

Inv# 117110

PAID

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

UC33601

## Date of Notification (1)

6 / 5 /19

## Agencies Notified

☐ EPA  
☐ DEP  
☐ DOL  
☒ DOH  
☒ DCA

## Type Notification

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

## Name of Building Owner/Operator (2)

HACKENSACK MERIDIAN HEALTH

## Street Address

30 PROSPECT AVENUE

## City, State, Zip Code

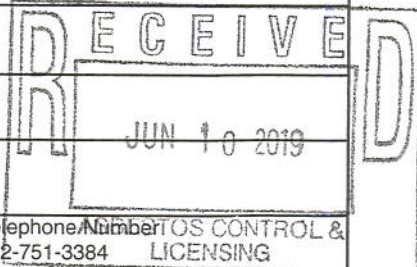
HACKENSACK, NEW JERSEY 07601

## Name of Contact

BRIAN O'NEIL

## Telephone Number

732-751-3384

ASBESTOS CONTROL &  
LICENSING

## FACILITY INFORMATION

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

JERSEY SHORE UNIVERSITY MEDICAL CENTER

## Street Address

1945 STATE HWY. 33

## City (5)

NEPTUNE

## County (6)

OCEAN

## County Code (7)

(STATE USE ONLY)

## Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL TACTICS INC.

## ASCM No.

99

## Street Address

64 BROAD STREET

## City, State, Zip Code

MATAWAN, NJ

## Project Manager for Monitoring Firm

THOMAS GEIGER

## Telephone Number

732-290-2217

## Expected State Date (10)

6 / 6 /19  
Month Day Year

## Sched. Completion Date (11)

12 / 30 /19  
Month Day Year

## Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: Monday -Friday 7am-3:30 pm

## Scope of Work (Check all that apply)

☐ Demolition  
☐ >3SF OR LF  
☒ >160 SF OR 260 LF
☒ Renovation
☒ Full Containment with Negative Pressure  
☐ Mini-Encl. ,  
☐ Glovebag Procedure  
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR 1 B			X	VAT & MASTIC	2,820 SF	X			
6TH FLOOR 2A			X	VAT & MASTIC	3,050 SF	X			
6TH FLOOR 2B			X	VAT & MASTIC	1,620 SF	X			
6TH FLOOR 3A			X	VAT & MASTIC	888 SF	X			
6TH FLOOR 3B			X	VAT & MASTIC	458 SF	X			
6TH FLOOR 3			X	VAT & MASTIC	340 SF	X			

Name of Registered Waste Hauler  
NEWARK CARTING  
369 RAYMOND BLVD.NJDEP Waste  
Hauler ID No.  
913Cubic Yards of Waste  
40Name of Registered Landfill  
GRAND CENTRAL SANITARY LANDFILLCity, State  
NEWARK, NEW JERSEY 07105Disposal Date  
05/13-12/30/19City, State  
PLAINFIELD TOWNSHIP, PACompleted by (Print or Type)  
BENJAMIN SANCHEZTitle  
DIRECTOR OF OPERATIONS

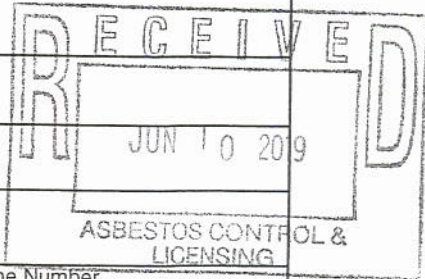
Signature

Date

6/5/19



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



<b>Date of Notification (1)</b> 5 / 10 /19		<b>Name of Building Owner/Operator (2)</b> HACKENSACK MERIDIAN HEALTH	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<b>Street Address</b> 30 PROSPECT AVENUE	
<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		<b>City, State, Zip Code</b> HACKENSACK, NEW JERSEY 07601	
		<b>Name of Contact</b> BRIAN O'NEIL	<b>Telephone Number</b> 732-751-3384

<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> JERSEY SHORE UNIVERSITY MEDICAL CENTER		<b>Type of Facility (4)</b> <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.)	
<b>Street Address</b> 1945 STATE HWY. 33		<b>Square Feet</b> 1,000,000	<b># of Floors</b> 6
<b>City (5)</b> NEPTUNE	<b>County (6)</b> OCEAN	<b>County Code (7) (STATE USE ONLY)</b>	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL TACTICS INC.		<b>ASCM No.</b> 99	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION
<b>Street Address</b> 64 BROAD STREET		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>City, State, Zip Code</b> MATAWAN, NJ		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Project Manager for Monitoring Firm</b> THOMAS GEIGER		<b>Telephone Number</b> 732-290-2217	<b>License Number</b> 1101
<b>Expected State Date (10)</b> 5 / 13 /19		<b>Sched. Completion Date (11)</b> 12 / 30 /19	
<b>Occupancy Status During Abatement (Check only one)</b> <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 6:30 PM-2:30 AM			
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by 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
6TH FLOOR 1 B			X	VAT & MASTIC	2,820 SF	X			
6TH FLOOR 2A			X	VAT & MASTIC	3,050 SF	X			
6TH FLOOR 2B			X	VAT & MASTIC	1,620 SF	X			
6TH FLOOR 3A			X	VAT & MASTIC	888 SF	X			
6TH FLOOR 3B			X	VAT & MASTIC	458 SF	X			
6TH FLOOR 3			X	VAT & MASTIC	340 SF	X			
<b>Name of Registered Waste Hauler</b> NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105		<b>NJDEP Waste Hauler ID No.</b> 913		<b>Cubic Yards of Waste</b> 40	<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY LANDFILL				
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS		<b>Disposal Date</b> 05/13-12/30/19	<b>Signature</b> 	<b>Date</b> 5/10/19			



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

34189

Date of Notification (1) 5 / 2 / 19		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">JUN 10 2019</div>
Agencies Notified		Street Address		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		30 PROSPECT AVENUE		
Type Notification		City, State, Zip Code		
<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		HACKENSACK, NEW JERSEY 07601		
		Name of Contact		Telephone Number
		BRIAN O'NEIL		732-751-3384

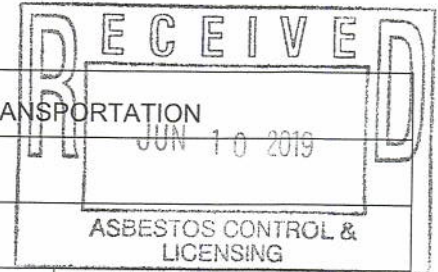
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) JERSEY SHORE UNIVERSITY MEDICAL CENTER			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)
Street Address 1945 STATE HWY. 33			Square Feet: 1,000,000 # of Floors: 6 Bldg. Age: 87
City (5) NEPTUNE	County (6) OCEAN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.		ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MATAWAN, NJ		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2217	Telephone Number: 845-369-7500 License Number: 1101
Expected State Date (10) 5 / 13 / 19		Sched. Completion Date (11) 12 / 30 / 19	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 6:30 PM-2:30 AM		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Encl. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by 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
6TH FLOOR 1 B			X	VAT & MASTIC	2,820 SF	X			
6TH FLOOR 2A			X	VAT & MASTIC	3,050 SF	X			
6TH FLOOR 2B			X	VAT & MASTIC	1,620 SF	X			
6TH FLOOR 3A			X	VAT & MASTIC	888 SF	X			
6TH FLOOR 3B			X	VAT & MASTIC	458 SF	X			
6TH FLOOR 3			X	VAT & MASTIC	340 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 40	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY 07105		Disposal Date 05/13-12/30/19		City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 		Date 5/3/19



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



Date of Notification (1) 5/30/2019		Name of Building Owner/Operator (2) NEW JERSEY DEPARTMENT OF TRANSPORTATION							
Agencies Notified	Type Notification	Street Address 1035 PARKWAY AVENUE							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code TRENTON, NJ 08618							
		Name of Contact SHERYL QUATERMAS	Telephone Number 609-530-5472						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) TOMS RIVER MAINTENANCE YARD		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 739 ROUTE 37 WEST		Square Feet	# of Floors						
City (5) TOMS RIVER		Bldg. Age							
County (6) OCEAN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL CONNECTION, INC.		ASCM No. 00030	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 120 NORTH WARREN ST.		Street Address 11 VREELAND AVENUE							
City, State, Zip Code TRENTON, NJ 08608		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm DOMINICK DERCOLE		Telephone No. 609-462-3218	Telephone No. 973-956-8700						
License No. 00494									
Start Date (10) 6/12/2019	Scheduled Completion Date (11) 6/21/2019	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED									
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 10	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 6/21/2019		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>		Date 5/30/2019			



