of Building Owner/Operator (2) <u>MIKE O'WEIL</u>		SEATTLE CONTROL & LICENSING	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> 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 <u>SEA ISLE CITY</u>		Name of Contact <u>MIKE</u>	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet <u>1000</u>		
City (5) <u>SEA ISLE CITY</u>			# of Floors <u>1</u>		Bldg. Age <u>50+</u>
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.		Name of Abatement Contractor (9) <u>KLEMCO INC.</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE</u>		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>	
City, State, Zip Code		Telephone No. <u>856-779-0472</u>		License No. <u>00444</u>	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor <u>N/A</u>	
Start Date (10) <u>6-3-17</u>		Scheduled Completion Date (11) <u>6-10-17</u>		Street Address	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code	
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) <u>3000sf</u>
	Yes	No	N/A		
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>X</u>
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>		Cubic Yards of Waste <u>3</u>	
City, State <u>MAPLE SHADE N.J</u>		Disposal Date		Name of Registered Landfill <u>C.M.C.M.U.A</u>	
				City, State <u>WOODBINE</u>	
Completed By <u>MICHAEL KLEMM</u>		Title <u>SUP.</u>		Signature <u>[Signature]</u>	
				Date <u>5-23-17</u>	

Check # 8401

B & G proj. #: 2017-63-A

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



Date of Notification (1) 10/5/17 10/11/17		Name of Building Owner/Operator (2) Atlantic Health System	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 100 Madison Avenue	
		City, State, Zip Code Morristown, NJ 07960	
		Name of Contact Michelle DiGangi	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Chilton Medical Center			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 97 West Parkway			Square Feet # of Floors Bldg. Age		
City (5) Pompton Plains, NJ 07444	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) Hospital (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		
			License Number 00378		
Scheduled Start Date (10) 05/24/2017		Sched. Completion Date (11) 05/29/2017	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: work shift 3:30pm - 12:00am			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Main Bldg 1st floor cons area			<input checked="" type="checkbox"/>	fittings associated with fiberglass	16 fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Storage			<input checked="" type="checkbox"/>	VAT & mastic & ceiling tiles	110 sf & 110 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
**Main Bldg. Const. area			<input checked="" type="checkbox"/>	floor mastic	2700 sqft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bathroom			<input checked="" type="checkbox"/>	white caulk & fittings	48 lf & 6 fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
jet bathroom			<input checked="" type="checkbox"/>	VAT & mastic, white caulk	48 sf & 8 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 6	Name of Registered Landfill Tullytown Resource & Recovery Center				
City, State Lincoln Park, NJ		Disposal Date 05/30/2017		City, State Tullytown, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna			Date 05/26/2017		

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

B & G proj. #: 2017-63

Check # 6888

Date of Notification (1) <u>05/11/17</u>		Name of Building Owner/Operator (2) Atlantic Health System		DOL - 10 DAY		JUL 2 2017	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DOA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		Street Address 100 Madison Avenue		MAY 19 2017	
		City, State, Zip Code Morristown, NJ 07960		ASBESTOS CONTROL & LICENSING			
		Name of Contact Michelle DiGangi		WAIVER APPROVED		24/3	

FACILITY INFORMATION

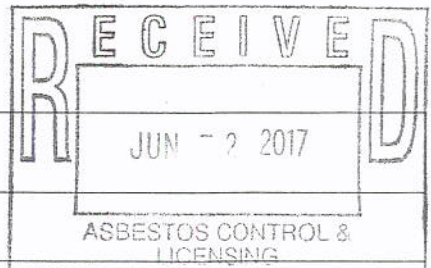
Name of facility where abatement is taking place (3) Chilton Medical Center			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 97 West Parkway			Square Feet # of Floors Bldg. Age		
City (5) Pompton Plains, NJ 07444	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) Hospital (non sub B)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6888		
Scheduled Start Date (10) 05/24/2017		Sched. Completion Date (11) 05/27/2017	License Number 00378		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input checked="" type="checkbox"/> Other-Describe: work shift 3:30pm - 12:00am			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ >2 sf or >2 lf ☐ ≥150 sf or ≥280 lf ☒ Mini-enclosure ☐ Non-fragile procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p s u l e	E n c l o s e
	Yes	No	N/A						
Main Bldg 1st floor cons area			X	fittings associated with fiberglass	18 fittings	X			
Respiratory Storage			X	VAT & mastic & ceiling tiles	110 sf & 110 sf	X			
Respiratory Storage			X	fittings & joint compound	5 fittings & 50 sf	X			
bathroom			X	white caulk & fittings	48 lf & 8 fittings	X			
jet bathroom			X	VAT & mastic, white caulk	48 sf & 8 lf	X			
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource & Recovery Center				
City, State Lincoln Park, NJ		Disposal Date 05/30/2017		City, State Tullytown, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna		Date 05/19/2017			

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



Date of Notification (1) 5 / 26 / 17		Name of Building Owner/Operator (2) Talisha Garcia	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Audubon, NJ 08106	
		Name of Contact Talisha Garcia	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Audubon		Square Feet 3,000	# of Floors 3
		Bldg. Age 80	
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Mgmt. & Environmental Consulting Services		ASCM No.	
Street Address PO Box 341		Name of Abatement Contractor (9) Shade Environmental, LLC	
City, State, Zip Code Chesterfield, NJ 08515		Street Address 623 Cutler Avenue	
		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	License No. 00842
Start Date (10) 06 / 09 / 17	Scheduled Completion Date (11) 06 / 15 / 17	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

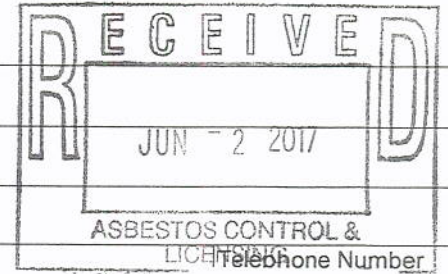
Scope of Work (Check all that apply)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> Glovebag Procedure |
| | | <input 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
Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vermiculite	800 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"/>	Debris	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Paper (Glovebag)	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 5	Name of Registered Landfill GROWS North Landfill	
City, State Freehold, NJ		Disposal Date 06/15/2017	City, State Morrisville, PA		
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 	Date 5/26/17		

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



Date of Notification (1) 05-26-2017		Name of Building Owner / Operator (2) Kennedy University Hospital	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 2201 Chapel Hill Campus City, State & Zip Code Cherry Hill, NJ 08002 Name of Contact Mr. Jeff Alber	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kennedy University Hospital-5 th Floor Conference Room			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 2201 Chapel Hill Campus			Square Feet 250,000	# of Floors 2	Bldg. Age 52
City (5) Cherry Hill, NJ	County (6) Camden	County Code (7)	Current Use (Prior if being demolished) Hospital		
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address 3370 Progress Drive, Suite J			Street Address 2115 Hamilton Ave, Suite 202		
City, State & Zip Code Bensalem, PA, 19020			City, State & Zip Code Trenton, NJ 08619		
Project Manager for Monitoring Firm Mr. Mike Panepresso		Telephone Number 215-244-1300	Telephone Number 609-914-4279	License Number 01185	
Scheduled Start Date (10) 06-09-2017	Scheduled Completion Date (11) 06-16-2017		Name of OSHA Monitor J&S Environmental Laboratories, Inc		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours: 2 nd shift 4:30pm to 12:30am Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

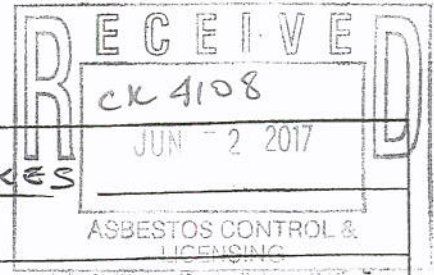
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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	Encapsulat	Enclosure
5 th Floor Conference Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray applied insulation	70 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian J. Haney	Title President	Signature 	Date 05/26/2017

