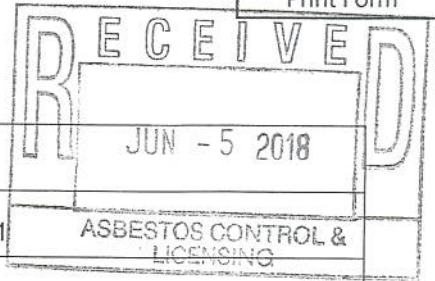
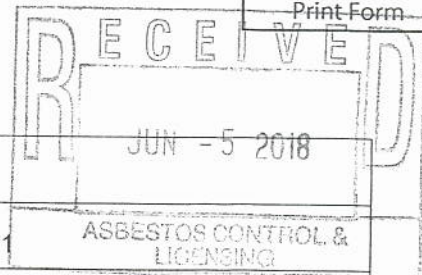


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 6/1/2018		Name of Building Owner/Operator (2) J. SUPOR							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	500 SUPOR BOULEVARD, BUILDING #11							
		City, State, Zip Code HARRISON, NJ 07029							
		Name of Contact MARK A. TRIANO	Telephone Number 973-481-2600						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) METRO PLASTICS BUILDING		Type of Facility (4)							
Street Address 1000 FRANK E. ROGERS BOULEVARD		<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) HARRISON		Square Feet	# of Floors						
County (6) HUDSON		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING						
Street Address		Street Address 11 VREELAND AVENUE							
City, State, Zip Code		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-956-8700						
			License No. 00494						
Start Date (10) 6/4/2018	Scheduled Completion Date (11) 8/3/2018	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>VACANT</u>		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
ROOF & SIDE WALLS		X		METAL CORRUGATED PANELS	40,000 SF	X			
BUILDING INTERIOR		X		PIPE (WRAP & CUT ONLY)	50 LF				
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743		Cubic Yards of Waste 1,500	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.				
City, State TOTOWA, NJ				Disposal Date 8/3/2018	City, State MORRISVILLE, PA				
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature 	Date 6/1/2018				

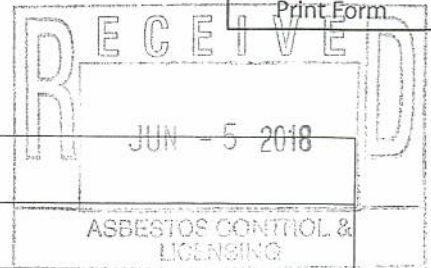
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 5/24/2018		Name of Building Owner/Operator (2) J. SUPOR							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	500 SUPOR BOULEVARD, BUILDING #11							
		City, State, Zip Code HARRISON, NJ 07029							
		Name of Contact MARK A. TRIANO	Telephone Number 973-481-2600						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) METRO PLASTICS BUILDING		Type of Facility (4)							
Street Address 1000 FRANK E. ROGERS BOULEVARD		<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) HARRISON		Square Feet	# of Floors						
County (6) HUDSON		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING						
Street Address		Street Address 11 VREELAND AVENUE							
City, State, Zip Code		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-956-8700						
			License No. 00494						
Start Date (10) ON HOLD	Scheduled Completion Date (11) 7/24/2018	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: VACANT		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 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
ROOF & SIDE WALLS		X		METAL CORRUGATED PANELS	40,000 SF	X			
BUILDING INTERIOR		X		PIPE (WRAP & CUT ONLY)	50 LF				
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 1,500	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 7/24/2018		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 5/24/2018					

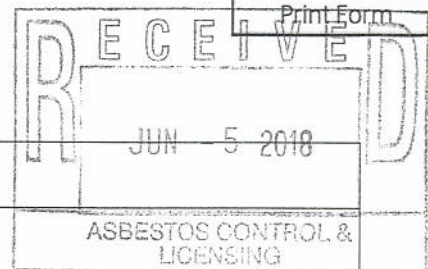
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Print Form



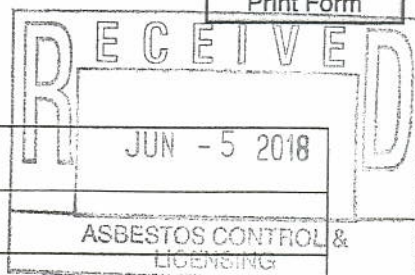
Date of Notification (1) 5/11/2018		Name of Building Owner/Operator (2) J. SUPOR							
Agencies Notified	Type Notification	Street Address 500 SUPOR BOULEVARD, BUILDING #11							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HARRISON, NJ 07029							
		Name of Contact MARK A. TRIANO	Telephone Number 973-481-2600						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) METRO PLASTICS 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 1000 FRANK E. ROGERS BOULEVARD		Square Feet	# of Floors						
City (5) HARRISON		Bldg. Age							
County (6) HUDSON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING						
Street Address		Street Address 11 VREELAND AVENUE							
City, State, Zip Code		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		973-956-8700	00494						
Start Date (10) 5/24/2018	Scheduled Completion Date (11) 7/24/2018	Name of OSHA Monitor SAME AS (9) ABOVE							
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: VACANT		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF & SIDE WALLS		X		METAL CORRUGATED PANELS	40,000 SF	X			
BUILDING INTERIOR		X		PIPE (WRAP & CUT ONLY)	50 LF				
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 1,500	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ			Disposal Date 7/24/2018	City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature 	Date 5/11/2018					

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



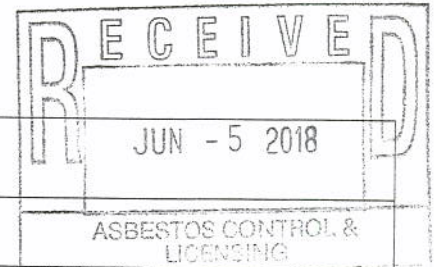
Date of Notification (1) 5/30/2018		Check # 3189		Name of Building Owner/Operator (2) Saint Leo's Church	
Agencies Notified		Type Notification		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		103 Myrtle Avenue	
				City, State, Zip Code Irvington, NJ 07111	
				Name of Contact Fitzpatrick	
				Telephone Number 973-342-5873	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Burch Charter School				Type of Facility (4)	
Street Address 100 Linden Avenue				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Irvington				Square Feet 25,000	# of Floors 3
				Bldg. Age 50+	
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)			ASCN No.	Name of Abatement Contractor (9) EA Services Corporation	
Street Address			Street Address 426 69th Street		
City, State, Zip Code			City, State, Zip Code Guttenberg, NJ 07093		
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-295-1700	License No. 01074
Start Date (10) 5/30/18		Scheduled Completion Date (11) 5/31/2018		Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: After 4 PM				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) 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)
	Yes	No	N/A		
Basement		x		ceiling clean up	4 SF
Name of Registered Waste Hauler Tri-State Transfer Assoc		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises Inc
City, State Bronx, NY				Disposal Date TBD	City, State Waynesburg, OH
Completed by Gina Betances		Title Office Manager		Signature 	Date 5/30/2018