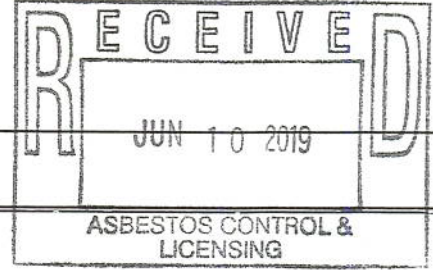
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

Proj. #: 19-113

CK 1030

PAID

Inv# 1030



Date of Notification (1) 06/10/19		Name of Building Owner/Operator (2) Davis Realtors	
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 288 Summerhill Rd. City, State, Zip Code East Brunswick, NJ 08816	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Jonathan Adler Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,400		
City (5) Highland Park, NJ 08904			# of Floors 02		
County (6) Union			Bldg. Age 70		
County Code (7) (State use only)			Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) KLOMAX, LLC	
Street Address				Street Address 309 W. End Ave	
City, State, Zip Code				City, State, Zip Code Hopatcong, NJ 07843	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 833-455-6629	
Start Date (10) 06/14/19		Sched. Completion Date (11) 06/18/2019		License Number 02007	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor KLOMAX, LLC	
				Street Address 309 W. End Ave	
				City, State, Zip Code Hopatcong, NJ 07843	

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		Pipe Insulation	171 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 038241	Cubic Yards of Waste 2 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Hopatcong, NJ 07843	Disposal Date TBD	City, State TULLYTOWN, PA	
Completed by (Print or Type) Paige Boylan	Title Owner	Signature 	Date 06/04/19

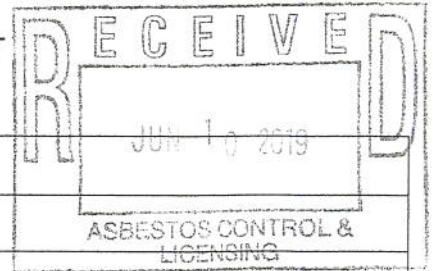


IN # 11576

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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



Date of Notification (1) 6-04-2019		Name of Building Owner / Operator (2) Jefferson Health	
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 checked="" type="checkbox"/> Amended (Scope & End Date extended) <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 18 E. Laurel Road City, State & Zip Code Stratford, NJ 08084	
		Name of Contact Mr. John Ferraina	Telephone Number 856-346-6000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Jefferson Health – 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 18 E. Laurel Road			Square Feet 250,000		
City (5) Stratford, NJ 08084			County (6) Camden	County Code (7)	# of Floors 2
			Bldg. Age 52		
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories, Inc.			ASCM No.		
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, Ste 202		
Project Manager for Monitoring Firm Mr. Mike Panepresso			City, State & Zip Code Trenton, NJ 08619		
Telephone Number 215-244-1300			Telephone Number 609-977-6159		License Number 01185
Scheduled Start Date (10) 5-28-2019		Scheduled Completion Date (11) 06-13-2019		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: Weekdays & weekends 24 hrs <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 type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Decking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray on insulation	668 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray on insulation	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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Robinson Waste Disposal Service, Inc.		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Voorhees, NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 		Date 06/4/2019



6099144651

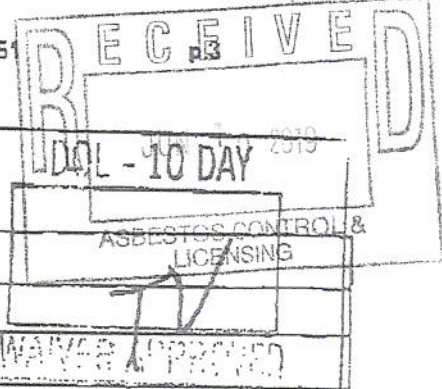
May 23 19 02:02p

Resource Management Group

## State of New Jersey

## NOTIFICATION OF ASBESTOS ABATEMENT

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

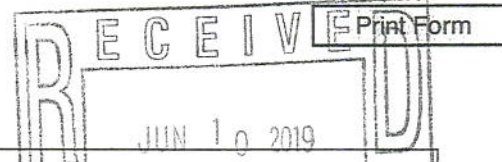


Date of Notification (1) 5-23-2019		Name of Building Owner / Operator (2) Jefferson Health		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 18 E. Laurel Road City, State & Zip Code Stratford, NJ 08084 Name of Contact Mr. John Fennema Telephone Number 856-348-6000	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Jefferson Health - CPD area			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 18 E. Laurel Road			Square Feet 250,000		
City (5) Stratford, NJ 08084		County (6) Camden	County Code (7)	# of Floors 2	Bldg. Age 52
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories, Inc.			Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address 3370 Progress Drive, Suite J			Street Address 2115 Hamilton Ave, Ste 202		
City, State & Zip Code Bensalem, Pa. 19020			City, State & Zip Code Trenton, NJ 08619		
Project Manager for Monitoring Firm Mr. Mike Panepresso			Telephone Number 215-244-1300		License Number 01185
Scheduled Start Date (10) 6-26-2019		Scheduled Completion Date (11) 06-5-2019		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: Weekdays & weekends 24 hrs <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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 250$ 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"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Decking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray on Insulation	688 SF
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler Robinson Waste Disposal Service, Inc.		NJDEP Waste Hauler ID No. 17304		Name of Registered Landfill Grows Landfill	
City, State Voorhees, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney		Title President		Signature <i>Brian Haney</i> Date 05/23/2019	



Inv# 11676  
CK 7413  
PAID

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

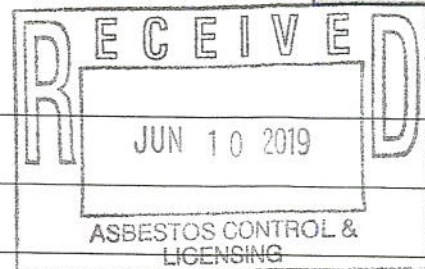


Date of Notification (1) 6/6/19		Name of Building Owner/Operator (2) Pennsauken Twp School District							
Agencies Notified	Type Notification	Street Address 1695 Hylton Road	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pennsauken NJ 08110							
		Name of Contact Brian	Telephone Number 856-767-7750						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Baldwin Elm 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 41st & Sharon Terrace		Square Feet 1000 +	# of Floors 1						
City (5) Pennsauken NJ 08110		Bldg. Age 35+							
County (6) Camden	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) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 6/24/19	Scheduled Completion Date (11) 7/5/19	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Rms 1020/1021			x	Floor Tile Mastic	384 SF	x			
Rms 1006, 1007, 1008, 1010, 1011			x	Chalk Board Adhesive	2701 SF	x			
Door Room 1013			x	Caulk	35 lf	x			
Hallway Rear Ent.			x	Transite Panel	60 SF				
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 7/5/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 6/6/19			



Inv # 11711  
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PAID

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



Date of Notification (1) 06/01/2019		Name of Building Owner/Operator (2) Robert Frasco							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Nutley NJ 07110							
		Name of Contact Robert Frasco	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Nutley		Square Feet	# of Floors						
County (6) Essex		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Rizov LLC						
Street Address		Street Address 246 Gaston Ave.							
City, State, Zip Code		City, State, Zip Code Garfield NJ 07026							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 06/11/2019		Scheduled Completion Date (11) 06/15/2019	Name of OSHA Monitor Rizov LLC						
Occupancy Status During Abatement (Check Only One)		Street Address 246 Gaston 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 Garfield NJ 07026							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe insulation	5 LF	X			
Basement		X		Plaster	25 Sq Ft	X			
Name of Registered Waste Hauler Rizov LLC		NJDEP Waste Hauler ID No. 0037825	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Hills Landfill					
City, State Garfield NJ		Disposal Date TBD		City, State Morisville, PA					
Completed by Aleksandra Rizova		Title Owner	Signature 			Date 06/01/2019			



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

2 of 3  
Inv # 11710

**RECEIVED**  
JUN 10 2019  
**ASBESTOS CONTROL & LICENSING**  
Telephone Number  
609-896-5000

Date of Notification (1) 05-23-2019		Name of Building Owner / Operator (2) Rider 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		Street Address 2083 Lawrenceville Road
	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended (Scope change) <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		City, State & Zip Code Lawrenceville, NJ 08648
			Name of Contact Mr. Walter Eddy
			Telephone Number 609-896-5000