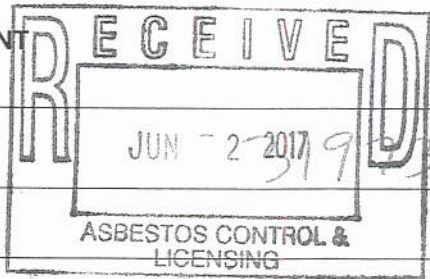
Check # 4108

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



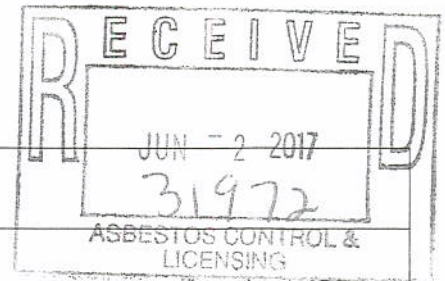
Date of Notification (1) 5/26/17		Name of Building Owner/Operator (2) MR GERARD SYKES							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input 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 ORADELL, NJ. 07649						
		Name of Contact MR SYKES	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MR. GERARD SYKES		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 2000	# of Floors 2						
City (5) ORADELL		Bldg. Age 1955							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 South River Street							
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 6/14/17	Scheduled Completion Date (11) 6/15/17	Name of OSHA Monitor Omega Environmental							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:30 AM TO 5:00 PM		Street Address 280 Huyler Street							
		City, State, Zip Code South Hackensack, NJ 07606							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT				FLOOR TILE VAT	375 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3275	Name of Registered Landfill Minverva Enterprises, LLC					
City, State Hackensack, NJ 07601		Disposal Date 6/15/17		City, State Waynesburg, OH 44688					
Completed by J. Maiorano		Title Estimator		Signature <i>[Signature]</i>		Date 5/26/17			

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



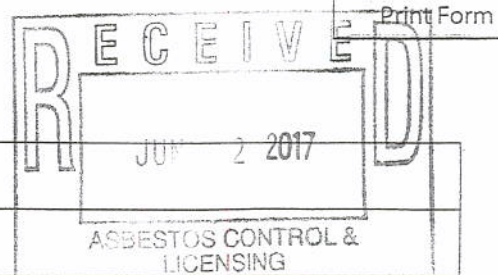
Date of Notification (1) 05 / 26 / 17		Name of Building Owner/Operator (2) Maureen Jennings							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Seaside Heights, NJ 08751							
		Name of Contact Maureen Jennings	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Seaside Heights		Square Feet 1000	# of Floors 1 Bldg. Age 65						
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 06 / 06 / 17	Scheduled Completion Date (11) 06 / 07 / 17	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey				Disposal Date 06/08/17	City, State Tullytown, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature [Signature]		Date 5/26/17			

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



Date of Notification (1) <div style="text-align: center;">05 / 26 / 17</div>		Name of Building Owner/Operator (2) Maureen Jennings							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code Seaside Heights, NJ 08751							
		Name of Contact Maureen Jennings	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Seaside Heights		Square Feet 1000	# of Floors 1						
		Bldg. Age 65							
County (6)		County Code (7)(STATE USE ONLY)							
Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) <div style="text-align: center;">06 / 06 / 17</div>	Scheduled Completion Date (11) <div style="text-align: center;">06 / 07 / 17</div>	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	900 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey			Disposal Date 06/08/17	City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 5/26/17			

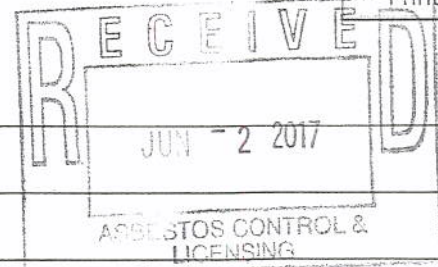
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



No Check

Date of Notification (1) 5/25/2017		Name of Building Owner/Operator (2) PSE&G							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	2000 FRANK RODGERS BLVD.							
		City, State, Zip Code							
		HARRISON, NJ 07029							
		Name of Contact	Telephone Number						
		GREG BRASS							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G		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.)							
GRASSELLI STATION ROAD / Tremley Point RD.									
City (5) LINDEN	Square Feet N/A	# of Floors N/A	Bldg. Age N/A						
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) LP TANK FARM							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	License No. 01111						
Start Date (10) 4/17/2017	Scheduled Completion Date (11) 5/25/2017	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.							
<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: OUTDOORS		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
PROPANE TANK FARM		X		TAR/MASTIC	13,893 SF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX. 650	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>			Date 5/25/2017			

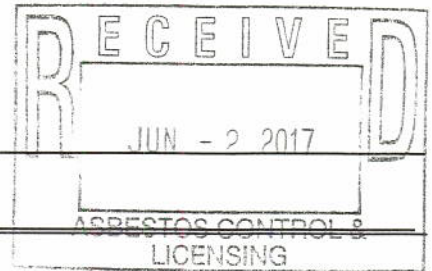
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**



Date of Notification (1) 3/3/2017		Name of Building Owner/Operator (2) PSE&G							
Agencies Notified	Type Notification	Street Address 2000 FRANK RODGERS BLVD.							
<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"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HARRISON, NJ 07029							
		Name of Contact GREG BRASS	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G		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 GRASSELLI STATION ROAD / TREMLEY POINT RD.		Square Feet N/A	# of Floors N/A						
City (5) LINDEN		Bldg. Age N/A							
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) LP TANK FARM							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	License No. 01111						
Start Date (10) 4/17/2017	Scheduled Completion Date (11) 6/30/2017	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
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>OUTDOORS</u>		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
PROPANE TANK FARM		X		TAR/MASTIC	13,893 SF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX. 650	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ			Disposal Date TBD	City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>	Date 3/3/2017					

D&S Proj. #: 17-155

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



Date of Notification (1) 05/12/17		Name of Building Owner/Operator (2) carol dreyer	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code CRANFORD, NJ 07016	
Name of Contact carol dreyer		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) carol dreyer			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) CRANFORD	County (6) UNION	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 06/13/17		Sched. Completion Date (11) 06/30/17	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

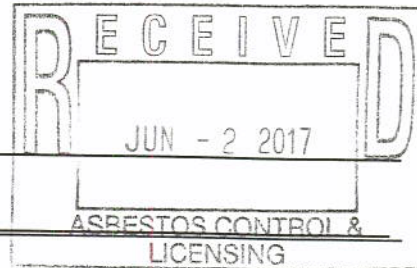
Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition

- ☐ Full Containment w/negative pressure
☐ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		PIPE INSULATION	128 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
garage		<input checked="" type="checkbox"/>		PIPE INSULATION	12 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/14/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/25/2017



Date of Notification (1) 10/15/12/14/17/1		Name of Building Owner/Operator (2) ALI ALGIBORI	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code PARAMUS, NJ 07652	
Name of Contact ALI ALGIBORI		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ALI ALGIBORI			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) CLIFTON	County (6) PASSAIC	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		
Start Date (10) 05/26/17		Sched. Completion Date (11) 06/20/17	License Number 01169		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		PIPE INSULATION	148 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 05/29/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/24/2017

05/24/2017 02:10PM 9733458852

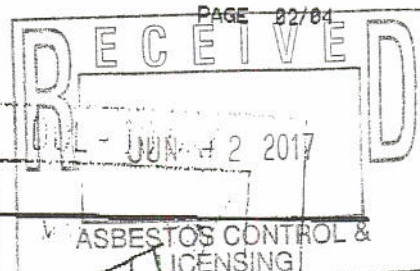
D&S RESTORATIO

PAGE 02/04

CK 7053

D&S Proj. #: 17-156

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



Date of Notification (1) 05/12/17		Name of Building Owner/Operator (2) ALI ALGIBORI	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code PARAMUS, NJ 07652	
Name of Contact ALI ALGIBORI		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ALI ALGIBORI			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet [REDACTED]		
City (5) CLIFTON			# of Floors [REDACTED]		
County (6) PASSAIC			Bldg. Age [REDACTED]		
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address [REDACTED]			Street Address 20 California Ave.		
City, State, Zip Code [REDACTED]			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm [REDACTED]			Telephone Number 973-345-8020		
Phone Number [REDACTED]			License Number 01169		
Start Date (10) 05/26/17			Name of OSHA Monitor D & S Restoration, Inc.		
Sched. Completion Date (11) 06/20/17			Street Address 20 California Avenue		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥150 sf or ≥250 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-triable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encapsulate	Encl
basement		X		PIPE INSULATION	148 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler D & S RESTORATION, INC.				NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY			
City, State PATERSON, NJ 07503				Disposal Date 05/29/17	City, State TULLYTOWN, PA				
Completed by (Print or Type) BOGDAN JOLDZIC				Title PRESIDENT	Signature [REDACTED]	Date 05/24/2017			

CK 7526

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

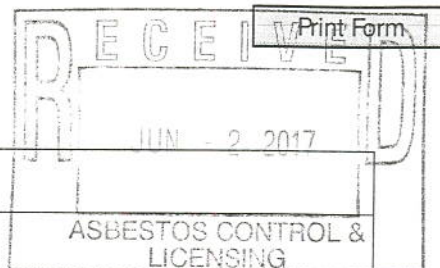
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7519
MAY 15 2017