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



Date of Notification (1) 05/31/18		Name of Building Owner/Operator (2) Anthony Marin							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07104, USA							
		Name of Contact Anthony Marin	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Anthony Marin		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Newark, NJ 07105, USA		Bldg. Age							
County (6) Essex County, New Jersey	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) NJ Abatement Services, LLC		ASCM No. ?	Name of Abatement Contractor (9) NJ Abatement Services LLC						
Street Address 199 Chestnut Ridge Rd		Street Address 199 Chestnut Ridge Rd							
City, State, Zip Code Montvale New Jersey 07645		City, State, Zip Code Montvale New Jersey 07645							
Project Manager for Monitoring Firm Nicole Intriago		Telephone No. 201-962-6500	License No. 01290						
Start Date (10) 05/31/18	Scheduled Completion Date (11) 06/02/18	Name of OSHA Monitor Iris Environmental Laboratories							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 route 22 west							
		City, State, Zip Code Union Nj 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
pipewrap				pipewrap basement	100 Ln	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste .5	Name of Registered Landfill IESI BETHLEHEM LANDFILL					
City, State 369 RAYMOND BLVD, NEWARK NJ 07105				Disposal Date 04/27	City, State BETHLEHEM, PA 18015				
Completed by NICOLE INTRIAGO		Title SUPERVISOR	Signature <i>Nicole Intriago</i>			Date 05/31/18			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:27)



Date of Notification (1) 06 / 01 / 18		Name of Building Owner/Operator (2) Wellington Holding Company, LLC							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 105 Morris Street City, State, Zip Code Morristown, NJ 07960 Name of Contact Philip Apap Telephone Number 845-562-1350							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mavis Tire		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 105 Morris Street		Square Feet 3000							
City (5) Morristown		# of Floors 1							
County (6) Morris		Bldg. Age 53 yrs.							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A							
Street Address		Name of Abatement Contractor (9) MAK-B Pro, Inc.							
City, State, Zip Code		Street Address 104 Market Street							
Project Manager for Monitoring Firm		City, State, Zip Code Garfield, NJ 07026							
Telephone No.		Telephone No. 973-931-3293							
Start Date (10) 06 / 12 / 18		License No. 01365							
Scheduled Completion Date (11) 06 / 30 / 18		Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address City, State, Zip Code							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Waiting Rm.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	54 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting Rm.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 11222		Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S., North W/M of PA				
City, State Newark, NJ		Disposal Date 6-30-18		City, State Morrisville, PA					
Completed By (Print or Type) Biljana Nestorova		Title President		Signature Biljana Nestorova		Date 6-1-18			

Project #

PAID

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

Check # 4333

Date of Notification (1)

06/01/2018

Name of Building Owner/Operator (2)

Stephen Mennella

Agencies Notified

☐ EPA
☐ DEP
☐ DOL
☒ DOH
☐ DCA

Type Notification

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

Street Address

City, State, Zip Code

Dunellen

Name of Contact

Stephen Mennella

Telephone Number

RECEIVED
 JUN - 5 2018
ASBESTOS CONTROL & LICENSING
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

House

Street Address

City (5)

Dunellen

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

County (6)

Middlesex

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)

Nick Restoration LLC

Street Address

Street Address

72 Brookside Rd

City, State, Zip Code

City, State, Zip Code

Randolph, NJ 07869

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

973933-2550

License No.

01358

Start Date (10)

06/10/2018

Scheduled Completion Date (11)

06/11/2018

Name of OSHA Monitor

IRIS

Occupancy Status During Abatement (Check Only One)

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

Street Address

2333 Rt 22 West

City, State, Zip Code

Union, NJ 07083

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)

Yes No N/A

 Description of
 Asbestos Containing Material (ACM)
 (i.e. thermal systems insulation,
 surfacing, VAT, or
 other miscellaneous)

 Amount
 (Specify
 SF or LF)

Abatement Type

Removal Repair Encapsulate Enclosure

Basement

TSI - pipe

180 LF

X

Name of Registered Waste Hauler

Nick Restoration LLC

NJDEP Waste
Hauler ID No.
0033782Cubic Yards
of Waste
TBD

Name of Registered Landfill

G.R.O.W.S

City, State

Randolph, NJ

Disposal Date

TBD

City, State

Tullytown, Pa

Completed by

Nikica Mrda

Title

President

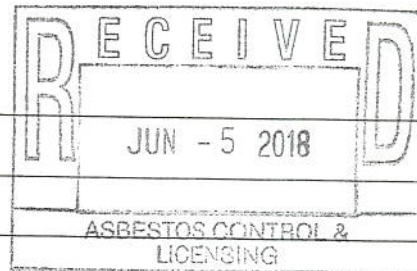
Signature

Date

06/01/2018

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

PAID



Date of Notification (1) 6-1-2018		Name of Building Owner / Operator (2) Kennedy University Hospital	
Agencies Notified	Type Notification	Street Address 2201 Chapel Hill Campus	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Cherry Hill, NJ 08002	
		Name of Contact Michael McCloskey	Telephone Number 609-472-0640

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kennedy University Hospital-CPD area			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		
City (5) Cherry Hill, NJ		County (6) Camden	County Code (7)	# of Floors 2	Bldg. Age 52
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories			ASCM No.	Current Use (Prior if being demolished) Hospital	
Street Address 3370 Progress Drive, Suite J			Name of Abatement Contractor (9) Resource Management Group, LLC		
City, State & Zip Code Bensalem, PA, 19020			Street Address 2115 Hamilton Ave, Suite 202		
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) 6-18-2018		Scheduled Completion Date (11) 6-28-2018		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 Describe: Project to be conducted 2 nd shift 6:00pm to 2:00am <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West		
			City, State & Zip Code Union, NJ 07083		

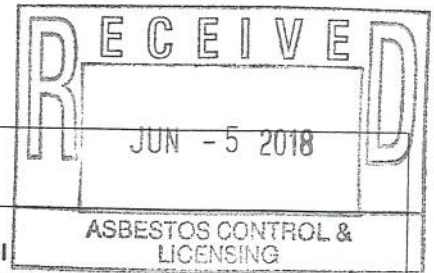
Scope of Work (Check all that apply)

- | | | |
|---|--|---|
| <input 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 ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> Glove Bag Procedures |
| | | <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
CPD renovation area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & mastic	610 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPD renovation area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Textured plaster ceiling	125 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPD renovation area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fittings	15 each	<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 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 6-01-2018

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



Date of Notification (1) <u>5</u> / <u>15</u> / <u>18</u>		Name of Building Owner/Operator (2) Verizon	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2-5/31/18</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Place, Lower Level City, State, Zip Code Pittsburgh, PA 15212	
		Name of Contact Anthony Porta	Telephone Number 412-633-4021

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Paulsboro CO		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 220 W Broad St.			
City (5) Paulsboro		Square Feet	# of Floors
County (6) Gloucester		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET		
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509

Start Date (10) <u>5</u> / <u>29</u> / <u>18</u>	Scheduled Completion Date (11) <u>ON HOLD</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM- <u> </u> PM/ <u>5:00PM-1:30AM</u>		Street Address 1123 BEAVER STREET
		City, State, Zip Code BRISTOL, PA 19007

Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input 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 Battery Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and mastic	245 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Dryer Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and mastic	275 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Storage Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and mastic	325 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Packing & Gaskets	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date		City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro / jl</i>		Date 5/31/18	

ASB-41
MAY 11 **BS 18047**

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

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

Ch# 3377

Date of Notification (1) 5 / 15 / 18		Name of Building Owner/Operator (2) Verizon		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="margin-top: 10px; font-weight: bold;">JUN - 5 2018</div> <div style="margin-top: 10px; font-weight: bold; font-size: 0.8em;">ASBESTOS CONTROL & REMEDIATION</div>
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-5/25/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Place, Lower Level		
		City, State, Zip Code Pittsburgh, PA 15212		
		Name of Contact Anthony Porta		
		Telephone Number 412-633-4021		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Paulsboro CO			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 220 W Broad St.					
City (5) Paulsboro			Square Feet	# of Floors	Bldg. Age
County (6) Gloucester		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET		
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509	
Start Date (10) 5 / 29 / 18	Scheduled Completion Date (11) 6 / 4 / 18	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.		