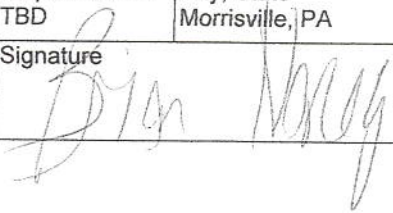
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Rider University – Science Building – 2 <sup>nd</sup> floor			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 2083 Lawrenceville Road			Square Feet 25,000		
City (5) Lawrenceville, NJ			County (6) Mercer		County Code (7)
			# of Floors 3		
			Bldg. Age 57		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates			ASCM No.		
Street Address 515 Grove Street, Suite 1B			Name of Abatement Contractor (9) Resource Management Group, LLC		
City, State & Zip Code Haddonfield, NJ 08035			Street Address 2115 Hamilton Ave, Suite 202		
Project Manager for Monitoring Firm Mr. Brian Clark			Telephone Number 856-547-0505		License Number 01185
Scheduled Start Date (10) 5-13-2019			Scheduled Completion Date (11) 6-22-2019		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During 1st Shift Describe: 7:00am to 6:30pm Week Day & Weekends <input checked="" type="checkbox"/> Facility Occupied During Abatement			Name of OSHA Monitor J&S Environmental Laboratories, Inc.		
			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 type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures/Cut & Wrap
		<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	Encapsulat	Enclosure
Rooms 201	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	2000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
216 and 216A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Door caulk	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
201-205, 220-219, 218a, 218 216 and 216A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Residual mastic	6,000	<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 05-23-2019



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

Date of Notification (1) 05-22-2019		Name of Building Owner / Operator (2) Rider University		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   JUN 10 2019 </div>					
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 <input checked="" type="checkbox"/> Amended (Scope-Ffile/Mastic increase) <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation				Street Address 2083 Lawrenceville Road City, State & Zip Code Lawrenceville, NJ 08648			
		Name of Contact Mr. Walter Eddy				ASBESTOS (Telephone Number) License Number 0095865000			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Rider University - Science Building - 2 <sup>nd</sup> floor				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 2083 Lawrenceville Road				Square Feet 25,000					
City (5) Lawrenceville, NJ		County (6) Mercer		# of Floors 3					
		County Code (7)		Bldg. Age 57					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates				Current Use (Prior if being demolished) Campus Building					
Street Address 515 Grove Street, Suite 1B				Name of Abatement Contractor (9) Resource Management Group, LLC					
City, State & Zip Code Haddonfield, NJ 08035				Street Address 2115 Hamilton Ave, Suite 202					
Project Manager for Monitoring Firm Mr. Brian Clark				City, State & Zip Code Trenton, NJ 08619					
Telephone Number 856-547-0505				License Number 01185					
Scheduled Start Date (10) 5-13-2019		Scheduled Completion Date (11) 6-22-2019		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 During 1st Shift Describe: 8:00am to 6:30pm Week Day & Weekends <input checked="" 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"/> ≥160 sf ≥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"/> Glove Bag Procedures/Cut & Wrap <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						Removal	Repair	Encapsulat	Enclosure
Rooms 201 & 203		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Floor tile & Mastic	4,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms 218 & 216		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Pipe Elbows	15 Each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms 218 & 216		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Pipe Insulation	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms 218 & 216		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Door Caulk	100 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms 201-205, 220, 219, 218A, 218, 216		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Residual Mastic	2,500 SF	<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 <i>Brian Haney</i>			Date 05-22-2019		



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ASBESTOS CONTROL &  
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Date



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

I Amended 5/29

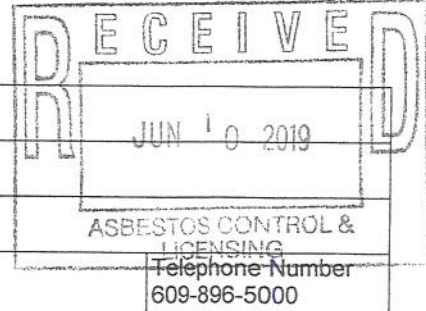
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JUN 10 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 05-29-2019		Name of Building Owner / Operator (2) Rider 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 <input checked="" type="checkbox"/> Amended (Scope change) <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation							
Street Address 2083 Lawrenceville Road		City, State & Zip Code Lawrenceville, NJ 08648							
Name of Contact Mr. Walter Eddy		Telephone Number 609-896-5000							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rider University – Science Building – 3 <sup>rd</sup> Floor Offices		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2083 Lawrenceville Road		Square Feet 25,000							
City (5) Lawrenceville, NJ		County (6) Mercer	County Code (7)						
Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates		ASCM No.							
Street Address 515 Grove Street, Suite 1B		Name of Abatement Contractor (9) Resource Management Group, LLC							
City, State & Zip Code Haddonfield, NJ 08035		Street Address 2115 Hamilton Ave, Suite 202							
Project Manager for Monitoring Firm Mr. Brian Clark		Telephone Number 856-547-0505	License Number 01185						
Scheduled Start Date (10) 5-14-2019		Scheduled Completion Date (11) 6-07-2019							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During 1st Shift Describe: 7:00am to 6:30pm Week Day & Weekends <input checked="" type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor J&S Environmental Laboratories, Inc.							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures/Cut & Wrap <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulat	Enclosure
Rooms 216A, Selected areas of hallway & Interior walls of room 218, 218A & 219A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sheetrock & Joint Compound	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill					
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) Mr. Brian J. Haney		Title President	Signature 			Date 05-29-2019			



II extended 6/16

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

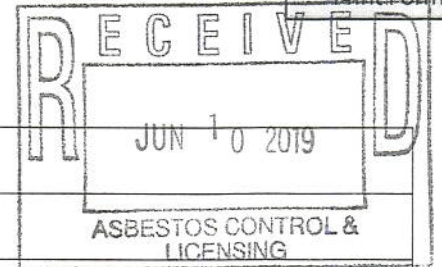


Date of Notification (1) 06-6-2019		Name of Building Owner / Operator (2) Rider University							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended (end date) <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 2083 Lawrenceville Road						
			City, State & Zip Code Lawrenceville, NJ 08648						
			Name of Contact Mr. Walter Eddy						
			Telephone Number 609-896-5000						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Rider University – Science Building – 3 <sup>rd</sup> Floor Offices		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2083 Lawrenceville Road		Square Feet 25,000	# of Floors 3						
City (5) Lawrenceville, NJ	County (6) Mercer	County Code (7)	Bldg. Age 57						
Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address 515 Grove Street, Suite 1B		Street Address 2115 Hamilton Ave, Suite 202							
City, State & Zip Code Haddonfield, NJ 08035		City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Mr. Brian Clark		Telephone Number 856-547-0505	Telephone Number 609-977-6159						
License Number 01185									
Scheduled Start Date (10) 5-14-2019	Scheduled Completion Date (11) 6-10-2019	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 During 1st Shift Describe: 7:00am to 6:30pm Week Day & Weekends <input checked="" 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 type="checkbox"/> Glove Bag Procedures/Cut & Wrap <input type="checkbox"/> Non-Exempted and Non-Frangible 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	Encapsulat	Enclosure
Rooms 216A, Selected areas of hallway & Interior walls of room 218, 218A & 219A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sheetrock & Joint Compound	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 06-6-2019		



INV # 11058  
 CK 1476700974

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


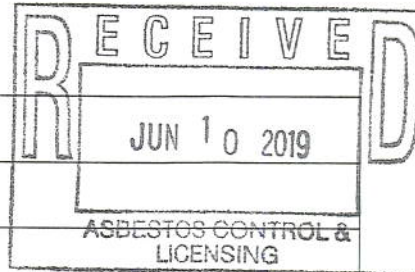
Date of Notification (1) 06/05/2019		Name of Building Owner/Operator (2) Woody Spitz							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Orange, NJ 07079							
		Name of Contact Woody Spitz	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) South Orange		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 9733458685	License No. 01311						
Start Date (10) 06/20/2019	Scheduled Completion Date (11) 06/21/2019	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	65 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature <i>JN</i>			Date 06/05/2019		



Inv# 11259  
CK1411505440

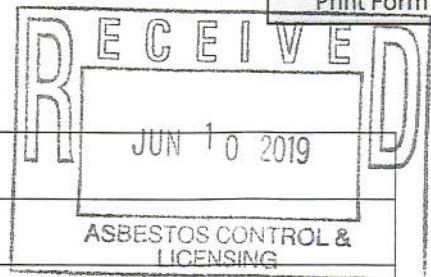
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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06/05/2019		Name of Building Owner/Operator (2) Alison Ryan							
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 Woodridge, NJ 07075							
		Name of Contact Alison Ryan	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Woodridge		Square Feet N/A	# of Floors N/A						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 9733458685						
			License No. 01311						
Start Date (10) 06/18/2019	Scheduled Completion Date (11) 06/19/2019	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	210 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 06/05/2019			





INV # 11660  
OK 6759 701501 PAID

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

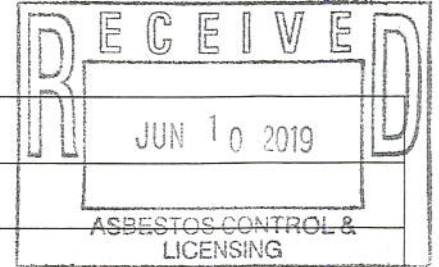
Date of Notification (1) 06/05/2019		Name of Building Owner/Operator (2) Elizabeth Carlino							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" 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 Union, NJ 07083							
		Name of Contact Elizabeth Carlino	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Union		Bldg. Age N/A							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 9733458685						
			License No. 01311						
Start Date (10) 06/21/2019	Scheduled Completion Date (11) 06/22/2019	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	90 LF	X			
Basement		X		VAT	60 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 06/05/2019			