Date of Notification 5/8/17		Name of Building Owner / Operator (2) 350 Carter Road LLC c/o Equus Capital Partners Ltd.		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification	Street Address		
	<input checked="" type="checkbox"/> Emergency Notification	301 Oxford Valley Road		
	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code		
	<input type="checkbox"/> Amended Notification	Yardley, PA 19067		
<input checked="" type="checkbox"/> Cancellation	Name of Contact	Telephone Number		
	Michele Mooney			
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Office Building		Type of Facility (4)		
Street Address		School (K-12)		
350 Carter Road		Subchapter 8 (Other than K-12)		
		<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5) Princeton		County (6) Mercer	County Code (7)	Square Feet
				77,000
				# of Floors
				2
				Bldg. Age
				49
Name of Monitoring Firm Hired by Building Owner (8) Eagle Industrial Hygiene Services, Inc.		ASCM No. N/A	Name of Abatement Contractor (9) Global Abatement Services, LLC	
Street Address 359 Dresher Road		Street Address 443 Schoolhouse Road		
City, State & Zip Code Horsham, PA, 19044		City, State & Zip Code Monroe Township, NJ 08831		
Project Manager for Monitoring Firm Richard Mason		Telephone Number 215-672-6088	Telephone Number 732-605-9062	License Number 00714
Scheduled Start Date (10) 5/19/17	Scheduled Completion Date (11) 5/29/17	Name of OSHA Monitor Global Abatement Services, LLC		
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: Other - Describe:		Street Address 443 Schoolhouse Road		
		City, State & Zip Code Monroe Township, NJ 08831		
Scope of Work (Check all that apply)				
Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure Large Project <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM <input checked="" type="checkbox"/> Glovebag Procedure Quantity is ≥ 160 SF or ≥ 260 LF ACM Other:				
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)
Mechanical Room	N/A	Pipe insulation	6 LF	Removal
Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 2	Name of Registered Landfill GROWS	
City, State Freehold, NJ	Disposal Date 5/29/17	City, State Morrisville, PA		
Completed By (Print or Type) Dominick Tringali	Title Manager	Signature	Date 5/8/17	

Date of Notification (1) May 30, 2017		Name of Building Owner/Operator (2) BOROUGH OF OAKLAND		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUN - 2 2017 LICENSING </div>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 - New Start Date <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled				Street Address 1 MUNICIPAL PLAZA	
						City, State, Zip Code OAKLAND, NJ 07436	
				Name of Contact MR. Richard Kunze - Borough Administrator			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Borough of Oakland - "Library" BUILDING				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 2 MUNICIPAL PLAZA				Sq. Feet: N/A # of Floors: 2 Bldg. Age: ~70+ years			
City (5) OAKLAND	County (6) BERGEN	County Code (7) (State Use Only)		Current Use (prior if being demolished): LIBRARY BASEMENT & EQUIPMENT ROOM			
Name of Monitoring Firm Hired by Bldg. Owner (8) McCABE ENVIRONMENTAL SERVICES, LLC			ASCM No. 00118		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Street Address 464 VALLEY BROOK AVENUE #3A				Street Address 268 MAIN STREET			
City, State, Zip Code LYNDHURST, NJ 07071				City, State, Zip Code BUTLER, NJ 07405			
Project Manager for Monitoring Firm JOHN CHIAVELLO		Telephone Number 201-438-4839		Telephone Number 973-492-0477	License Number 00840		
Scheduled Start Date (10) 05/31/17		Scheduled Completion Date (11) 06/06/17		Name of OSHA Monitor ENVIROVISION, INC.			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe <input checked="" type="checkbox"/> Facility Occupied During Entire Period of Abatement - Area Vacated (SUB 8 - OCCUPIED - M - F 7am - 4 pm (24 hrs & weekends as needed))				Street Address 20-21 WARGARAW ROAD			
				City, State, Zip Code FAIRLAWN, NJ 07410			
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 (Tent) <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose			
Basement & Boiler Room	<input checked="" type="checkbox"/>	TSI - Mudded Joint Fitting	50 SF	<input checked="" type="checkbox"/>			
Basement & Boiler Room	<input checked="" type="checkbox"/>	TSI - Flue Packing	10 SF	<input checked="" type="checkbox"/>			
Basement & Boiler Room	<input checked="" type="checkbox"/>	TSI - Aircell Pipe Insulation	25 LF	<input checked="" type="checkbox"/>			
Various Locations	<input checked="" type="checkbox"/>	Remnant Old Generation Joint Compound	1000 SF	<input checked="" type="checkbox"/>			
Various Locations	<input checked="" type="checkbox"/>	TSI - Preformed Flue Pipe Insulation	150 SF	<input checked="" type="checkbox"/>			
Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509		NJDEP Waste Hauler ID # NJ DEP # 4509	Cubic Yards of Waste: 40 CY	Name of Registered Landfill G.R.O.W.S. North Landfill			
Notes: None			Disposal Date 06/06/17	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700			
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>		Date May 30, 2017			

Date of Notification (1) May 19, 2017		Name of Building Owner/Operator (2) BOROUGH OF OAKLAND	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 1 MUNICIPAL PLAZA		City, State, Zip Code OAKLAND, NJ 07436	
Name of Contact MR. Richard Kunze - Borough Administrator		Telephone Number LICENSING	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Borough of Oakland - "Library" BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2 MUNICIPAL PLAZA		Sq. Feet: N/A # of Floors: 2 Bldg. Age: ~70+ years	
City (5) OAKLAND	County (6) BERGEN	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) McCABE ENVIRONMENTAL SERVICES, LLC		ASCM No. 00118	
Street Address 464 VALLEY BROOK AVENUE #3A		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code LYNDHURST, NJ 07071		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm JOHN CHIAVELLO		Telephone Number 732-438-4839	License Number 00840
Scheduled Start Date (10) 05/30/17		Scheduled Completion Date (11) 06/06/17	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe <input checked="" type="checkbox"/> Facility Occupied During Entire Period of Abatement - Area Vacated (SUB 8 - OCCUPIED - M - F 7am - 4 pm (24 hrs & weekends as needed))		Name of OSHA Monitor ENVIROVISION, INC.	
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 (Tent) <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 20-21 WARGARAW ROAD	
Location of Asbestos-Containing Material (ACM) in Facility (13)		City, State, Zip Code FAIRLAWN, NJ 07410	
Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	
Amount (Specify SF or LF)		Abatement Type Remove Repair Encap Enclose	
Basement & Boiler Room	<input checked="" type="checkbox"/>	TSI - Mudded Joint Fitting	50 SF <input checked="" type="checkbox"/>
Basement & Boiler Room	<input checked="" type="checkbox"/>	TSI - Flue Packing	10 SF <input checked="" type="checkbox"/>
Basement & Boiler Room	<input checked="" type="checkbox"/>	TSI - Aircell Pipe Insulation	25 LF <input checked="" type="checkbox"/>
Various Locations	<input checked="" type="checkbox"/>	Remnant Old Generation Joint Compound	1000 SF <input checked="" type="checkbox"/>
Various Locations	<input checked="" type="checkbox"/>	TSI - Preformed Flue Pipe Insulation	150 SF <input checked="" type="checkbox"/>
Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509		NJDEP Waste Hauler ID # NJ DEP # 4509	Cubic Yards of Waste: 40 CY
Name of Registered Landfill G.R.O.W.S. North Landfill		Disposal Date 06/06/17	
Notes: None		City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>
Date May 19, 2017			

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



CK 14540

Date of Notification (1) MAY 26, 2017		Name of Building Owner/Operator (2) COUNT BASIE THEATER							
Agencies Notified	Type Notification	Street Address 99 MONMOUTH STREET							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code RED BANK, NJ 07701							
		Name of Contact CRAIG POLIZZI	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) COUNT BASIE THEATER/PHOENIX BLDG.		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 99 MONMOUTH STREET		Square Feet 2880 SF	# of Floors 1						
City (5) RED BANK		Bldg. Age 100 YRS							
County (6) MONMOUTH	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) PERFORMING ARTS CENTER							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.						
Street Address _____		Street Address 17 Thompson Street							
City, State, Zip Code _____		City, State, Zip Code West Long Branch, NJ 07764							
Project Manager for Monitoring Firm N/A		Telephone No. 732.222.8372	License No. 00040						
Start Date (10) JUNE 6, 2017	Scheduled Completion Date (11) JUNE 7, 2017	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____							
		City, State, Zip Code _____							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
CLASS III NON FRIABLE									
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
FRONT WINDOW			X	AC WINDOW CAULKING	120 LF	X			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc.		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 1 cy	Name of Registered Landfill FAIRLESS LANDFILL					
City, State West Long Branch, NJ 07764			Disposal Date 6/9/17	City, State Morrisville, PA					
Completed by Joseph P. Miller		Title President	Signature 			Date 5/26/17			