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/5:00PM-1:30AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Battery Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and mastic	245 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Dryer Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and mastic	275 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Storage Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and mastic	325 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Packing & Gaskets	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

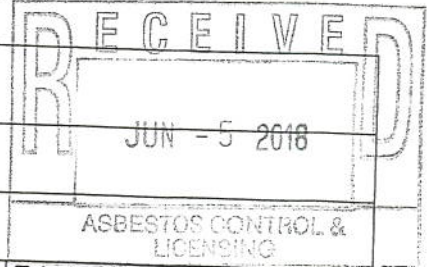
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date		City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature Brian Scafiro / gm		Date 5-25-18	

ASB-41
MAY 11 6518047

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

CE # 3364



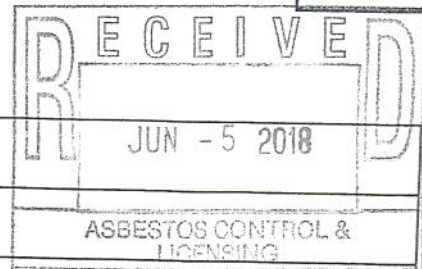
Date of Notification (1) 5 / 15 / 18		Name of Building Owner/Operator (2) Verizon							
Agencies Notified <input checked="" type="checkbox"/> EPA 9081 <input checked="" type="checkbox"/> DOLWD 9128 <input checked="" type="checkbox"/> DHSS 9111 <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 15 East Montgomery Place, Lower Level						
			City, State, Zip Code Pittsburgh, PA 15212						
		Name of Contact Anthony Porta	Telephone Number 412-633-4021						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Paulsboro CO		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 220 W Broad St.		Square Feet	# of Floors						
City (5) Paulsboro		Bldg. Age							
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810	Telephone No. 215-788-6040						
Start Date (10) 5 / 29 / 18		Scheduled Completion Date (11) 6 / 4 / 18	License No. 00509						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM 5:00 PM - 1:30 AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input 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"/> 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 Battery Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and mastic	245 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Dryer Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and mastic	275 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Storage Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and mastic	325 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature Brian Scafiro		Date 5/15/18				

ASB-41
MAY 11 8518047

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



Date of Notification (1) 5/25/18		Name of Building Owner/Operator (2) US EPA Region 2/Riverside Ave RV4	
Agencies Notified	Type Notification	Street Address 2890 Woodbridge Ave	ASBESTOS CONTROL & LICENSING
<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 Edison NJ 08837	
		Name of Contact David Rosoff	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Riverside Ave RV4		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 29-47 Riverside Ave		Square Feet aprox 24,000	# of Floors 3
City (5) Newark NJ 07104		Bldg. Age 50+	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant abandon	
Name of Monitoring Firm Hired by Building Owner (8) Criterion Labs		ASCM No.	Name of Abatement Contractor (9) Active Environmental Technologies Inc
Street Address 400 St Rd		Street Address 203 Pine St	
City, State, Zip Code Bensalem PA 19020		City, State, Zip Code Mt Holly NJ 08060	
Project Manager for Monitoring Firm Greg Sulon		Telephone No. 586-630-4635	Telephone No. 609-702-1500
License No. 01299			
Start Date (10) 6/11/18	Scheduled Completion Date (11) 7/3/18	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

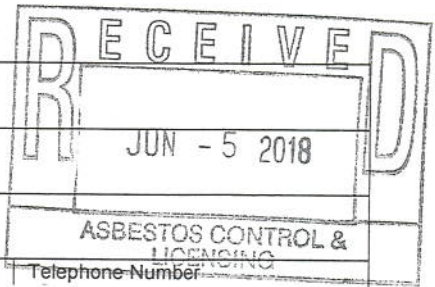
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor			X	Pipe Insulation	1100 LF	X			
2nd Floor			X	Pipe Insulation	500 LF	X			
3rd Floor			X	Pipe Insulation	400 LF	X			

Name of Registered Waste Hauler Active Environmental Technologies Inc	NJDEP Waste Hauler ID No. 25704	Cubic Yards of Waste 40	Name of Registered Landfill Conestoga
City, State Mt Holly	Disposal Date 7/3/18	City, State Morgantown PA	
Completed by Patrick Dauria	Title Project Manager	Signature 	Date 5/25/18

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

Check # 25603



Date of Notification (1) 5/31/2018		Name of Building Owner/Operator (2) Gao							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton, NJ 08540							
		Name of Contact Jie Gao							
Telephone Number _____									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		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) Princeton, NJ		Square Feet 1800	# of Floors 2						
County (6) Mercer		Bldg. Age 80+/-							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No. _____							
Street Address PO Box 341		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
City, State, Zip Code Chesterfield, NJ 08515		Street Address PO Box 322							
Project Manager for Monitoring Firm Bill Weisgarber		City, State, Zip Code Allentown, NJ 08501							
Telephone No. 609 298-4070		Telephone No. 609 259-9688	License No. 00493						
Start Date (10) 6/2/2018	Scheduled Completion Date (11) 6/4/2018	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<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: 7 am 3 pm		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
2nd Floor Bedroom		X		Duct Insulation (Wrap&Cut)	9 lf	X			
Basement		X		Duct Insulation	2 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 6/4/2018	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager	Signature 			Date 5/31/18			

05/31/2018 11:00AM FAX

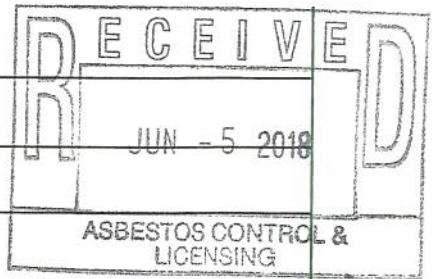
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

RECEIVED 00003/0005
Print Form
Check # 25603
DOL - 10 DAY
ASBESTOS CONTROL & LICENSING
MAY 31 2018
WAIVER APPROVED
Telephone Number