Inv# 11661  
CK 1204603956

**PAID**

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



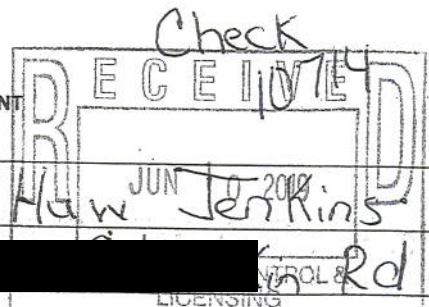
Date of Notification (1) 06/05/2019		Name of Building Owner/Operator (2) Clare Doherty							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Oakland, NJ 07436							
		Name of Contact Clare Doherty	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Oakland		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 9733458685						
			License No. 01311						
Start Date (10) 06/19/2019	Scheduled Completion Date (11) 06/20/2019	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input 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
Basement		X		VAT	560 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 			Date 06/05/2019		



INV# 110602  
CK 10714

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



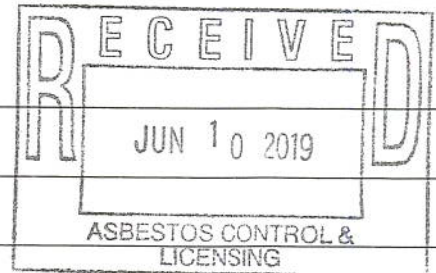
Date of Notification (1) <b>6-7-19</b>		Name of Building Owner/Operator (2) <b>Huw Jenkins</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <b>Clarksboro NJ 08620</b> Name of Contact <b>Huw Jenkins</b> Telephone Number <b>856-905-9182</b>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Single Family Dwelling</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet <b>2</b> # of Floors <b>80+-</b>							
City (5) <b>Clarksboro NJ 08020</b>		Bldg. Age <b>80+-</b>							
County (6) <b>Gloucester</b>		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>							
Street Address <b>P.O. Box 337</b>		Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>							
City, State, Zip Code <b>New Egypt, NJ 08533</b>		Street Address <b>P.O. Box 337</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Telephone No. <b>609 758-3365</b>		Telephone No. <b>609 758-3365</b>							
Start Date (10) <b>6-17-19</b>		License No. <b>00394</b>							
Scheduled Completion Date (11) <b>6-17-19</b>		Name of OSHA Monitor <b>EPC Technologies Inc</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>P.O. Box 337</b>							
		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>Basement backwall</b>	<b>x</b>			<b>Pipe Insulation</b>	<b>30 LF</b>	<b>x</b>			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>		Cubic Yards of Waste <b>1</b>		Name of Registered Landfill <b>Waste Management of PA</b>			
City, State <b>New Egypt NJ</b>		Disposal Date <b>6-18-19</b>		City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>		Date <b>6-7-19</b>			



Inv# 11663  
OK 1444

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



Date of Notification (1) 6/4/2019		Name of Building Owner/Operator (2) Roslyn Williams							
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07106							
		Name of Contact Roslyn Williams	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private		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) Newark		Square Feet	# of Floors						
County (6) Essex		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) G S C Services Corp						
Street Address		Street Address 1465 Route 23 South, #111							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-750-0752						
			License No. 01253						
Start Date (10) 6/14/2019		Scheduled Completion Date (11) 6/28/2019							
Name of OSHA Monitor EnviroVision Consultants									
Occupancy Status During Abatement (Check Only One)		Street Address 20-21 Wagaraw Road							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <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
1st, 2nd, 3rd, FL			X	ACM plaster	2,500sf	X			
1st FL Foyer			X	window caulking/glaze	50lf	X			
Name of Registered Waste Hauler G S C Services Corp		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste	Name of Registered Landfill TRRF					
City, State Wayne, NJ		Disposal Date		City, State Tullytown, PA					
Completed by Daniela Antic		Title Owner	Signature 			Date 6/4/2019			



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INVOICE #11419

State of New Jersey

**NOTIFICATION OF ASBESTOS ABATEMENT**

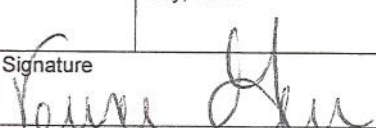
(Pursuant to NJAC 8:60 and 5:16)

ck# 3196

RECEIVED

JUN 10 2019

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <div style="text-align: center;">05 / 22 / 19</div>		Name of Building Owner/Operator (2) <b>2125 Haddonfield LLC</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1210 Penns Trails</b> City, State, Zip Code <b>Newtown PA 18940</b> Name of Contact <b>Mr. Joe Lieberman</b> Telephone Number <b>215-806-2250</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Shed</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>2125 Haddonfield Rd</b>		Square Feet <b>150</b>	# of Floors <b>1</b>						
City (5) <b>Pennsauken, NJ 08110</b>		Bldg. Age <b>1945</b>							
County (6) <b>Atlantic County</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Shed</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Graham-Tech Environmental Service, LLC.</b>							
Street Address		Street Address <b>958 Jackson Rd</b>							
City, State, Zip Code		City, State, Zip Code <b>Mays Landing, NJ 08330</b>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>609-561-1901</b>	License No. <b>01158</b>						
Start Date (10) <div style="text-align: center;">06 / 01 / 19</div>	Scheduled Completion Date (11) <div style="text-align: center;">06 / 15 / 19</div>	Name of OSHA Monitor <b>Graham-Tech Environmental Services, LLC.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7AM-11:30PM</u> / ____ PM - ____ AM		Street Address <b>958 Jackson Rd</b> City, State, Zip Code <b>Mays Landing, NJ 08330</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>150SqFt</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Outside Shingles</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Asbestos shingles</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Graham-Tech Environmental Service</b>		NJDEP Waste Hauler ID No. <b>0034500</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>Pioneern Crossing</b>					
City, State		Disposal Date		City, State					
Completed By (Print or Type) <b>Vernice Graham</b>	Title <b>President</b>	Signature 				Date <b>5-22-19</b>			

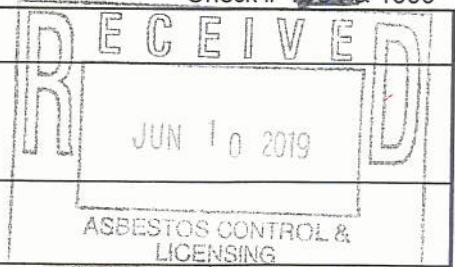


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Trv# 11703 PAID

Check # ~~19842~~ 1999

Date of Notification (1) <b>May 28, 2019</b> <b>May 17, 2019</b>		Name of Building Owner / Operator (2) <b>AtlantiCare Regional Medical Center</b>	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	<b>1925 Pacific Avenue</b>  City, State & Zip Code <b>Atlantic City, NJ 08401</b>	
		Name of Contact <b>William Malazita</b>	Telephone Number <b>609-345-4000</b>



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>AtlantiCare Regional Medical Center</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address <b>1925 Pacific Avenue</b>		Square Feet	# of Floors
City (5) <b>Atlantic City, NJ</b>		Bldg. Age <b>120 Years</b>	
County (6) <b>Atlantic</b>		Current Use (Prior if being demolished) <b>Hospital</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillmann Consulting, Inc.</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
Street Address <b>1600 Route 22 East, Ste 107</b>		Street Address <b>829 Radio Road</b>	
City, State & Zip Code <b>Union, NJ 07083</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Project Manager for Monitoring Firm <b>Stephen Cherepany</b>		Telephone Number <b>908-688-7800</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>June 10, 2019</b>	Scheduled Completion Date (11) <b>November 19, 2019</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

Scope of Work (Check all that apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
1st Floor Offices			X	Floor Tile and Mastic	2,400 SF	X			
1st Floor Offices			X	Plaster Ceiling	1,100 SF	X			

Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>80</b>	Name of Registered Landfill <b>Atlantic County Utilities Authority</b>	
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>December 2, 2019</b>		City, State <b>Egg Harbor Township, NJ</b>	
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature 		Date <b>May 28, 2019</b> <b>May 17, 2019</b>	