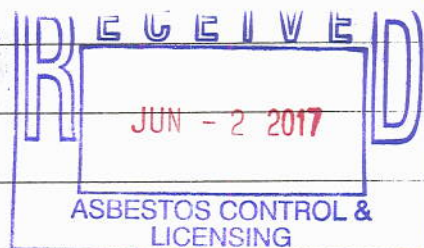
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ASBESTOS CONTROL & LICENSING

ASB-41 (R-06-08)

*Do not use this form for asbestos licensure exempted activities

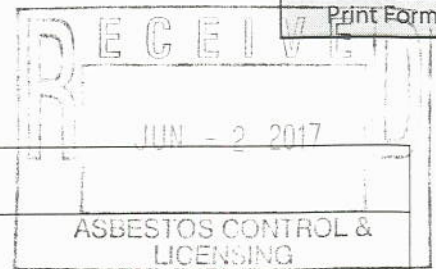
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

NO CK



Date of Notification (1) 05/24/2017		Name of Building Owner/Operator (2) NJ Dept. of Military & Veterans Affairs							
Agencies Notified	Type Notification	Street Address 1010 Eggerts Crossing Road							
<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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lawrenceville, NJ 08648							
		Name of Contact Peter Youssef / Bismark Constr. Corp							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Teaneck National Armory Guard		Type of Facility (4)							
Street Address 1799 Teaneck Road		<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) Teaneck		Square Feet	# of Floors						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Armory guard						
Name of Monitoring Firm Hired by Building Owner (8) The Whitman Companies		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 7 Pleasant Hill Road		Street Address 606 McBride Ave							
City, State, Zip Code Cranbury, NJ 08512		City, State, Zip Code Woodland Park, New Jersey							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	Telephone No. 973-225-8400						
License No. 01104									
Start Date (10) 05-01-2017		Scheduled Completion Date (11) 06-30-2017							
Name of OSHA Monitor Iris Environmental Laboratories, LLC									
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <u>wrap/repair/cut</u> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor: men's/ladies room			x	Pipe insulation/elbows/joints	150 LF		x		
Basement(men's shower/lckr/rooms)			x	Pipe insulation/elbows/joints	165 LF		x		
Rooms: 311, 204, 205, 206			x	Pipe insulation/elbows/joints	430 LF		x		
Basement & room 311			x	Debris clean up	100 SF	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey			Disposal Date	City, State Morrisville, PA					
Completed by Adriana Olejarova		Title president	Signature 	Date 05/24/2017					

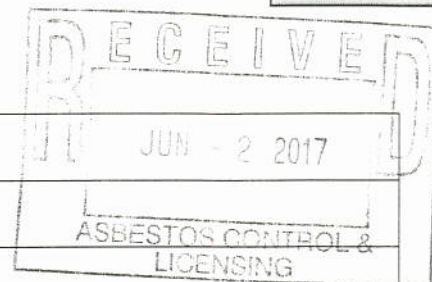
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



NO CK

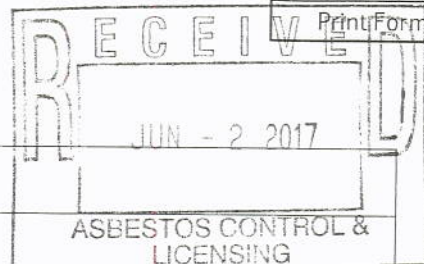
Date of Notification (1) 05/23/2017		Name of Building Owner/Operator (2) NEWARK PUBLIC SCHOOLS							
Agencies Notified	Type Notification	Street Address 2 CEDAR STREET	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NEAWRK, NEW JERESY 07102							
		Name of Contact BENJAMIN OLAGADEYO	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ARTS HIGH SCHOOL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 550 MARTIN LUTHER KING JR BLVD		Square Feet 1500	# of Floors Bldg. Age						
City (5) NEWARK		Current Use (Prior if being demolished) SCHOOL							
County (6) ESSEX	County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) WHITMAN COMPANIES INC		ASCM No. 00110	Name of Abatement Contractor (9) OPTIMUM ENVIRONMENTAL SOLUTION LLC						
Street Address 7 PLEASANT HILL ROAD		Street Address 2717 LINWOOD ROAD							
City, State, Zip Code CRANBURY, NEW JERSEY 08512		City, State, Zip Code UNION, NEW JERSEY 07083							
Project Manager for Monitoring Firm KEVIN LOVELY		Telephone No. 732-390-5858	License No. 01227						
Start Date (10) 06/16/2017	Scheduled Completion Date (11) 07/16/2017	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: OCCUPIED		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BOILER ROOM	X			BOILER INSILSTION, GASKET	600	X			
BOILER ROOM	X			BREECH INSULATION	900	X			
Name of Registered Waste Hauler TRI-STATE		NJDEP Waste Hauler ID No. 2A456	Cubic Yards of Waste	Name of Registered Landfill MINERVA ENTERPRISE 9000 MINERV					
City, State 1199 RANDALL STREET, BRONX, NEW YORK 10474			Disposal Date	City, State WAYNESBURG, OHIO 44688					
Completed by EMMANUEL CHIOBI		Title CEO/OPERATIONS MGR	Signature <i>Emmanuel Chioibi</i>	Date 05/23/2017					

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



Date of Notification (1) 05/23/2017		Name of Building Owner/Operator (2) NEWARK PUBLIC SCHOOLS							
Agencies Notified	Type Notification	Street Address 2 CEDAR STREET							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NEAWRK, NEW JERSEY 07102							
		Name of Contact BENJAMIN OLAGADEYO							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ARTS HIGH SCHOOL		Type of Facility (4)							
Street Address 550 MARTIN LUTHER KING JR BLVD		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) NEWARK		Square Feet 1500	# of Floors Bldg. Age						
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) WHITMAN COMPANIES INC		ASCM No. 00110	Name of Abatement Contractor (9) OPTIMUM ENVIRONMENTAL SOLUTION LLC						
Street Address 7 PLEASANT HILL ROAD		Street Address 2717 LINWOOD ROAD							
City, State, Zip Code CRANBURY, NEW JERSEY 08512		City, State, Zip Code UNION, NEW JERSEY 07083							
Project Manager for Monitoring Firm KEVIN LOVELY		Telephone No. 732-390-5858	License No. 01227						
Start Date (10) 06/16/2017	Scheduled Completion Date (11) 07/16/2017	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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: OCCUPIED		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BOILER ROOM	X			BOILER INSILSTION, GASKET	600	X			
BOILER ROOM	X			BREECH INSULATION	900	X			
Name of Registered Waste Hauler TRI-STATE		NJDEP Waste Hauler ID No. 2A456	Cubic Yards of Waste	Name of Registered Landfill MINERVA ENTERPRISE 9000 MINERV					
City, State 1199 RANDALL STREET, BRONX, NEW YORK 10474			Disposal Date	City, State WAYNESBURG, OHIO 44688					
Completed by EMMANUEL CHIOBI		Title CEO/OPERATIONS MGR	Signature <i>Emmanuel Chiohi</i>	Date 05/23/2017					

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



CK 22281

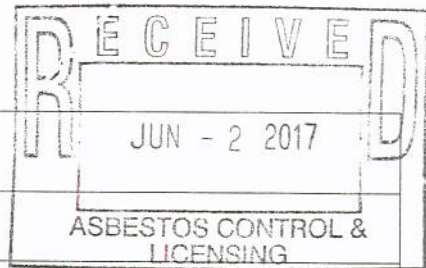
Date of Notification (1) 5/25/2017		Name of Building Owner/Operator (2) OCEAN COUNTY COLLEGE							
Agencies Notified	Type Notification	Street Address 1 COLLEGE DRIVE							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code TOMS RIVER, NJ 08754							
		Name of Contact MIKE BRUNO							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) OCEAN COUNTY COLLEGE - INSTRUCTIONAL BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 COLLEGE DRIVE		Square Feet	# of Floors						
City (5) TOMS RIVER		Bldg. Age							
County (6) OCEAN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) WHITMAN COMPANIES		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 7 PLEASANT HILL ROAD		Street Address 11 VREELAND AVENUE							
City, State, Zip Code CRANBURY, NJ 08512		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm KEVIN LOVELY		Telephone No. (732) 390-5858	Telephone No. 973-956-8700						
Start Date (10) 6/6/2017		Scheduled Completion Date (11) 6/12/2017	License No. 00494						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: EXTERIOR		Name of OSHA Monitor SAME AS (9) ABOVE							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		WINDOW CAULK	200 LF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 10	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ			Disposal Date 6/12/2017	City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature 	Date 5/25/2017					