Date of Notification (1) 5/31/2018		Name of Building Owner/Operator (2) Gao	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> OCH <input type="checkbox"/> OCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton, NJ 08540	
		Name of Contact Jie Gao	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Princeton, NJ		Square Feet 1800	# of Floors 2
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) MECS		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.	
Street Address PO Box 341		Street Address PO Box 321	
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, PA 18103	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 809 298-4070	Telephone No. 609 259-9883
Start Date (10) 6/2/2018		Scheduled Completion Date (11) 6/4/2018	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor MECS	
<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: 7 am 3 pm		Street Address PO Box 341	
		City, State, Zip Code Chesterfield, NJ 08515	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2100 sf or 2260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glo-bag Procedure <input type="checkbox"/> Non-sampled (*) and Non-Flexible 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)
2nd Floor Bedroom	Yes No N/A	Duct Insulation (Wrap & Cut)	9 lf
Basement	Yes No N/A	Duct Insulation	2 sf
Name of Registered Waste Hauler Stevens Environmental Services	NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill
City, State Allentown, NJ	Disposal Date 6/4/2018	City, State Merriaville, PA	
Completed by Mahlon E. Stevens	Title Project Manager	Signature <i>[Signature]</i>	Date 5/31/18

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



Date of Notification (1)

5 / 23 /18

Name of Building Owner/Operator (2)
VERIZON

Street Address
1 VERIZON WAY

City, State, Zip Code
BASKING RIDGE, NEW JERSEY 07920

Name of Contact
CONNOR BURD

Telephone Number
732-336-1205

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

VERIZON

Type of Facility (4)

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

Street Address
1196 EAST GRAND STREET

Square Feet 93,730 **# of Floors** 5 **Bldg. Age** 97

City (5)
ELIZABETH

County (6)
UNION

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)
COMMUNICATIONS

Name of Monitoring Firm Hired by Building Owner (8)

ESIS

ASCM No.
17

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
10 EXCHANGE PLACE

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
JERSEY CITY, NEW JERSEY 07302

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
BRIAN KINGSBURY

Telephone Number
201-388-0620

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

Expected State Date (10)

5 / 24 /18
Month Day Year

Sched. Completion Date (11)

12 / 30 /18
Month Day Year

Name of OSHA Monitor
QUEST ENVIRONMENTAL

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
1376 ROUTE 9
City, State, Zip Code
WAPPINGERS FALLS, NEW YORK 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 (EXTERIOR)

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	ENCAPSUL	ENCLOSUR
NORTH ELEVATION			X	CAULK	30 SF	X			
EAST ELEVATION			X	CAULK	9 SF	X			
SOUTH ELEVATION			X	CAULK	25 SF	X			
WEST ELEVATION			X	CAULK	10 SF	X			
POWER BLDG. RISING WALL			X	ACM PAINT	150 SF	X			

Name of Registered Waste Hauler
NEWARK CARTING
369 RAYMOND BLVD.

NJDEP Waste Hauler ID No.
913

Cubic Yards of Waste
30

Name of Registered Landfill
GRAND CENTRAL SANITARY

City, State
NEWARK, NEW JERSEY

Disposal Date
5/24/18-12/30/18

City, State
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date

5/23/18

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

CK # 32178

Date of Notification (1)

5 / 14 /18

Name of Building Owner/Operator (2)
VERIZON

Street Address

1 VERIZON WAY

City, State, Zip Code

BASKING RIDGE, NEW JERSEY 07920

Name of Contact

CONNOR BURD

Telephone Number

732-336-1205

JUN - 5 2018

ASBESTOS CONTROL & LICENSING

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

VERIZON

Type of Facility (4)

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

Street Address

1196 EAST GRAND STREET

Square Feet

93,730

of Floors

5

Bldg. Age

97

City (5)

ELIZABETH

County (6)

UNION

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)

COMMUNICATIONS

Name of Monitoring Firm Hired by Building Owner (8)

ESIS

ASCM No.

17

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

10 EXCHANGE PLACE

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

JERSEY CITY, NEW JERSEY 07302

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

BRIAN KINGSBURY

Telephone Number

201-388-0620

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

5 / 24 /18

Sched. Completion Date (11)

12 / 30 /18

Name of OSHA Monitor

QUEST ENVIRONMENTAL

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

1376 ROUTE 9

City, State, Zip Code

WAPPINGERS FALLS, NEW YORK 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 (EXTERIOR)

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	ENCAPSUL	ENCLOSUR
NORTH ELEVATION			X	CAULK	30 SF	X			
EAST ELEVATION			X	CAULK	9 SF	X			
SOUTH ELEVATION			X	CAULK	25 SF	X			
WEST ELEVATION			X	CAULK	10 SF	X			
POWER BLDG. RISING WALL			X	ACM PAINT	150 SF	X			

Name of Registered Waste Hauler

NEWARK CARTING
369 RAYMOND BLVD.

NJDEP Waste Hauler ID No.

913

Cubic Yards of Waste

30

Name of Registered Landfill

GRAND CENTRAL SANITARY

City, State

NEWARK, NEW JERSEY

Disposal Date

5/24/18-12/30/18

City, State

PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)

BENJAMIN SANCHEZ

Title

DIRECTOR OF OPERATIONS

Signature

[Signature]

Date

5/14/18

PAID

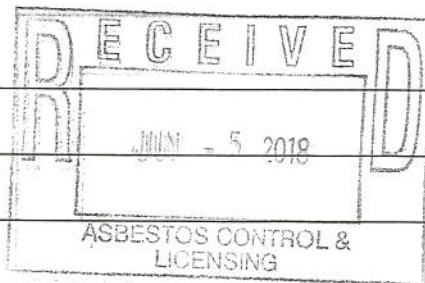
Print Form

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

Check # 25688

Date of Notification (1) 6/4/2018		Name of Building Owner/Operator (2) Pinelli	
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"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Highland Park, NJ 08904	
Name of Contact Coretta Pinelli		Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1800	
City (5) Highland Park, NJ 08904		# of Floors 2	
County (6) Middlesex		Bldg. Age 70+/-	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	
Street Address PO Box 341		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.	
City, State, Zip Code Chesterfield, NJ 08515		Street Address PO Box 322	
Project Manager for Monitoring Firm Bill Weisgarber		City, State, Zip Code Allentown, NJ 08501	
Telephone No. 609 298-4070		Telephone No. 609 259-9688	
License No. 00493		Name of OSHA Monitor MECS	
Start Date (10) 6/13/2018		Scheduled Completion Date (11) 6/27/2018	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 am 3 pm		Street Address PO Box 341	
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Chesterfield, NJ 08515	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
2nd Floor Bedrooms		VAT	
400 sf		X	
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	
Cubic Yards of Waste 2		Name of Registered Landfill Fairless Landfill	
City, State Allentown, NJ		Disposal Date 6/27/2018	
City, State Morrisville, PA		Date 6/4/18	
Completed by Mahlon E. Stevens		Title Project Manager	
Signature [Signature]		Date 6/4/18	