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

Check # 1984

Date of Notification (1) <b>May 17, 2019</b>		Name of Building Owner / Operator (2) <b>AtlantiCare Regional Medical Center</b>		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <b>RECEIVED</b>   JUN 10 2019   ASBESTOS CONTROL &amp;  LISTED  Telephone Number  <b>609-345-4000</b> </div>					
Agencies Notified	Type Notification	Street Address  <b>1925 Pacific Avenue</b>							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Atlantic City, NJ 08401</b>							
		Name of Contact <b>William Malazita</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>AtlantiCare Regional Medical Center</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)						
Street Address <b>1925 Pacific Avenue</b>			Square Feet      # of Floors      Bldg. Age   120 Years						
City (5) <b>Atlantic City, NJ</b>			Current Use (Prior if being demolished) <b>Hospital</b>						
County (6) <b>Atlantic</b>		County Code (7) <b>USE ONLY</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillmann Consulting, Inc.</b>		ASCM No.		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>					
Street Address <b>1600 Route 22 East, Ste 107</b>				Street Address <b>829 Radio Road</b>					
City, State & Zip Code <b>Union, NJ 07083</b>				City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>					
Project Manager for Monitoring Firm <b>Stephen Cherepany</b>		Telephone Number <b>908-688-7800</b>		Telephone Number <b>609-296-6916</b>					
Scheduled Start Date (10) <b>May 28, 2019</b>		Scheduled Completion Date (11) <b>November 19, 2019</b>		License Number <b>00817</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement			Name of OSHA Monitor <b>Synatech, Inc.</b>						
			Street Address <b>829 Radio Road</b>						
			City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥ 50 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)		Is Location Normally Used Solely by Maintenance 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			
						Removal	Repair	Encapsulat	Enclosure
1st Floor Offices		X		Joint Compound	2,500 SF	X			
1st Floor Offices		X		Floor Tile and Mastic	2,000 SF	X			
1st Floor Offices		X		Plaster Ceiling	660 SF	X			
Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>		Cubic Yards of Waste <b>80</b>	Name of Registered Landfill <b>Atlantic County Utilities Authority</b>				
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>December 2, 2019</b>		City, State <b>Egg Harbor Township, NJ</b>					
Completed By <b>Diane Aloia</b>		Title <b>Executive Administrator</b>		Signature <i>Diane Aloia</i>		Date <b>May 17, 2019</b>			



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

Check # 1998

Date of Notification (1) <b>May 28, 2019</b> <b>November 7, 2017</b>		Name of Building Owner / Operator (2) <b>AtlantiCare Regional Medical Center – Mainland Division</b>		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <b>RECEIVED</b>   JUN 10 2019   ASBESTOS CONTROL &amp;  LICEN </div>					
Agencies Notified		Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>65 West Jimmie Leeds Road</b>  City, State & Zip Code <b>Pomona, NJ 08240</b>							
Type Notification  <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Cancellation		Name of Contact <b>Mike Turner – Aegis Property Group</b>  Telephone Number <b>609-652-1000</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>AtlantiCare Regional Medical Center – Mainland Division</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)						
Street Address <b>65 West Jimmie Leeds Road</b>			Square Feet # of Floors Bldg. Age <b>43 Years</b>						
City (5) <b>Pomona, NJ</b>			Current Use (Prior if being demolished) <b>Hospital</b>						
County (6) <b>Atlantic</b>		County Code (7) <b>USE ONLY</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillmann Consulting, Inc.</b>		ASCM No.		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>					
Street Address <b>1600 Route 22 East, Ste 107</b>				Street Address <b>829 Radio Road</b>					
City, State & Zip Code <b>Union, NJ 07083</b>				City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>					
Project Manager for Monitoring Firm <b>Stephen Cherepany</b>		Telephone Number <b>908-688-7800</b>		Telephone Number <b>609-296-6916</b>					
License Number <b>00817</b>									
Scheduled Start Date (10) <b>November 18, 2017</b>		Scheduled Completion Date (11) <b>August 23, 2019</b>		Name of OSHA Monitor <b>Synatech, Inc.</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>829 Radio Road</b>						
			City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥ 50 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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance 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
1 <sup>st</sup> Floor Nurses Station, Hallways, Patient Rooms			X	Floor Tile / Sheet Flooring	14,500 SF	X			
1 <sup>st</sup> Floor Radiology			X	Floor Tile	17,500	X			
Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>		Cubic Yards of Waste <b>80</b>		Name of Registered Landfill <b>Atlantic County Utilities Authority</b>			
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>August 26, 2019</b>		City, State <b>Egg Harbor Township, NJ</b>					
Completed By <b>Diane Aloia</b>		Title <b>Executive Administrator</b>		Signature <i>Diane Aloia</i>		Date <b>May 28, 2019</b> <b>November 7, 2017</b>			



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

Check # 1259

Date of Notification (1) <b>June 4, 2018</b> <b>November 7, 2017</b>		Name of Building Owner / Operator (2) <b>AtlantiCare Regional Medical Center – Mainland Division</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   JUN 10 2019   <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>					
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Cancellation	<b>65 West Jimmie Leeds Road</b>  City, State & Zip Code <b>Pomona, NJ 08240</b>  Name of Contact <b>Mike Turner – Aegis Property Group</b>							
		Telephone Number <b>609-652-1000</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>AtlantiCare Regional Medical Center – Mainland Division</b>			Type of Facility (4)						
Street Address <b>65 West Jimmie Leeds Road</b>			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)						
City (5) <b>Pomona, NJ</b>			Square Feet	# of Floors	Bldg. Age <b>43 Years</b>				
County (6) <b>Atlantic</b>			Current Use (Prior if being demolished) <b>Hospital</b>						
County Code (7) <b>USE ONLY</b>									
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillmann Consulting, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Synatech, Inc.</b>						
Street Address <b>1600 Route 22 East, Ste 107</b>			Street Address <b>829 Radio Road</b>						
City, State & Zip Code <b>Union, NJ 07083</b>			City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>						
Project Manager for Monitoring Firm <b>Stephen Cherepany</b>		Telephone Number <b>908-688-7800</b>	Telephone Number <b>609-296-6916</b>	License Number <b>00817</b>					
Scheduled Start Date (10) <b>November 18, 2017</b>	Scheduled Completion Date (11) <b>June 3, 2019</b>		Name of OSHA Monitor <b>Synatech, Inc.</b>						
Occupancy Status During Abatement (Check only one)			Street Address <b>829 Radio Road</b>						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥ 50 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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>1<sup>st</sup> Floor Nurses Station, Hallways, Patient Rooms</b>			<b>X</b>	<b>Floor Tile / Sheet Flooring</b>	<b>14,500 SF</b>	<b>X</b>			
<b>1<sup>st</sup> Floor Radiology</b>			<b>X</b>	<b>Floor Tile</b>	<b>17,500</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>80</b>	Name of Registered Landfill <b>Fairless Hills</b>					
City, State <b>Little Egg Harbor, NJ 08087</b>			Disposal Date <b>June 4, 2019</b>	City, State <b>Morrisville, PA</b>					
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>			Date <b>June 4, 2018</b> <b>November 7, 2017</b>				

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



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

Check # 12229 & 1037

Date of Notification (1) <b>March 12, 2017</b> <b>November 7, 2017</b>		Name of Building Owner / Operator (2) <b>AtlantiCare Regional Medical Center – Mainland Division</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  JUN 10 2019  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>				
Agencies Notified	Type Notification	Street Address						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>      </u> <input type="checkbox"/> Cancellation	<b>65 West Jimmie Leeds Road</b>  City, State & Zip Code <b>Pomona, NJ 08240</b>						
		Name of Contact <b>Mike Turner – Aegis Property Group</b>		Telephone Number <b>609-652-1000</b>				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>AtlantiCare Regional Medical Center – Mainland Division</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)					
Street Address <b>65 West Jimmie Leeds Road</b>			Square Feet	# of Floors	Bldg. Age <b>43 Years</b>			
City (5) <b>Pomona, NJ</b>			Current Use (Prior if being demolished) <b>Hospital</b>					
County (6) <b>Atlantic</b>		County Code (7) <b>USE ONLY</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillmann Consulting, Inc.</b>		ASCM No.		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>				
Street Address <b>1600 Route 22 East, Ste 107</b>				Street Address <b>829 Radio Road</b>				
City, State & Zip Code <b>Union, NJ 07083</b>				City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>				
Project Manager for Monitoring Firm <b>Stephen Cherepany</b>		Telephone Number <b>908-688-7800</b>		Telephone Number <b>609-296-6916</b>	License Number <b>00817</b>			
Scheduled Start Date (10) <b>November 18, 2017</b>		Scheduled Completion Date (11) <b>June 4, 2018</b>		Name of OSHA Monitor <b>Synatech, Inc.</b>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>829 Radio Road</b> City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>					
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥ 50 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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance 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) <b>14,500 SF</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>1<sup>st</sup> Floor Nurses Station, Hallways, Patient Rooms</b>			<b>X</b>	<b>Floor Tile / Sheet Flooring</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>		Cubic Yards of Waste <b>80</b>		Name of Registered Landfill <b>Fairless Hills</b>		
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>June 5, 2018</b>		City, State <b>Morrisville, PA</b>				
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>			Date <b>March 12, 2018</b> <b>November 7, 2017</b>			