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

RECEIVED
Check 7768
JUN 2 2017

Date of Notification (1) 05-24-2017		Name of Building Owner/Operator (2) Kyle & Andrea Wick							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code Cherry Hill, New Jersey 08034							
		Name of Contact Kyle Wick							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence Dwelling (Wick residence)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1480	# of Floors 1.5						
City (5) Cherry Hill		Bldg. Age 48 yrs							
County (6) Camden		County Code (7) (STATE USE ONLY)							
Current Use (Prior if being demolished) residential									
Name of Monitoring Firm Hired by Building Owner (8) Quality Environmental Concepts		ASCM No. None							
Street Address 1053 North Tuckahoe Road		Name of Abatement Contractor (9) Quality Environmental Concepts							
City, State, Zip Code Williamstown, New Jersey 08094		Street Address 1053 North Tuckahoe Road							
Project Manager for Monitoring Firm Edward Knorr		Telephone No. 856-629-1166	License No. 01086						
Start Date (10) 06-03-2017	Scheduled Completion Date (11) 06-06-2017	Name of OSHA Monitor Quality Environmental Concepts							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Exterior Garage		Street Address 1053 North Tuckahoe Road							
		City, State, Zip Code Williamstown, New Jersey 08094							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure " " " <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Garage (interior)			X	2 sections of duct-work (Aircell insulation) in 2 corners inside garage	65 SF	X			
Attached to home w/no access to home									
Name of Registered Waste Hauler Quality Environmental Concepts		NJDEP Waste Hauler ID No. 19710		Cubic Yards of Waste 4cy	Name of Registered Landfill Salem County Solid Waste Complex				
City, State Williamstown, New Jersey		Disposal Date 6-7-17		City, State Alloway, NJ					
Completed by Edward Knorr		Title Vice President		Signature <i>Edward Knorr</i>		Date 05-24-17			

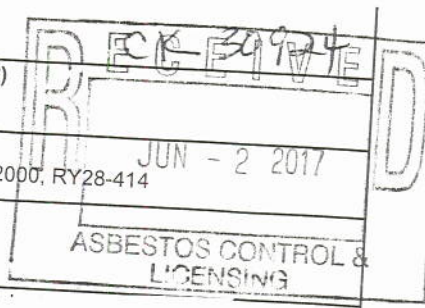
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



CK 3978

Date of Notification (1) 5 / 24 / 17		Name of Building Owner/Operator (2) Kyle Langowski							
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 Cherry Hill, NJ 08002							
		Name of Contact Kyle Langowski	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Langowski Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>									
City (5) Cherry Hill		Square Feet 2,300	# of Floors 3						
		Bldg. Age 80							
County (6) Camden		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8) Mgmt. & Environmental Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	Telephone No. 856-755-0099						
		License No. 00842							
Start Date (10) 06 / 05 / 17	Scheduled Completion Date (11) 06 / 06 / 17	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Insulation	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Board	3 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill GROWS North Landfill					
City, State Freehold, NJ		Disposal Date 06/06/2017		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 5/24/17			

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



Date of Notification (1)

5 / 25 17

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #1
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

MERCK SHARP & DOHME CORP.

Street Address

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

FACILITY INFORMATION

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet

of Floors

Bldg. Age

Street Address

126 EAST LINCOLN AVENUE - BUILDING 28 EXTERIOR PIPE RACK

City (5)

RAHWAY

County (6)

UNION

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)

VACANT

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMETAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

1101

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Expected State Date (10)

5 / 16 /17
Month Day Year

Sched. Completion Date (11)

6 / 15 /17
Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: SATURDAY & SUNDAY 6 AM-11 PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

☐ Demolition
☒ >3SF OR LF
☐ >160 SF OR 260 LF

☒ Renovation

☒ HEPA VACUUM/WET METHOD/PATCH REPAIR
☐ Mini Enclo.
☒ Glovebag Procedure & TENT
☐ Non-Friable Procedure

Location of
Asbestos-containing
Material (ACM)
TO BE ABATED
in Facility (13)

Is Location
normally used
solely by
Maint/Custodial
Staff (12)

Yes No N/A

Description of Asbestos-
Containing Material (ACM)
(ie. Thermal systems
insulation, surfacing, VAT,
or other miscellaneous)

Amount
(Specify
SF or LF)

Abatement Type

REMOVAL REPAIR ENCAPSULE ENCLOSURE

UNDER PIPE RACK CLEAN UP

X

PIPE RACK-PIPE INSULATION

40 SQ FT

X

ADDITION TO SCOPE:

EXTERIOR PIPE RACK

X

PIPE INSULATION

25 LN FT

X

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33
City, State

NJDEP Waste
Hauler ID No.
15939

Cubic Yards of Waste
60

Name of Registered Landfill

LYCOMING COUNTY RESOURCE MANAGEMENT SE
447 ALEXANDER DRIVE/ROUTE 15

FREEHOLD, NEW JERSEY

Completed by (Print or Type)

BENJAMIN SANCHEZ

Title

DIRECTOR OF OPERATIONS

Signature

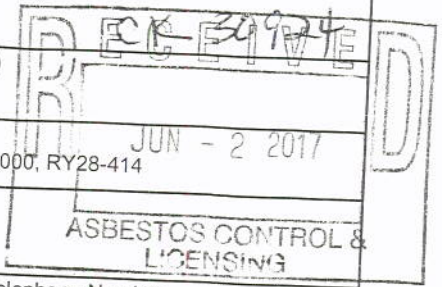
City, State

MONTGOMERY, PA 17752

Date

5/25/17

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



Date of Notification (1)

5 / 25 17

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #1
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

MERCK SHARP & DOHME CORP.

Street Address

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet

of Floors

Bldg. Age

Street Address

126 EAST LINCOLN AVENUE - BUILDING 28 EXTERIOR PIPE RACK

City (5)

RAHWAY

County (6)

UNION

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

VACANT

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

1101

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Expected State Date (10)

5 / 16 /17
Month Day Year

Sched. Completion Date (11)

6 / 15 /17
Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: **SATURDAY & SUNDAY 6 AM-11 PM**

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

☐ Demolition
☒ >3SF OR LF
☐ >160 SF OR 260 LF
☒ Renovation

☒ HEPA VACUUM/WET METHOD/PATCH REPAIR
☐ Mini Enclo.
☒ Glovebag Procedure & TENT
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)

Is Location normally used solely by Maint/Custodial Staff (12)
Yes No N/A

Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

REMOVAL REPAIR ENCAPSULE ENCLOSURE

UNDER PIPE RACK CLEAN UP

X

PIPE RACK-PIPE INSULATION

40 SQ FT

X

ADDITION TO SCOPE:

EXTERIOR PIPE RACK

X

PIPE INSULATION

25 LN FT

X

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33

City, State

FREEHOLD, NEW JERSEY

Completed by (Print or Type)

BENJAMIN SANCHEZ

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
60

Disposal Date

5/16/17-06/15/17

Name of Registered Landfill

LYCOMING COUNTY RESOURCE MANAGEMENT SE
447 ALEXANDER DRIVE/ROUTE 15

City, State

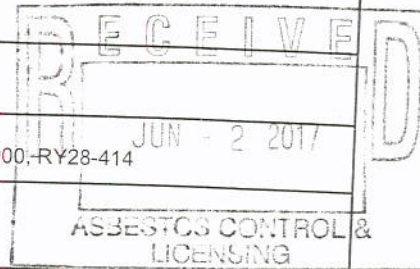
MONTGOMERY, PA 17752

Signature

Date

5/25/17

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



Date of Notification (1)

5 / 16 17

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☐ Amended Notification
☐ Cancellation
☐ On Hold
☒ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commd. bldgs., homes, etc.)

Square Feet

of Floors

Bldg. Age

Street Address

126 EAST LINCOLN AVENUE - BUILDING 28 EXTERIOR PIPE RACK

City (5)

RAHWAY

County (6)

UNION

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

VACANT

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

City, State, Zip Code

SPARTA, NEW JERSEY 07871

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

5 / 16 /17
Month Day Year

Sched. Completion Date (11)

5 / 26 /17
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

☐ Demolition
☒ >3SF OR LF
☐ >160 SF OR 260 LF

☒ Renovation

☒ HEPA VACUUM/WET METHOD/PATCH REPAIR

☐ Mini Enclo.

☐ Glovebag Procedure

☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
UNDER PIPE RACK CLEAN UP			X	PIPE RACK-PIPE INSULATION	40 SQ FT	X			

Name of Registered Waste Hauler

FREEHOLD CARTAGE, INC.

825 HIGHWAY 33

City, State

FREEHOLD, NEW JERSEY

NJDEP Waste

Hauler ID No.