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



Date of Notification (1) 5/25/2018		Name of Building Owner/Operator (2) Macerich							
Agencies Notified	Type Notification	Street Address 1750 Deptford Center Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Deptford, NJ 08096							
		Name of Contact Sam Rinaldo	Telephone Number 585-249-4468						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Deptford Mall Unit #1160		Type of Facility (4)							
Street Address 1750 Deptford Center 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) Deptford		Square Feet 2453	# of Floors 1						
County (6) Gloucester		County Code (7) (STATE USE ONLY) _____	Bldg. Age 1975						
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting LLC		ASCM No. _____	Name of Abatement Contractor (9) DSA Services Inc						
Street Address 304 Harper Drive, Suite 207		Street Address 1215 Harris Ave							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Union Beach NJ 07735							
Project Manager for Monitoring Firm Craig Downs		Telephone No. 908-721-2302	License No. 00843						
Start Date (10) 6-11-2018	Scheduled Completion Date (11) 6-1-2019	Name of OSHA Monitor DSA Services Inc							
Occupancy Status During Abatement (Check Only One)		Street Address 1215 Harris Ave							
<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 Beach, NJ 07735							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Space-Unit # 1160			x	Joint Compound (Demising Walls)	3950 SF	x			
Name of Registered Waste Hauler DSA Services Inc		NJDEP Waste Hauler ID No. 26990	Cubic Yards of Waste 30	Name of Registered Landfill Minerva Enterprise					
City, State 1215 Harris Ave, Union Beach, NJ 07735			Disposal Date	City, State 8955 Minerva Rd. Waynesburg, OH 446					
Completed by Carlo Frassetto		Title Project Manager	Signature 	Date 5-24-18					

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

Date of Notification (1) 5 / 24 /18			Name of Building Owner/Operator (2) SETON HALL UNIVERSITY		
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA			Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <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 973-761-9000 EXT. 5283		
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 & comm. bldgs., homes, etc.)		
Street Address 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER			Square Feet 99,300		
City (5) SOUTH ORANGE			# of Floors 3		
County (6) ESSEX			Bldg. Age 40+		
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.			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 JIM GUILARDI			Telephone Number 856-840-8800		
EXPECTED START DATE (10): (RESTART) 5 / 23 /18 Month Day Year			Sched. Completion Date (11) 7 / 30 /18 Month Day Year		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-12AM SATURDAY 7AM-12AM			Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.		
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			Street Address 1376 ROUTE 9 City, State, Zip Code WAPPINGERS FALLS, NY 12590		
<input checked="" type="checkbox"/> Renovation			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Encl. , <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)		
Is Location normally used solely by Maint/Custodial Staff (12)			Amount (Specify SF or LF)		
Yes No N/A			Abatement Type REMOVAL REPAIR ENCAPSUL ENCLOSURE		
1ST FLOOR SERVER BAY I			X SPRAY ON FIREPROOFING 760 SF X		
1ST FLOOR SERVER BAY I			X PIPE FITTING / INSULATION 15 LF X		
1ST FLOOR SERVER BAY II			X PIPE FITTING / INSULATION 15 LF X COMPLETE		
HALLWAY OF SERVER BAY			X PIPE FITTING 15 LF X COMPLETE		
ADDITION TO SCOPE:					
1ST FLOOR SERVER BAY 1			X VAT & MASTIC 760 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 40			Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL		
Disposal Date 01/02/18-07/30/18			City, State PLAINFIELD TOWNSHIP, PA		
Completed by (Print or Type) BENJAMIN SANCHEZ			Signature Date 5/24/18		
Title DIRECTOR OF OPERATIONS					

CK # 32180

[illegible]

[illegible]

OK # 31626

RECEIVED
JUN - 5 2018
phone Number
761-9000 EXT. 5283
ASBESTOS CONTROL &
LICENSING

B & G proj. #:

2018-76B

PAID

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
*** NEW START DATE 06/04/2018 ***

Check # 9002

Date of Notification (1) 06/01/18		Name of Building Owner/Operator (2) Morristown National Guard Armory		
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		Street Address 430 Western Avenue		
Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code Morristown, NJ 07960		
		Name of Contact Joe McBride		
		Telephone Number 609-530-7136		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Morristown National Guard			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 430 Western Avenue			Square Feet # of Floors Bldg. Age		
City (5) Morristown	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) The Whitman Companies, Inc.		ASCM No. 0110	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 7 Pleasant Hill Road			Street Address 105 Ryerson Road		
City, State, Zip Code Cranbury, NJ 08512			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Lovely		Phone Number 732-390-5858	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 06/04/2018 ***	Sched. Completion Date (11) 06/11/2018		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: Occupied Sub-8 (7:00 am - 3:30 pm)			Street Address 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		

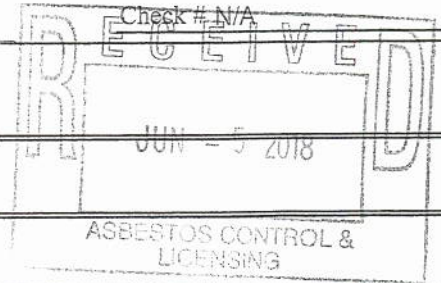
Scope of Work (check all that apply)									
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure						
<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure						
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Shower Room			<input checked="" type="checkbox"/>	ceiling plaster	380 soft	<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 B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill					
City, State Lincoln Park, NJ		Disposal Date 06/04/18 - 06/11/18		City, State Morrisville, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna				Date 06/01/2018	

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

B & G proj. #: 2018-76B

*** ON HOLD until further notice ***

Check # N/A



Date of Notification (1) <u>10/14/12/10/11/18</u>		Name of Building Owner/Operator (2) Morristown National Guard Armory	
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"/> Amendment <input type="checkbox"/> Cancellation	Street Address 430 Western Avenue	
		City, State, Zip Code Morristown, NJ 07960	
		Name of Contact Joe McBride	Telephone Number 609-530-7136

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Morristown National Guard			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 430 Western Avenue			Square Feet # of Floors Bldg. Age		
City (5) Morristown	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) The Whitman Companies, Inc.		ASCM No. 0110	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 7 Pleasant Hill Road			Street Address 105 Ryerson Road		
City, State, Zip Code Cranbury, NJ 08512			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Lovely		Phone Number 732-390-5858	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 04/23/2018		Sched. Completion Date (11) 06/30/2018	Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: <u>Occupied Sub-8</u>			City, State, Zip Code LincolnPark, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Shower Room			<input checked="" type="checkbox"/>	ceiling plaster	380 sqft	<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"/>

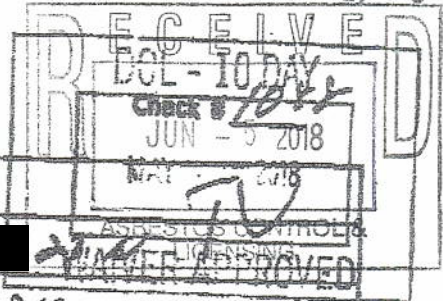
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill
City, State Lincoln Park, NJ	Disposal Date 04/23/18 - 06/30/18	City, State Morrisville, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 04/20/2018

May.30.2018 02:08 PM A. Mac Contracting

2012621321

PAGE. 2/ 3

Post Poned -

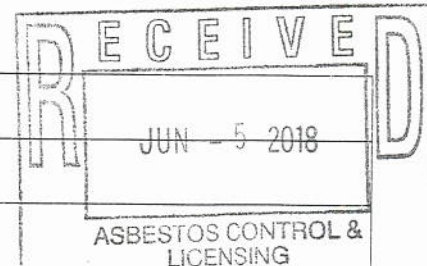
BUILDING WILL NOT ALLOW
ACCESS.State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:100)