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



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

Check # 12229

Date of Notification (1) <b>November 7, 2017</b>		Name of Building Owner / Operator (2) <b>AtlantiCare Regional Medical Center – Mainland Division</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   JUN 10 2019   ASBESTOS CONTROL &amp; LICENSING </div>	
Agencies Notified	Type Notification	Street Address			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	65 West Jimmie Leeds Road  City, State & Zip Code Pomona, NJ 08240			
		Name of Contact Mike Turner – Aegis Property Group			
				Telephone Number 609-652-1000	


  

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>AtlantiCare Regional Medical Center – Mainland Division</b>			Type of Facility (4)		
Street Address <b>65 West Jimmie Leeds Road</b>			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)		
City (5) <b>Pomona, NJ</b>			Square Feet	# of Floors	Bldg. Age <b>43 Years</b>
County (6) <b>Atlantic</b>			Current Use (Prior if being demolished) <b>Hospital</b>		
County Code (7) <b>USE ONLY</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillmann Consulting, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Synatech, Inc.</b>		
Street Address <b>1600 Route 22 East, Ste 107</b>			Street Address <b>829 Radio Road</b>		
City, State & Zip Code <b>Union, NJ 07083</b>			City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>		
Project Manager for Monitoring Firm <b>Stephen Cherepany</b>		Telephone Number <b>908-688-7800</b>	Telephone Number <b>609-296-6916</b>		License Number <b>00817</b>
Scheduled Start Date (10) <b>November 18, 2017</b>	Scheduled Completion Date (11) <b>March 19, 2018</b>		Name of OSHA Monitor <b>Synatech, Inc.</b>		
Occupancy Status During Abatement (Check only one)			Street Address <b>829 Radio Road</b>		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥ 50 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure					

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance 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
1 <sup>st</sup> Floor Nurses Station, Hallways, Patient Rooms			X	Floor Tile / Sheet Flooring	14,500 SF	X			

Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>80</b>	Name of Registered Landfill <b>Fairless Hills</b>	
City, State <b>Little Egg Harbor, NJ 08087</b>			Disposal Date <b>March 20, 2018</b>	City, State <b>Morrisville, PA</b>	
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature 		Date <b>November 7, 2017</b>	

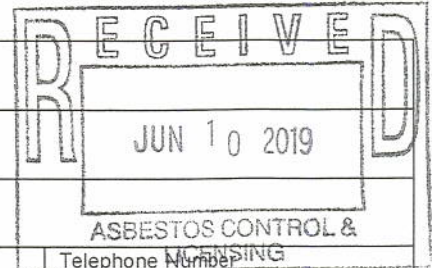
\*Do not use this form for asbestos licensure exempted activities.



Inv# 11704  
OK 146

PAID

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



Date of Notification (1) 05-29-2019		Name of Building Owner/Operator (2) John DeSheplo							
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 Fort Lee							
		Name of Contact John DeSheplo							
		Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Fort Lee NJ 07024		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Private Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) Standard Environmental		ASCM No. _____	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 2108 Fulton Street Suite 2A		Street Address PO BOX 734							
City, State, Zip Code Brooklyn NY 11233		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Kayode Adefisoye		Telephone No. 347-241-7673	Telephone No. 973-692-6298						
Start Date (10) 06-07-2019		Scheduled Completion Date (11) 12-07-2019	License No. 01266						
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: _____		Name of OSHA Monitor Amax Contracting LLC							
		Street Address PO BOX 734							
		City, State, Zip Code Woodland Park NJ 07424							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			x	roofing shingles	2200 SF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 30 CY	Name of Registered Landfill Fairless Hills					
City, State Woodland Park NJ 07424		Disposal Date 12-15-2019		City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager		Signature 		Date 05-29-2019			



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

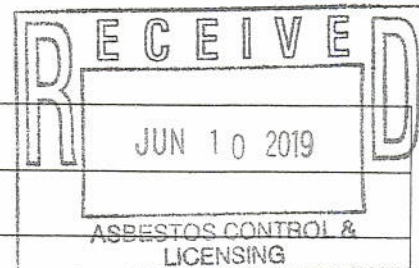
**Inv# 11705 PAID**

**CK# 2640**

Date of Notification (1) 5/31/19		Name of Building Owner/Operator (2) Shoprite		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JUN 10 2019  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>					
Agencies Notified		Street Address 60 Beaverbrook Rd							
<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 Lincoln Park, NJ 07035  Name of Contact							
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential House				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]				Square Feet 2000 # of Floors 2 Bldg. Age 50+					
City (5) Lincoln Park				Current Use (Prior if being demolished) Residential House					
County (6) Morris		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Harmony Contracting Inc					
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 973460.6026 License No. 01255					
Start Date (10) 6/9/19		Scheduled Completion Date (11) 6/15/19		Name of OSHA Monitor Harmony Contracting Inc					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Scheduled for Demo</u>				Street Address 360 Palisade Ave City, State, Zip Code Garfield, NJ 07026					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	Transite Shingles	1800 SF	x			
Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033085		Cubic Yards of Waste TBD		Name of Registered Landfill GROWS Landfill			
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>		Date 5/31/19			



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



Date of Notification (1) 5-31-2019		Name of Building Owner/Operator (2) 351 Marin, LLC							
Agencies Notified	Type Notification	Street Address 515 Marin Blvd.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07302							
		Name of Contact Gerald Eglentowicz	Telephone Number 732-991-1173						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 315 Marin Blvd		Square Feet 30927	# of Floors 1						
City (5) Jersey City, NJ 07302		Bldg. Age 66+							
County (6) Hudson	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) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 6-10-2019	Scheduled Completion Date (11) 6-15-2019	Name of OSHA Monitor Green Environmental Services, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 235 Virginia Avenue							
		City, State, Zip Code Jersey City, NJ 07304							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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		X		Roofing Material	7050 SF	X			
Roof		X		Transite Flue/ Roof	3 LF	X			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill					
City, State Jersey City, NJ			Disposal Date 6-15-2019	City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager		Signature 			Date 5-31-2019		

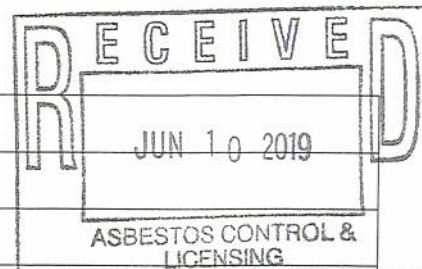


Inv# 11709  
CK1054 PAID

State of New Jersey

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)



Date of Notification (1): 5/31/2019		Name of Building Owner/Operator (2) Newark Public School	
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 <input type="checkbox"/> Amended Amendment#: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 190 Muhammad Ali Avenue Room 209	
	City, State, Zip Code: Newark, NJ 07108		
	Name of Contact: Mr. Benjamin Olagadeyo		Telephone Number: 973-733-7200

**FACILITY INFORMATION**

Name of Facility: Oliver Street School			Type of Facility (4): <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
104 Oliver Street			Square Feet: # of Floors:		
City/ (5) Newark	County (6): Essex	County Code (7): 07105	Bldg. Age Current Use: School		
Name of Monitoring Firm Hired by Building Owner: TTI ENVIRONMENTAL, INC.		ASCM No.: 0003	Name of Abatement Contractor (9): <b>Apex Development, Inc.</b>		
Street Address: 1253 North Church Street			Street Address: <b>358 Broadway</b>		
City, State, Zip Code: Moorestown, NJ 08057			City, State, Zip Code: <b>Newark, NJ 07104</b>		
Project Manager for Monitoring Firm: James A. Guillard		Telephone No.: 609-314-1683	Telephone No.: <b>(973) 350-0101</b>	License No.: <b>01215</b>	
Start Date (10): 6/10/19	Scheduled Completion Date (11): 08/10/19		Name of OSHA Monitor: Metro Analytical Laboratories		
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 type="checkbox"/> Other Describe:			Street Address: <b>255 West 36<sup>th</sup> Street, Suite 203</b>		
			City, State, Zip Code: <b>New York, New York, 10018</b>		

Scope of Work (Check all that apply):

<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input 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	Encapsulat	Enclosure
<b>BOILER ROOM</b>		X		<b>PIPE FITTING INSULATION</b>	<b>100 LF</b>	*			*
<b>BOLER ROOM</b>		X		<b>PIPE INSULATION</b>	<b>510 LF</b>	*			*
<b>BOILER ROOM</b>		X		<b>BOILER BREECHING</b>	<b>500 LF</b>	*			*