15939

Cubic Yards of Waste

40

Name of Registered Landfill

LYCOMING COUNTY RESOURCE MANAGEMENT SE

447 ALEXANDER DRIVE/ROUTE 15

City, State

MONTGOMERY, PA 17752

Completed by (Print or Type)

BENJAMIN SANCHEZ

Title

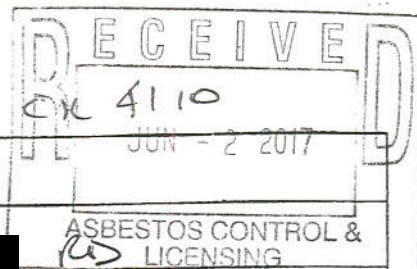
DIRECTOR OF OPERATIONS

Signature

Date

3/16/17

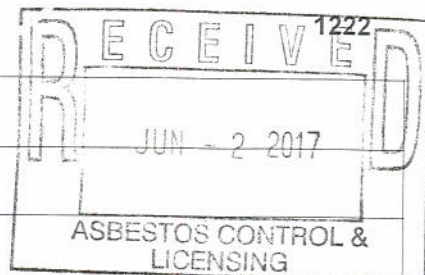
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 5/26/17		Name of Building Owner/Operator (2) MARANNE CHECK	
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 KEASBY, NJ. 08832		Name of Contact MS CHECK
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MS. MARANNE CHECK		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 2200	# of Floors 2
City (5) KEASBY		Bldg. Age 1945	
County (6) MIDDLESEX		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc	
Street Address [REDACTED]		Street Address 450 South River Street	
City, State, Zip Code [REDACTED]		City, State, Zip Code Hackensack, NJ 07601	
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388
Start Date (10) 6/8/17		Scheduled Completion Date (11) 6/9/17	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:30 AM TO 3:00 PM		Name of OSHA Monitor Omega Environmental	
Street Address 280 Huyler Street		City, State, Zip Code South Hackensack, NJ 07606	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		
	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) THERMAL SYSTEM INSULATION		
Amount (Specify SF or LF) 290 LF X	Abatement Type Removal Repair Encapsulate Enclosure		
Name of Registered Waste Hauler Best Removal Inc			
NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 6 CYS	
City, State Hackensack, NJ 07601		Name of Registered Landfill Minverva Enterprises, LLC	
Disposal Date 6/9/17		City, State Waynesburg, OH 44688	
Completed by J. Maiorano		Title Estimator	
Signature 		Date 5/26/17	

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

CK 1222



Date of Notification (1) May 26, 2017		Name of Building Owner/Operator (2) General Electric Company	
Agencies Notified	Type Notification	Street Address 6001 Tonnelles Ave	
<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 North Bergen, NJ	
		Name of Contact EHS Manager	
		Telephone Number	

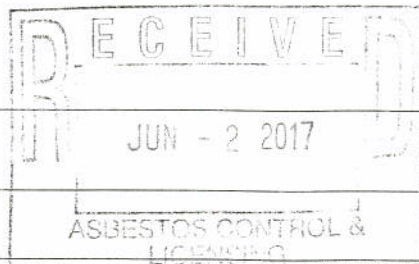
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) General Electric Company		Type of Facility (4)	
Street Address 6001 Tonnelles Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) North Bergen, NJ		Square Feet TBD	# of Floors TBD
County (6) Bergen		Bldg. Age TBD	
County Code (7) Bergen		Current Use (Prior if being demolished) unknown	
Name of Monitoring Firm Hired by Building Owner (8) CB&I		Name of Abatement Contractor (9) The MACK Group, LLC.	
Street Address 200 Horizon Center		Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Trenton, New Jersey 08691		City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Gary Wyrwa		Telephone No. (732) 939-37707	License No. 00781
Start Date (10) 6/12/17	Scheduled Completion Date (11) 6/30/17		
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor The MACK Group, LLC.	
<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 1500 Kings HWY N, STE 209	
		City, State, Zip Code Cherry Hill, NJ 08034	

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


Location of Asbestos-Containing Material (ACM) 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
old boiler room		<input checked="" type="checkbox"/>		floor tile & mastic	1,550 s/f	<input checked="" type="checkbox"/>			
"-"		<input checked="" type="checkbox"/>		floor tile no mastic	64 s/f	<input checked="" type="checkbox"/>			
"-"		<input checked="" type="checkbox"/>		window w/caulking	7	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Freehold Carting		NJ DEP Waste Hauler ID No. 15939	Cubic Yards of Waste 16.2	Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF	
City, State Freehold, NJ		Disposal Date 6/30/17		City, State Newburg / Imperial / Morrisville, PA	
Completed by Michael Cooper		Title President	Signature 	Date 5/26/17	

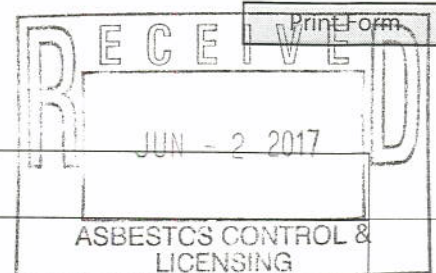
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



CK 3980

Date of Notification (1) <div style="text-align: center;">5 / 16 / 17</div>		Name of Building Owner/Operator (2) Delran Land Investment, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 7 West Main Street City, State, Zip Code Moorestown, NJ 08057							
		Name of Contact Jeff Dubrow	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Stelwagon Nursery		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 116 Hartford Road									
City (5) Delran	Square Feet 3,000	# of Floors 2	Bldg. Age 80						
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Farm							
Name of Monitoring Firm Hired by Building Owner (8) Mgmt. & Environmental Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber	Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842						
Start Date (10) <div style="text-align: center;">06 / 08 / 17</div>	Scheduled Completion Date (11) <div style="text-align: center;">06 / 09 / 17</div>	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥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	<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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill GROWS North Landfill					
City, State Freehold, NJ		Disposal Date 06/09/2017		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 5/26/17			

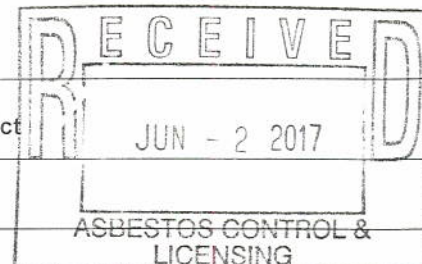
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



40: 24479755920

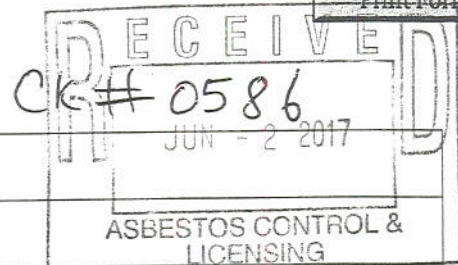
Date of Notification (1) 05/26/2017		Name of Building Owner/Operator (2) Leah Terry							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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 Piscataway, NJ 08854							
		Name of Contact Leah Terry							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Hillside		Bldg. Age N/A							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 06/08/2017	Scheduled Completion Date (11) 06/09/2017	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation	85 LF	x			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 			Date 05/26/2017		

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



Date of Notification (1) 8 / 18 / 16		Name of Building Owner/Operator (2) Southern Regional High School District							
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 105 Cedar Bridge Road City, State, Zip Code Manahawkin, NJ 08050 Name of Contact Dean Adams							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Southern Regional High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 90 Cedar Bridge Road									
City (5) Manahawkin	Square Feet 50,000	# of Floors 2	Bldg. Age 70						
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) PARS Environmental, Inc.		Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 500 Horizon Drive, Suite 540		Street Address 623 Cutler Avenue							
City, State, Zip Code Robbinsville, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Julian Fernandez-Obregon	Telephone No. 609-890-7277	Telephone No. 856-755-0099	License No. 00842						
Start Date (10) 06 / 12 / 17	Scheduled Completion Date (11) 06 / 23 / 17	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior of Gymnasium	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cement Board	1,700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 20	Name of Registered Landfill GROWS North Landfill				
City, State Freehold, NJ		Disposal Date 06/23/2017		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 5/20/17			