Date of Notification (1) 6/01/18		Name of Building Owner/Operator (2) MICHAEL CANDELMANO	
Agency Notified <input checked="" type="checkbox"/> SPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including jurisdiction) <input type="checkbox"/> Cancellation	City, State, Zip Code FORT LEE NJ 07024	
Name of Facility Where Abatement is Taking Place (3) CANDELMANO		Name of Contact JOHN CANDELMANO	
Street Address [REDACTED]		Telephone Number 201 213 7052	
City (4) FORT LEE		Type of Facility (5) <input type="checkbox"/> Office (K-15) <input type="checkbox"/> School (K-15) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County (6) BERGEN		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) IRIS BENVENUTA LTD.		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
Street Address 233 RT 22 WEST		Street Address 185 Vreeland Ave.	
City, State, Zip Code Union NJ 07083		City, State, Zip Code Midland Park, N.J.	
Project Manager for Monitoring Firm RICK E.		Telephone No. 908-201-0023	
Start Date (10) POSTPONED		Scheduled Completion Date (11)	
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:		Name of OSHA Monitor Omega Environmental Services Inc.	
Scope of Work (Check All That Apply) <input type="checkbox"/> 10 of or 23 if 100 of or 250 if <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Street Address 280 Huyler Street	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12) Ceiling		City, State, Zip Code Hackensack, N.J. 07606	
Is Location Normally Used Exclusively for Maintenance/ Custodial Staff? (13) Yes		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Amount (Specify SF or LF) 1350 SF		Abatement Type <input type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulation <input type="checkbox"/> Other	
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	
City, State Newark, N.J. 07105		Cubic Yards of Waste 2	
Completed by R. McDonald		Name of Registered Landfill Grant Central Sanitary Landfill	
Title President		City, State Pennsburg, PA 08072	
Signature [Signature]		Date 6/01/18	

ASB-41 (R-04-06)

Do not use this form for asbestos license exempted activities.

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



Date of Notification (1) 06/01/18		Name of Building Owner/Operator (2) DALE MASSON							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code FREEHOLD NJ							
		Name of Contact	Telephone Number 917-577-4769						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		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) FREEHOLD		Square Feet 1000	# of Floors 1						
County (6) MONMOUTH		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 06/04/18	Scheduled Completion Date (11) 06/06/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input 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
INTERIOR				Flooring	250SF	x			
EXTERIOR				Siding debris	100sf	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 06/08/18	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date			

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

Date of Notification (1) 6-1-18		Name of Building Owner/Operator (2) Dan & ERIN POEN	
Agencies Notified	Type Notification	Street Address	<div style="border: 1px solid black; padding: 5px;"> RECEIVED JUN 1 2018 ASBESTOS CONTROL & LICENSING </div>
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code MAPLEWOOD NJ	
Name of Contact ERIN		Telephone Number 908-399-4339	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Dan & ERIN POEN		Type of Facility (4)
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)
City (5) MAPLEWOOD	County (6) ESSEX	Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8) N/A		Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.	
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 6-9-18	Sched. Completion Date (11) 6-14-18	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 - Describe: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>		Street Address	
		City, State, Zip Code	

Scope of Work (Check all that apply)

☐ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glove-bag Procedure
☐ Non-Friable Procedure


Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
CRAWL SPACE				12 L.F. PIP					
				INSULATION	12 LF				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 0.5	Name of Registered Landfill Minerva Enterprise INC	
City, State Montclair, NJ 07042		Disposal Date 6-12-18	City, State Waynesburg, Ohio 44688		
Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>Constantine Vivian</i>	Date 6-1-18		

CK 1095

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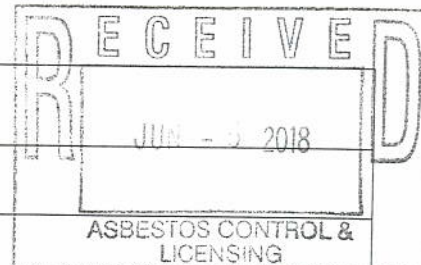
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 06-01-2018		Name of Building Owner/Operator (2) R.V. Ballem		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN - 5 2018 ASBESTOS CONTROL & REMEDIATION </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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code North Caldwell, NJ 07006 Name of Contact R.V. Ballem Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Sherman Ave Professional Building				Type of Facility (4)					
Street Address 230 Sherman 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) Glen Ridge				Square Feet 13,000	# of Floors 3				
County (6) Essex				County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+				
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Solution			ASCM No. _____	Name of Abatement Contractor (9) United Safety LLC					
Street Address 1130 W Chestnut St			Street Address 22 Troy Lane						
City, State, Zip Code Union, NJ			City, State, Zip Code Lincoln Park, NJ 07035						
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762		Telephone No. 973-276-0099	License No. 01317				
Start Date (10) 06-16-2018		Scheduled Completion Date (11) 06-20-2018		Name of OSHA Monitor United Safety LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 22 Troy Lane					
<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: _____				City, State, Zip Code Lincoln Park, NJ 07035					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Located Throughout Suite C		X		VAT	1,097 SF	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 Lincoln Park, NJ				Disposal Date TBD	City, State Tullytown, PA				
Completed by Vanco Petkov		Title Project Manager		Signature 		Date 06-01-2018			

CK# 24511

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

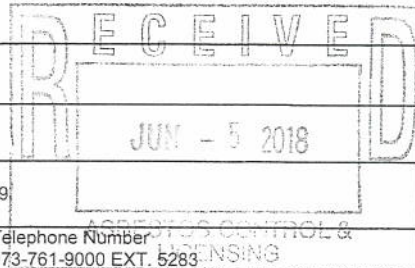


Date of Notification (1) 6 / 1 / 18		Name of Building Owner/Operator (2) VCC Princeton Junction LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 1517							
		City, State, Zip Code Vineland, NJ 08362							
		Name of Contact Timothy France	Telephone Number 856-794-4706						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Old Bank Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 47 Princeton Hightstown Road		Square Feet 6000							
City (5) Princeton Junction, West Windsor Township		# of Floors 1	Bldg. Age 51+						
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Old Bank							
Name of Monitoring Firm Hired by Building Owner (8) Strategic Environmental Management, Inc.	ASCM No. 0030	Name of Abatement Contractor (9) Diamond Huntbach Construction Corp.							
Street Address 1634 South Delaware Street		Street Address 500 E Luzerne Street, Unit D							
City, State, Zip Code Paulsboro, NJ 08066		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Edward Keegan	Telephone No. 856-423-5711	Telephone No. 215-739-8166	License No. 00646						
Start Date (10) 6 / 14 / 18	Scheduled Completion Date (11) 6 / 22 / 18	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4:30PM/ _____ PM- _____ AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Utility Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint Compound Assoc w/sheet rk	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor rear entrance foyer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Join Compound Assoc w/sheet rk	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vault Room Rear	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	64 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vault Room Front	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	145 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transite Group		NJDEP Waste Hauler ID No. A901#20990		Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE		Disposal Date as needed		City, State Waynesburg, OH					
Completed By (Print or Type) Wayne Huntbach		Title Project Manager		Signature 		Date 6-1-18			