Name of Registered Waste Hauler: NEWARK CARTING, INC.		NJDEP Waste Hauler ID No.: 4509	Cubic Yards of Waste: 30	Name of Registered landfill: GRAND CENTRAL LANDFILL	
City, State: P.O. Box 5670 Newark, NJ 07105		Disposal Date:		City, State: Pen Argyl, PA 18072	
Completed By: Chinyelu Oraegbunam		Title: Vice President	Signature: 	Date: 5/31/2019	

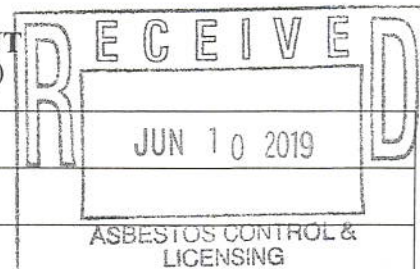


Inv # 11708  
CK1054

PAID

State of New Jersey

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

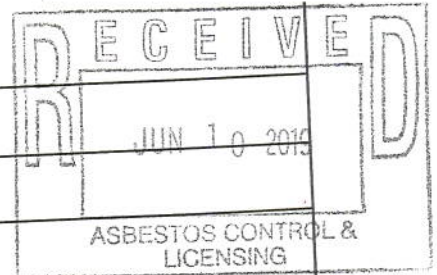


Date of Notification (1): 5/31/2019		Name of Building Owner/Operator (2) Newark Public School						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 190 Muhammad Ali Avenue Room 209						
		City, State, Zip Code: Newark, NJ 07108						
		Name of Contact: Mr. Benjamin Olagadeyo	Telephone Number: 973-733-7200					
<b>FACILITY INFORMATION</b>								
Name of Facility: Avon Avenue School		Type of Facility (4): <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
219 Avon Avenue		Square Feet: # of Floors:						
City/ (5) Newark	County (6): Essex	County Code (7): 07108	Bldg. Age Current Use: School					
Name of Monitoring Firm Hired by Building Owner: TTI ENVIRONMENTAL, INC.		ASCM No.: 0003	Name of Abatement Contractor (9): <b>Apex Development, Inc.</b>					
Street Address: 1253 North Church Street		Street Address: <b>358 Broadway</b>						
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: <b>Newark, NJ 07104</b>						
Project Manager for Monitoring Firm: James A. Guilardi		Telephone No.: 609-314-1683	Telephone No.: <b>(973) 350-0101</b> License No.: <b>01215</b>					
Start Date (10): 6/10/19	Scheduled Completion Date (11): 08/10/19	Name of OSHA Monitor: Metro Analytical Laboratories						
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 type="checkbox"/> Other Describe:		Street Address: <b>255 West 36<sup>th</sup> Street, Suite 203</b> City, State, Zip Code: <b>New York, New York, 10018</b>						
Scope of Work (Check all that apply): <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulat
BOILER ROOM		X	PIPE FITTING INSULATION	250 LF	*			*
BOLER ROOM		X	PIPE INSULATION	280 LF	*			*
BOILER ROOM		X	BOILER BREECHING	800 LF	*			*
Name of Registered Waste Hauler: NEWARK CARTING, INC.		NJDEP Waste Hauler ID No.: 4509	Cubic Yards of Waste: 30	Name of Registered landfill: GRAND CENTRAL LANDFILL				
City, State: P.O. Box 5670 Newark, NJ 07105		Disposal Date:		City, State: Pen Argyl, PA 18072				
Completed By: Chinyelu Oraegbunam		Title: Vice President	Signature: 	Date: 5/31/2019				



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



Date of Notification (1)

6 / 6 /19

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

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

Name of Building Owner/Operator (2)

RIVERVIEW MEDICAL CENTER

Street Address

1 RIVERVIEW PLAZA

City, State, Zip Code

RED BANK, NEW JERSEY 07701

Name of Contact

ERIC MATTSO

Telephone Number

732-450-2689

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

RIVERVIEW MEDICAL CENTER

Type of Facility (4)

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

Square Feet

250,000

# of Floors

6

Bldg. Age

65

Street Address

1 RIVERVIEW PLAZA-1ST &amp; 2ND FLOORS

City (5)

RED BANK

County (6)

MONMOUTH

County Code (7)  
(STATE USE ONLY)

ASCM No.

17

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL TACTICS

Street Address

64 BROAD STREET

City, State, Zip Code

MATAWAN, NEW JERSEY 07747

Project Manager for Monitoring Firm

THOMAS GEIGER

Telephone Number

732-290-2236

Expected State Date (10)

1 / 23 / 19  
Month Day Year

Sched. Completion Date (11)

9 / 30 /19  
Month Day Year

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: MON.-SAT. 7AM-12 AM
Current Use (Prior if being demolished) Pharm. Lab.  
HOSPITAL

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

1101

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

Street Address

1376 ROUTE 9

City, State, Zip Code

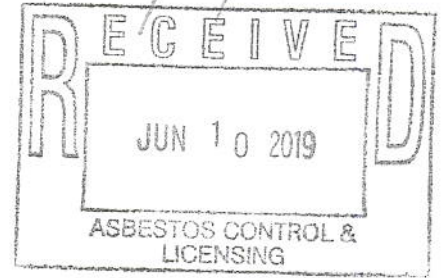
WAPPINGERS FALLS, NEW YORK 12590

Scope of Work (Check all that apply)

☐ Demolition  
☐ >3SF OR LF  
☒ >160 SF OR 260 LF
☒ Renovation
☐ Criticals with Negative Pressure  
☒ Mini-Enclo,  
☒ Glovebag Procedure  
☒ Non-Friable Procedure

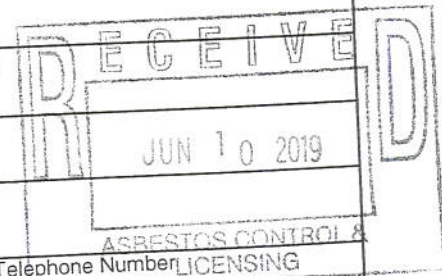
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION complete	832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC complete	1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC complete	1,552 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC complete	1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC complete	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION complete	478 LF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK complete	20 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION complete	40 LF	X			
2ND FL EAST CORRIDOR			X	WALL MASTIC complete	144 SF	X			
2ND FL WEST CORRIDOR			X	WINDOW CAULK complete	2 SF	X			
2ND FL WEST CORRIDOR			X	COLUMN MASTIC complete	960 SF	X			
2ND FL CARDIAC RESPIRATORY REHAB			X	DUCT INSULATION complete	1,260 SF	X			
1ST FL KITCHEN			X	EXTERIOR WALL MASTIC complete	420 SF	X			
2ND FLOOR NORTHWALL			X	PIPE INSULATION complete	14 LF	X			
1st FL DINING ROOM			X	PIPE INSULATION complete	79 LF	X			
1ST FL WEST DISH WASH AREA			X	PIPE INSULATION complete	158 LF	X			
1ST FL KITCHEN FOOD AREA			X	PIPE INSULATION	66 LF	X			
1ST FL KITCHEN FOOD PREP AREA			X						

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NJ 07105	Disposal Date 1/11/2019-09/30/2019	City, State PLAINFIELD TOWNSHIP, PA	Date 6/6/19
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>[Signature]</i>	





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



**Date of Notification (1)**  
5 / 28 / 19

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

**Type Notification**  
☐ Initial Notification  
☒ Amended Notification #8  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

**Name of Building Owner/Operator (2)**  
RIVERVIEW MEDICAL CENTER

**Street Address**  
1 RIVERVIEW PLAZA

**City, State, Zip Code**  
RED BANK, NEW JERSEY 07701

**Name of Contact**  
ERIC MATTSON

**Telephone Number**  
732-450-2689

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
RIVERVIEW MEDICAL CENTER

**Type of Facility (4)**  
☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (ie. private & commcl. bldgs., homes, etc.)