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



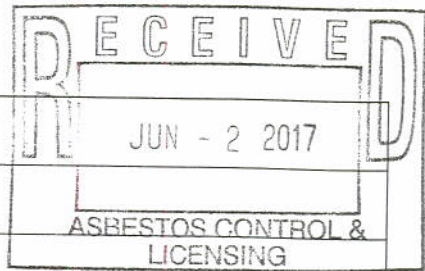
Date of Notification (1) 5/26/17		Name of Building Owner/Operator (2) Kearny Smelting & Refining							
Agencies Notified	Type Notification	Street Address 936 Harrison Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Kearny, NJ							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Warehouse		Type of Facility (4)							
Street Address 936 Harrison Ave		<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) Kearny	Square Feet 11,000	# of Floors 1	Bldg. Age 50+						
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973460.6026						
		License No. 01255							
Start Date (10) 6/5/17	Scheduled Completion Date (11) 6/15/17	Name of OSHA Monitor Harmony Contracting Inc							
Occupancy Status During Abatement (Check Only One)		Street Address 360 Palisade Ave							
<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>		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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
EXTERIOR			X	ROOFING MATERIAL	11,000 SF	X			
ROOF WILL BE SEPETATED				AND DISPOSED BY DEMO					
COMPANY									
Name of Registered Waste Hauler Spartan Environmental Enterprises		NJDEP Waste Hauler ID No.		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Landfill				
City, State Dennora, PA				Disposal Date TBD	City, State Wainberg, OH				
Completed by Tina Caporino		Title Secretary		Signature <i>Tina Caporino</i>			Date 5/26/17		

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

RECEIVED
CUN 4109
2017

Date of Notification (1) 5/26/17		Name of Building Owner/Operator (2) MR. PETER LENZ		ASBESTOS CONTROL & LICENSING					
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 RIDGEWOOD . NJ. 07450		Name of Contact MR. LENZ					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MR. PETER LENZ				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) RIDGEWOOD		Square Feet 2000	# of Floors 2	Bldg. Age 1935					
County (6) BERGEN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Best Removal Inc					
Street Address		Street Address 450 South River Street							
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07601							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 6/13/15		Scheduled Completion Date (11) 6/14/15		Name of OSHA Monitor Omega Environmental					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:30 AM TO 5:00 PM				Street Address 280 Huyler Street					
				City, State, Zip Code South Hackensack, NJ 07606					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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				THERMAL SYSTEM INSULATION	95 LF	<input checked="" type="checkbox"/>			
BASEMENT				THERMAL SURFACING INSULATION	40 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 3 1/2 yds	Name of Registered Landfill Minverva Enterprises, LLC				
City, State Hackensack, NJ 07601				Disposal Date 6/14/15	City, State Waynesburg, OH 44688				
Completed by J. Maiorano		Title Estimator		Signature <i>[Signature]</i>		Date 5/26/17			

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

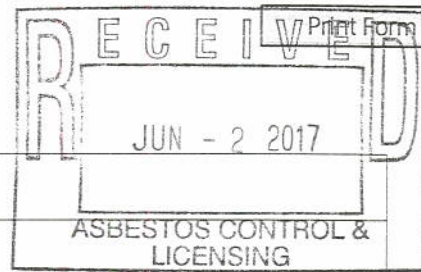


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Date of Notification (1) 05/25/2017		Name of Building Owner/Operator (2) Marvin Bein horn							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Brooklyn NY 11210							
		Name of Contact Erick Paneth	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pine Brook Care Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 104 Pension Road		Square Feet 3000	# of Floors 2						
City (5) English Town New Jersey		Bldg. Age 50							
County (6) Monmouth County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) adult care center							
Name of Monitoring Firm Hired by Building Owner (8) Confidence Environmental Services		ASCM No.	Name of Abatement Contractor (9) CPC Environmental Services Corp.						
Street Address 391 Ocean Avenue		Street Address 142 North 13th Street							
City, State, Zip Code Jersey City NJ 07305		City, State, Zip Code Newark NJ 07107							
Project Manager for Monitoring Firm Jude Ulokameje		Telephone No. 2018925090	License No. 01335						
Start Date (10) 06/07/2017	Scheduled Completion Date (11) 06/30/2017	Name of OSHA Monitor Chika Onwukaife							
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>location of abatement is un occupied</u>		Street Address 142 North 13th Street							
		City, State, Zip Code Newark New Jersey 07107							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor rooms		X		floor tiles	1500	X			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 4506	Cubic Yards of Waste	Name of Registered Landfill Tullytown Re facility					
City, State Newark New Jersey		Disposal Date		City, State					
Completed by Chika Onwukaife		Title President	Signature 			Date 05/25/2017			

CH 533

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



Date of Notification (1) 05-24-2017		Name of Building Owner/Operator (2) Lauren Cohen	
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 Engelwood NJ 07631	
		Name of Contact Lauren Cohen	Telephone Number

Name of Facility Where Abatement is Taking Place (3) Private Dwelling			Type of Facility (4)		
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Engelwood NJ 07631			Square Feet n/a	# of Floors N/A	Bldg. Age N/A
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private Dwelling		
Name of Monitoring Firm Hired by Building Owner (8) Standard Environmental		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC		
Street Address 2108 Fulton St, Suite 2A		Street Address PO BOX 734			
City, State, Zip Code Brooklyn NY 11233		City, State, Zip Code Woodland Park NJ 07424			
Project Manager for Monitoring Firm Kayode Adefisoye		Telephone No. 347-241-7673	Telephone No. 973-692-6298	License No. 01266	
Start Date (10) 06-02-2017		Scheduled Completion Date (11) 06-06-2017		Name of OSHA Monitor Amax Contracting LLC	
Occupancy Status During Abatement (Check Only One)			Street Address PO BOX 734		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Woodland Park NJ 07424		

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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	11x1 Ceiling Tiles	500 SF	x			

Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 6 CY	Name of Registered Landfill Fairless Hills	
City, State Woodland Park NJ 07424		Disposal Date 06-15-2017		City, State Morrisville PA	
Completed by Tome Maslarkov	Title Project Manager	Signature 		Date 05-24-2017	

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

Check # 09994
JUN - 2 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5-27-17
Name of Building Owner/Operator (2) Temple Beth Ahm Yisrael
Street Address [REDACTED]
City, State, Zip Code Springfield NJ 07081
Name of Contact Andy Schuyler
Phone Number [REDACTED]

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

Name of Facility Where Abatement is Taking Place (3) Single family Dwelling
Street Address [REDACTED]
City (5) Springfield NJ 07081
County (6) Union
County Code (7) (STATE USE ONLY)
Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e. private & commercial buildings, homes, etc.)
Square Feet
of Floors 2
Bldg. Age 55+-
Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies
Street Address P.O. Box 337
City, State, Zip Code New Egypt, NJ 08533
Name of Abatement Contractor (9) EPC Technologies Inc
Street Address P.O. Box 337
City, State, Zip Code New Egypt NJ 08533
Project Manager for Monitoring Firm Steve Schenker
Telephone No. 609 758-3365
License No. 00394
Start Date (10) 6-7-17
Scheduled Completion Date (11) 6-23-17
Name of OSHA Monitor EPC Technologies Inc
Street Address P.O. Box 337
City, State, Zip Code New Egypt NJ 08533
Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

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

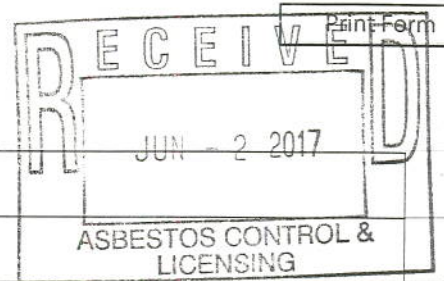
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Walls			X	Siding Shingles	1800 SF	X			
2nd floor		X		Floor Tiles	600 SF	X			
Basement	X			Paper WRAP on Air Duct	2 SF	X			

Name of Registered Waste Hauler EPC Technologies
NJDEP Waste Hauler ID No. 17000
City, State New Egypt NJ
Cubic Yards of Waste 12
Disposal Date by 6/23/17
Name of Registered Landfill Waste Management of PA
City, State Morrisville PA
Completed by Steve Schenker
Title President
Signature Steve Schenker
Date 5-27-17

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

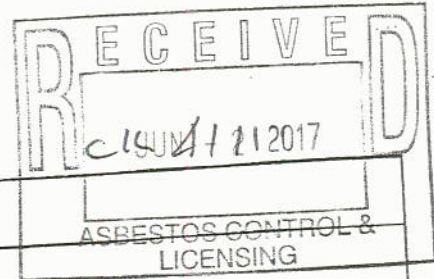
CH 10903

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



Date of Notification (1) 5/26/2017		Name of Building Owner/Operator (2) AGL Services Co.							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<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	Ten Peachtree Place, Suite 1000							
		City, State, Zip Code Atlanta, GA 30309							
		Name of Contact Chad Quinn (agent for Owner)	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Elizabeth Gas Plant - Office Bldg		Type of Facility (4)							
Street Address 300 3rd Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Elizabeth		Square Feet 9,900	# of Floors 1-2						
County (6) Union		County Code (7) (STATE USE ONLY) _____	Bldg. Age 40+						
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address 411 Southgate Court, Suite E		Street Address 42 Ridge Road							
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	License No. 00836						
Start Date (10) 6/13/2017	Scheduled Completion Date (11) 6/27/2017	Name of OSHA Monitor Neuber Env. Svcs., Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 42 Ridge Road							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Phoenixville, PA 19460							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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
Office Bldg. roof area			X	transite roof	6200 sf	X			
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 10416	Cubic Yards of Waste 30	Name of Registered Landfill GROWS/Tulleytown Landfill					
City, State Fairless Hills, PA		Disposal Date 6/2017		City, State Morrisville, PA					
Completed by Jeff LaRiviere		Title Pres.	Signature 			Date 5/26/2017			