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

Date of Notification (1) 6 / 1 /18		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY	
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 type="checkbox"/> DCA		City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079	
Type Notification		Name of Contact VICTORIA PIVOVARNIK	
<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #5 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Telephone Number 973-761-9000 EXT. 5283	
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 - UNIVERSITY CENTER		Square Feet 99,300	
City (5) SOUTH ORANGE		# of Floors 3	
County (6) ESSEX		Bldg. Age 40+	
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.		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 JIM GUILARDI		Telephone Number 856-840-8800	
Expected Start Date (10): (RESTART) 5 / 23 /18		Sched. Completion Date (11) 7 / 30 /18	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Monday-Saturday 3:30 pm - 11:30 pm Sunday - 7AM-3:30PM		Telephone Number 845-369-7500 License Number 1101	
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		Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH. Street Address 1376 ROUTE 9 City, State, Zip Code WAPPINGERS FALLS, NY 12590	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo , <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
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)	
1ST FLOOR SERVER BAY I		X SPRAY ON FIREPROOFING 760 SF	
1ST FLOOR SERVER BAY I		X PIPE FITTING / INSULATION 15 LF	
1ST FLOOR SERVER BAY II		X PIPE FITTING / INSULATION 15 LF	
HALLWAY OF SERVER BAY		X PIPE FITTING 15 LF	
1ST FLOOR SERVER BAY 1		X VAT & MASTIC 760 SF	
ADDITION TO SCOPE:			
1ST FLOOR SERVER BAY II AND HALLWAY		X VAT & MASTIC 3,300 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 40 Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
Disposal Date 01/02/18-07/30/18		City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	
Signature		Date 6/1/18	

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



Date of Notification (1) 5 / 31 /18		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		Street Address 400 SOUTH ORANGE AVENUE	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #4 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079	
		Name of Contact VICTORIA PIVOVARNICK	Telephone Number 973-761-9000 EXT. 5283

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 - UNIVERSITY CENTER				Square Feet 99,300	# of Floors 3
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 JIM GUILARDI			Telephone Number 856-840-8800	Telephone Number 845-369-7500	License Number 1101
EXPECTED START DATE (10): (RESTART) 5 / 23 /18		Sched. Completion Date (11) 7 / 30 /18		Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Monday -Saturday 3:30 pm - 11:30 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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by 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	ENCAPSUL	ENCLOSUR
1ST FLOOR SERVER BAY I			X	SPRAY ON FIREPROOFING	760 SF	X			COMPLETE
1ST FLOOR SERVER BAY I			X	PIPE FITTING / INSULATION	15 LF	X			COMPLETE
1ST FLOOR SERVER BAY II			X	PIPE FITTING / INSULATION	15 LF	X			COMPLETE
HALLWAY OF SERVER BAY			X	PIPE FITTING	15 LF	X			COMPLETE
1ST FLOOR SERVER BAY 1			X	VAT & MASTIC	760 SF	X			COMPLETE
ADDITION TO SCOPE:									
1ST FLOOR SERVER BAY II AND HALLWAY			X	VAT & MASTIC	3,300 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 40	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Disposal Date 01/02/18-07/30/18	City, State PLAINFIELD TOWNSHIP, PA
		Signature 	Date 5/31/18	

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JUN - 5 2018
Telephone Number _____
761-9000/EXT: 5283 OS CONTROL & LICENSING

[illegible]

CK # 31626

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e Number
9000 EXT. 5283
FACILITIES CONTROL &
LICENSING

TRANSITION

X	Full Containment with Negative Pressure
X	Mini-Enco ,
X	Glovebag Procedure
	Non-Friable Procedure

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill
NEWARK CARTING INC.		Hauler ID No.		40	GRAND CENTRAL SANITARY LANDFILL
369 RAYMON BLVD.		913			
City, State		Disposal Date		City, State	
NEWARK, NEW JERSEY 07105		01/02/18-07/30/18		PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type)	Title	Signature		Date	
BENJAMIN SANCHEZ	DIRECTOR OF OPERATIONS			12/11/17	

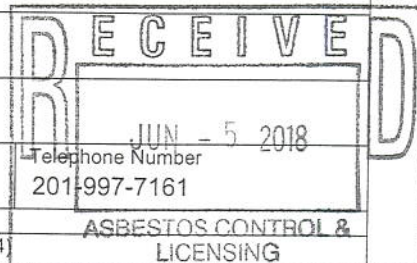
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Print Form

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

Check 17668

Date of Notification (1) 5/31/18		Name of Building Owner/Operator (2) Lusa Construction							
Agencies Notified	Type Notification	Street Address 52-54 Porete Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code North Arlington NJ 07031							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Carla	Telephone Number 201-997-7161						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Kearny		Square Feet 2300	# of Floors 2						
County (6) Hudson		County Code (7) (STATE USE ONLY) _____	Bldg. Age 60						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) HOME							
Street Address		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 6/9/18	Scheduled Completion Date (11) 6/20/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input 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			X	siding	1,200 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS/FAIRLESS LANDFILL					
City, State Freehold, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 5/31/18			

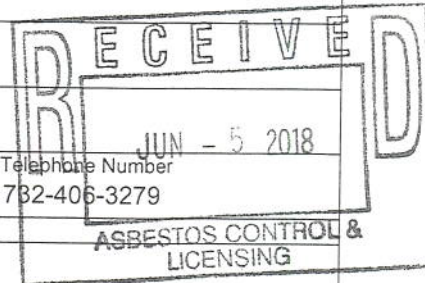


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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check 107672

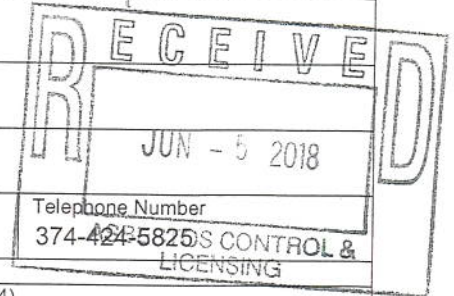
Date of Notification (1) 6/1/18		Name of Building Owner/Operator (2) Anatoly Kuklov							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Long Branch, NJ 07744							
Name of Contact Anatoly		Telephone Number 732-406-3279							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2000							
City (5) Long Branch		# of Floors 2							
County (6) Monmouth		Bldg. Age 68							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276							
Start Date (10) 6/12/18		License No. 703							
Scheduled Completion Date (11) 7/1/18		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input 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
throughout apartment			x	acoustical ceiling	1200 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste TBD		Name of Registered Landfill Grows/Fairless Landfill			
City, State Freehold, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by A. Scott Higgins		Title President		Signature 		Date 6/1/18			