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

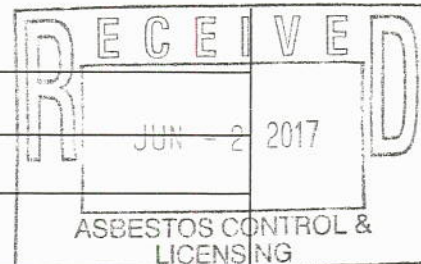


Date of Notification (1) 5/27/17		Name of Building Owner/Operator (2) MR. JIM CROSBY		ASBESTOS CONTROL & LICENSING					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> 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 BLOOMFIELD NJ. 07003		Telephone Number					
Name of Contact MR. CROSBY		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MR JIM CROSBY		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 2000		# of Floors 2	Bldg. Age 1935				
City (5) BLOOMFIELD		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENCE					
County (6) ESSEX		Name of Abatement Contractor (9) Best Removal Inc		ASCM No.					
Name of Monitoring Firm Hired by Building Owner (8)		Street Address 450 South River Street		City, State, Zip Code Hackensack, NJ 07601					
Street Address		Telephone No. 201-329-7444		License No. 00388					
City, State, Zip Code		Name of OSHA Monitor Omega Environmental		Street Address 280 Huyler Street					
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code South Hackensack, NJ 07606					
Start Date (10) 6/9/17		Scheduled Completion Date (11) 8/10/17		Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 730 AM TO 5:00 PM					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT				THERMAL SYSTEM INSULATION	30 LF	<input checked="" type="checkbox"/>			
BASEMENT				THERMAL SURFACING INSULATION	40 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 21/204	Name of Registered Landfill Minverva Enterprises, LLC				
City, State Hackensack, NJ 07601		Disposal Date 5/27/17		City, State Waynesburg, OH 44688			Date 5/27/17		
Completed by J. Maiorano		Title Estimator		Signature <i>J. Maiorano</i>			Date 5/27/17		

* Do not use this form for asbestos licensure exempted activities

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

Date of Notification (1)		Name of Building Owner/Operator (2)	
5 / 25 /17		SETON HALL UNIVERSITY	
Agencies Notified		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		400 SOUTH ORANGE AVENUE	
Type Notification		City, State, Zip Code	
<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		SOUTH ORANGE, NEW JERSEY 07079	
		Name of Contact	
		VICTORIA PIVOVARNICK	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)					Type of Facility (4)		
SETON HALL UNIVERSITY					<input type="checkbox"/>	School (K-12)	
					<input type="checkbox"/>	Subchapter 8 (Other than K-12)	
					<input checked="" type="checkbox"/>	Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address					Square Feet	# of Floors	Bldg. Age
400 SOUTH ORANGE AVENUE					N/A	N/A	N/A
City (5)		County (6)		County Code (7)		Current Use (Prior if being demolished)	
SOUTH ORANGE		ESSEX		(STATE USE ONLY)		UNIVERSITY	
Name of Monitoring Firm Hired by Building Owner (8)				ASCM No.	Name of Abatement Contractor (9)		
TTI				3	PAR ENVIRONMENTAL CORPORATION		
Street Address					Street Address		
1253 NORTH CHURCH STREET					313 SPOOK ROCK ROAD		
City, State, Zip Code					City, State, Zip Code		
MOORESTOWN, NEW JERSEYB 08057					SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm			Telephone Number		Telephone Number		License Number
JEFF SEAMAN			856-869-5182		845-369-7500		1101
Expected State Date (10)			Sched. Completion Date (11)			Name of OSHA Monitor	
5 / 22 /17			8 / 30 /17			QUALITY ENVIRONMENTAL SOLUTIONS & TECH.	
Month Day Year			Month Day Year				
Occupancy Status During Abatement (Check only one)					Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement					1376 ROUTE 9		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:							
<input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30PM					City, State, Zip Code		
					WAPPINGERS FALLS, NY 12590		
Scope of Work (Check all that apply)					Full Containment with Negative Pressure		
<input type="checkbox"/> Demolition					<input checked="" type="checkbox"/> Mini Encl. ,		
<input type="checkbox"/> >3SF OR LF					<input type="checkbox"/> Glovebag Procedure (WRAP AND CUT)		
<input checked="" type="checkbox"/> >160 SF OR 260 LF					<input checked="" type="checkbox"/> Non-Friable Procedure		

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos- Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
GROUND-DINING ROOM AREA			X	VAT & MASTIC	11,300 SF	X			
EXTERIOR- DINING ROOM STORE FRONT			X	WINDOW CAULK	90 SF	X			
EXTERIOR -DINING ROOM STORE FRONT			X	FIRE PROOFING	150 SF	X			
OVERHANG									
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 80	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL					
City, State NEWARK , NEW JERSEY			Disposal Date 5/22-8/30/17	City, State PLAINFIELD TOWNSHIP, PA					
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS			Signature			Date		

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Date of Notification (1) 5 / 19 / 17		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY							
Agencies Notified		Street Address 400 SOUTH ORANGE AVENUE							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079							
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #1 <input type="checkbox"/> EMERGENCY NOTIFICATION		Name of Contact VICTORIA PIVOVARNICK							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)							
Street Address 400 SOUTH ORANGE AVENUE		Square Feet N/A	# of Floors N/A						
City (5) SOUTH ORANGE		Bldg. Age N/A							
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY							
Name of Monitoring Firm Hired by Building Owner (8) TTI		ASCM No. 3	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION						
Street Address 1253 NORTH CHURCH STREET		Street Address 313 SPOOK ROCK ROAD							
City, State, Zip Code MOORESTOWN, NEW JERSEYB 08057		City, State, Zip Code SUFFERN, NEW YORK 10901							
Project Manager for Monitoring Firm JEFF SEAMAN		Telephone Number 856-869-5182	License Number 1101						
Expected State Date (10) 5 / 22 / 17 Month Day Year		Sched. Completion Date (11) 8 / 30 / 17 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 checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30PM		Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.							
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Enclo. <input type="checkbox"/> Glovebag Procedure (WRAP AND CUT) <input checked="" type="checkbox"/> Non-Friable Procedure							
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
GROUND-DINING ROOM AREA		X		VAT & MASTIC	11,300 SF	X			
EXTERIOR-DINING ROOM STORE FRONT		X		WINDOW CAULK	90 SF	X			
EXTERIOR-DINING ROOM STORE FRONT OVERHANG		X		FIRE PROOFING	150 SF	X			
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 80	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL						
City, State NEWARK, NEW JERSEY	Disposal Date 5/22-8/30/17		City, State PLAINFIELD TOWNSHIP, PA						
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 5/19/17						

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

OK 30867

Date of Notification (1) 5 / 9 / 17		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 400 SOUTH ORANGE AVENUE		City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079	
Name of Contact VICTORIA PIVOVARNICK		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 400 SOUTH ORANGE AVENUE		Square Feet N/A	# of Floors N/A
City (5) SOUTH ORANGE		County (6) ESSEX	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) TTI		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 1253 NORTH CHURCH STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MOORESTOWN, NEW JERSEY 08057		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm JEFF SEAMAN		Telephone Number 856-869-5182	License Number 1101
Expected State Date (10) 5 / 22 / 17 Month Day Year		Sched. Completion Date (11) 8 / 30 / 17 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 checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30PM		Street Address 1376 ROUTE 9	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Encl. <input type="checkbox"/> Glovebag Procedure (WRAP AND CUT) <input checked="" type="checkbox"/> Non-Friable Procedure	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
GROUND-DINING ROOM AREA	X	VAT & MASTIC	11,300 SF
EXTERIOR- DINING ROOM STORE FRONT	X	WINDOW CAULK	90 SF
EXTERIOR -DINING ROOM STORE FRONT	X	FIRE PROOFING	150 SF
OVERHANG			
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 80	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY	Disposal Date 5/22-8/30/17	City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>[Signature]</i>	Date 5-9-17