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

Check 17693

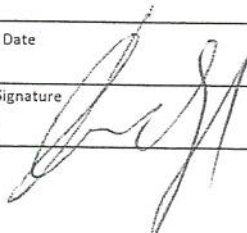


Date of Notification (1) 6/1/18		Name of Building Owner/Operator (2) Rachel Brevada							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth NJ							
		Name of Contact Rachel							
Telephone Number 374-424-5825									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Elizabeth		Square Feet 2100	# of Floors 2						
County (6) Union		Bldg. Age 64							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) HOME							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 6/11/18	Scheduled Completion Date (11) 6/20/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>		City, State, Zip Code							
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 type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			X	floor tile	500 SF	X			
Name of Registered Waste Hauler Tony's Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Bridgewater NJ		Disposal Date TBD		City, State Exton, PA					
Completed by A. Scott Higgins		Title President		Signature 				Date 5/1/18	

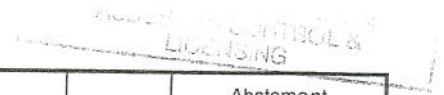
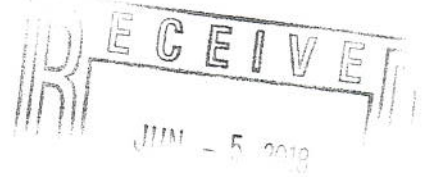
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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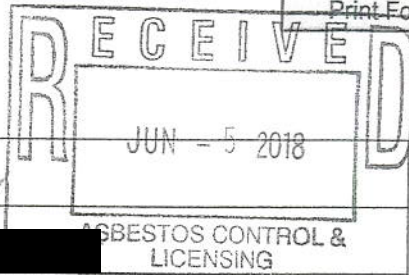
Date of Notification (1) 5/31/18		Name of Building Owner/Operator (2) Lyndhurst Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 420 Fern Lane City, State, Zip Code Lyndhurst, NJ 07071 Name of Contact Scott Bisig Telephone Number 201-438-5683							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lyndhurst High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)							
Street Address 400 Weart Avenue		Square Feet 100,000+							
City (5) Lyndhurst		# of Floors 2+							
County (6) Bergen		Bldg. Age 70+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, L.L.C.		ASCM No. 00118							
Street Address 464 Valley Brook Ave		Name of Abatement Contractor (9) Unicorn Contracting Corp.							
City, State, Zip Code Lyndhurst, NJ 07071		Street Address 32 Willow Way							
Project Manager from Monitoring Firm John Chiaviello		City, State, Zip Code Woodland Park, NJ 07424							
Telephone No. 201-438-4839		Telephone No. 973-333-9176							
Start Date (10) 6/21/18		License No. 01331							
Scheduled Completion Date (11) 6/29/18		Name of OSHA Monitor Envirovision Consultants, 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: Sub 8 Occupied		Street Address 20-21 Wagaraw Rd., Bldg. 35-E							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Fair Lawn, NJ 07410							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
				SEE ATTACHED		X			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 12		Name of Registered Landfill Fairless Hills Landfill			
City, State Woodland Park, New Jersey		Disposal Date TBD		City, State Morrisville, PA					
Completed by Dimo Golcev		Title General Manager		Signature 		Date 5/31/18			

State of New Jersey
Notification of Asbestos Abatement
Continuation Sheet



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
Library Office - Inwalls and Floors & Above Ceiling		X		Pipe Insulation	100 LF	X			
Library Office		X		Sink Undercoating	1 sink	X			
Rooms, 149, 150, 219, 220, 228, 228 A, 228 F, & 228 G		X		9" Floor Tiles & Mastic with plywood & carpet	6,200 SF	X			
Rooms, 149, 150, 219 & 220		X		Presumed Chalk/ Cork Board Mastic	800 SF	X			
Basement for Plumbing Connections	X			Pipe Insulation	3 LF	X			
Room 150, 233 & 235		X		3 Floor Core Locations in Floor Materials - 2" Diameter holes	1 SF	X			
Room 219, 220, & 228		X		3 Roof/ Ceiling Core Location - Roof/ Deck Materials - 2' x 2' each	12 SF	X			

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



Date of Notification (1) 5-31-18		Name of Building Owner/Operator (2) JOHNA RAINBOW	
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code MAGNOLIA NJ 08049	
		Name of Contact JOHNA RAINBOW	Telephone Number 856-304-6863

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		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) MAGNOLIA	Square Feet 1400	# of Floors 2	Bldg. Age NA
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8) ATLAS ENV. INSPECTION		ASCM No.	Name of Abatement Contractor (9) FRYMAR CONSTRUCTION
Street Address PO BOX 11645		Street Address PO BOX 11587	
City, State, Zip Code PHILA PA 19116		City, State, Zip Code PHILA PA 19116	
Project Manager for Monitoring Firm JASON		Telephone No. 267-724-4693	Telephone No. 267-724-4694
License No. 01276			
Start Date (10) 6-15-18	Scheduled Completion Date (11) 6-15-18	Name of OSHA Monitor EFRAIM DUA	
Occupancy Status During Abatement (Check Only One)		Street Address 279 HENRICH PL.	
<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 PHILA PA 19116	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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				INSULATION	1 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler FRYMAR CONSTRUCTION		NJDEP Waste Hauler ID No. 0036759	Cubic Yards of Waste 1	Name of Registered Landfill WESTERN BERKS CC	
City, State PHILA PA		Disposal Date 6-15-18		City, State BIRDSBORO PA	
Completed by EFRAIM DUA		Title V.PRES	Signature <i>[Signature]</i>	Date 5-31-18	

May.30.2018 02:08 PM A. Mac Contracting

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CH 1088

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

RECEIVED	PAGE 2/3
DOL - 10 DAY	CHECK # 1088
JUN - 5 2018	
ASBESTOS CONTROL & LICENSING	
WARRANT APPROVED	

Date of Notification (1) 5/30/18		Name of Building Owner/Operator (2) MICHAEL CANDELMANO		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input checked="" type="checkbox"/> SPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type of 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 FORT LEE NJ 07024		Name of Contact JUAN CANDELMANO		Telephone Number 201 213 7052	
Name of Facility Where Abatement is Taking Place (3) CANDELMANO					
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
City (5) FORT LEE		County (6) BERGEN		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) IRIS ENVIRONMENTAL		ASOM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
Street Address 233 RT 22 WEN		City, State, Zip Code UNION NJ 07083		Street Address 186 Vreeland Ave.	
Project Manager for Monitoring Firm RICK E.		Telephone No. 908-206-0423		Telephone No. 201-262-5841	
Start Date (10) 5/31/18		Scheduled Completion Date (11) 6/7/18		Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address 280 Huyler Street		City, State, Zip Code Hackensack, NJ 07606	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sf or less if <input checked="" type="checkbox"/> 250 sf or less if <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Enclosed (2) and Non-Fixable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (18) CEILING		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A K		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) POPCORN	
Amount (Specify SF or LF) 1350 SF		Abatement Type Removal Repair Encapsulate Enclose			
Name of Registered Waste Hauler Newark Carting, Inc.		NJ DEP Waste Hauler ID No. 04509		Cubic Yards of Waste 2	
City, State Newark, N.J. 07105		Disposal Date 5/30/18		Name of Registered Landfill Grand Central Sanitary Landfill	
Completed by R. McDonald		Title President		City, State Pottsville, PA 08072	
Signature [Signature]		Date 5/30/18			

ASB-41 (R-06-08)

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