**Square Feet**  
250,000

**# of Floors**  
6

**Bldg. Age**  
65

**Street Address**  
1 RIVERVIEW PLAZA -1ST & 2ND FLOORS

**City (5)**  
RED BANK

**County (6)**  
MONMOUTH

**County Code (7) (STATE USE ONLY)**

**Current Use (Prior if being demolished)**  
Pharm. Lab. HOSPITAL

**Name of Monitoring Firm Hired by Building Owner (8)**  
ENVIRONMENTAL TACTICS

**ASCM No.**  
17

**Name of Abatement Contractor (9)**  
PAR ENVIRONMENTAL CORPORATION

**Street Address**  
64 BROAD STREET

**City, State, Zip Code**  
MATAWAN, NEW JERSEY 07747

**Project Manager for Monitoring Firm**  
THOMAS GEIGER

**Telephone Number**  
732-290-2236

**Street Address**  
313 SPOOK ROCK ROAD

**City, State, Zip Code**  
SUFFERN, NEW YORK 10901

**Telephone Number**  
845-369-7500

**License Number**  
1101

**Expected State Date (10)**  
1 / 23 / 19

**Sched. Completion Date (11)**  
9 / 30 / 19

**Name of OSHA Monitor**  
QUALITY ENVIRONMENTAL

**Street Address**  
1376 ROUTE 9

**Occupancy Status During Abatement (Check only one)**  
☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: MON.-SAT. 7AM-12 AM

**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

☐ Criticals with Negative Pressure

☒ Mini-Enclo ,

☒ Glovebag Procedure

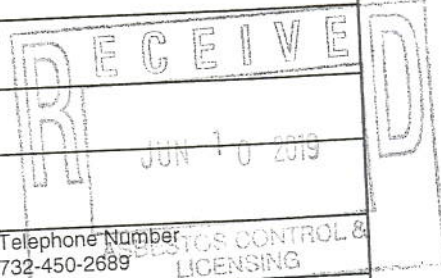
☒ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION	832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC	1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC	1,552 SF				
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC complete	1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC complete	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION complete	478 LF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	20 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION complete	40 LF	X			
2ND FL EAST CORRIDOR			X	WALL MASTIC	144 SF	X			
2ND FL WEST CORRIDOR			X	WINDOW CAULK	2 SF	X			
2ND FL WEST CORRIDOR			X	COLUMN MASTIC complete	960 SF	X			
2ND FL CARDIAC RESPIRATORY REHAB			X	DUCT INSULATION	1,260 SF	X			
1ST FL KITCHEN			X	EXTERIOR WALL MASTIC	420 SF	X			
2ND FLOOR NORTHWALL			X	PIPE INSULATION	14 LF	X			
1st FL DINING ROOM			X	PIPE INSULATION	79 LF	X			
1ST FL WEST DISH WASH AREA			X	PIPE INSULATION	158 LF	X			
1ST FL KITCHEN FOOD AREA			X	PIPE INSULATION	66 LF	X			
1ST FL KITCHEN FOOD PREP AREA			X	PIPE INSULATION					



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

33501



Date of Notification (1)

5 / 9 /19

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification #7  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)  
RIVERVIEW MEDICAL CENTER

Street Address  
1 RIVERVIEW PLAZA

City, State, Zip Code  
RED BANK, NEW JERSEY 07701

Name of Contact  
ERIC MATTSO

Telephone Number  
732-450-2689

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
RIVERVIEW MEDICAL CENTER

Type of Facility (4)

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

Square Feet 250,000 # of Floors 6 Bldg. Age 65

Street Address  
1 RIVERVIEW PLAZA -1ST & 2ND FLOORS

City (5)  
RED BANK

County (6)  
MONMOUTH

County Code (7)  
(STATE USE ONLY)

Current Use (Prior if being demolished) Pharm. Lab.

Name of Monitoring Firm Hired by Building Owner (8)  
ENVIRONMENTAL TACTICS

ASCM No.  
17

Name of Abatement Contractor (9)  
PAR ENVIRONMENTAL CORPORATION

Street Address  
64 BROAD STREET  
City, State, Zip Code

MATAWAN, NEW JERSEY 07747

Project Manager for Monitoring Firm  
THOMAS GEIGER

Telephone Number  
732-290-2236

Street Address  
313 SPOOK ROCK ROAD

City, State, Zip Code  
SUFFERN, NEW YORK 10901

Telephone Number 845-369-7500 License Number 1101

Expected State Date (10)  
1 / 23 /19

Sched. Completion Date (11)  
9 / 30 /19

Name of OSHA Monitor  
QUALITY ENVIRONMENTAL

Street Address  
1376 ROUTE 9

City, State, Zip Code  
WAPPINGERS FALLS, NEW YORK 12590

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-12 AM  
SATURDAY 7AM-3:30 PM

Scope of Work (Check all that apply)

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

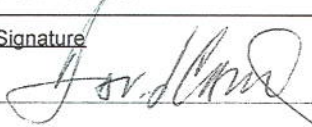
☒ Renovation

☐ Criticals with Negative Pressure  
☒ Mini-Enclo ,  
☒ Glovebag Procedure  
☒ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION	832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC	1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC	1,552 SF				
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC complete	1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC complete	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION complete	478 LF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	20 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION complete	40 LF	X			
2ND FL EAST CORRIDOR			X	WALL MASTIC	144 SF	X			
2ND FL WEST CORRIDOR			X	WINDOW CAULK	2 SF	X			
2ND FL WEST CORRIDOR			X	COLUMN MASTIC complete	960 SF	X			
2ND FL CARDIAC RESPIRATORY REHAB			X	DUCT INSULATION	1,260 SF	X			
1ST FL KITCHEN			X	EXTERIOR WALL MASTIC	420 SF	X			
2ND FLOOR NORTHWALL			X	PIPE INSULATION	14 LF	X			
1st FL DINING ROOM			X	PIPE INSULATION	79 LF	X			
1ST FL WEST DISH WASH AREA			X	PIPE INSULATION	158 LF	X			
1ST FL KITCHEN FOOD AREA			X	PIPE INSULATION	66 LF	X			
1ST FL KITCHEN FOOD PREP AREA			X	PIPE INSULATION					



## STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 05/24/2019		Inv # 11664 OK 013499		PAID		Name of Building Owner/Operator (2) Gothic Tower Condominiums		RECEIVED JUN 10 2019 ASBESTOS CONTROL & LICENSING	
Agencies Notified ( ) EPA (X) NJDEP (X) NJ DOL (X) DOH ( ) DCA		Type of Notification (X) Initial Notification ( ) Amended Amendment # _____ ( ) Emergency (including justification) ( ) Cancellation		Street Address 50 Glenwood Avenue		City, State, Zip Code Jersey City, NJ 07306		Name of Contact Johnny Super	
						Tel. Number (201)725-8648			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial building				Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)					
Street Address 50 Glenwood Avenue				Sq. Feet: 15,000 # of Floors 10 Bldg. Age 80					
City (5) Jersey City		County (6) Hudson		County Code (7) (State Use Only)		Current Use (if being demolished):			
Name of Monitoring Firm Hired by Bldg. Owner (8)				ASCM No. N/A		Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.			
Street Address				Street Address 3300 Hudson Avenue					
City, State, Zip Code				City, State, Zip Code Union City, NJ 07087					
Project Manager for Monitoring Firm		Telephone Number		Telephone Number (201)325-0055				License Number 01124	
Scheduled Start Date (10) 06/03/19		Scheduled Completion Date 06/14/2019		Name of OSHA Monitor ISES, Inc.					
Occupancy Status During Abatement (Check only one) ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: unoccupied work area				Street Address 3300 Hudson Avenue					
				City, State, Zip Code Union City, NJ 07087					
Source of Work (Check all that apply) ( ) Demolition (X) Renovation ( ) Minor Project (< 25 SF or < 10 LF ACM) ( ) Small Project (>25 <160 SF or >10 <260 LF ACM) (X) Large Project (>160 SF or > 260 LF ACM) (X) Full Containment with Negative Pressure ( ) Mini-Enclosure (X) Glove-bag Procedure and Wrap and Cut Procedure ( ) Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) YES NO N/A		Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)		Amount (Specify SF or LF)		Abatement Type	
Boiler room		X		TSI pipe		450 LFT		Removal Repair Encapsulate Enclosure	
Name of Reg. Waste Hauler Newark Carting		NJDEP Waste Hauler ID # 04509		Cubic Yards of Waste 30		Name of Reg. Landfill Grand Central Sanitation			
City, State 369 Raymond Blvd, Newark, NJ 07105				Disp. Date 06/14/2019		City, State Pen Argyl, PA 18072			
Completed by (Print or Type) David Camacho		Title Project Supervisor		Signature 		Date 05/24/2019			

Inv # 116666  
CK 028131

PAID

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

CK # 028131

Date of Notification (1) 06/05/19		Name of Building Owner/Operator (2) Lisa Curran		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 10 2019 DEPARTMENT OF ENVIRONMENTAL CONTROL &amp; AEROSOL CONTROL &amp; LENSING </div>					
Agencies Notified		Type Notification				Street Address			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Pequannock, NJ 07440 Name of Contact Lisa Curran			
<div style="text-align: center;">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4)					
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Pequannock				Square Feet 2,000 +	# of Floors 2 +				
County (6) Passaic		County Code (7) (STATE USE ONLY)		Bldg. Age 50 +					
Name of Monitoring Firm Hired by Building Owner (8)				Current Use (Prior if being demolished) Residential					
Street Address		ASCM No.		Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.					
City, State, Zip Code		Telephone No.		Street Address 1141 Route 23					
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code Wayne, NJ 07470					
Start Date (10) 06/22/19		Scheduled Completion Date (11) 06/30/19		Telephone No. 973-628-9200					
Occupancy Status During Abatement (Check Only One)		License No. 00408		Name of OSHA Monitor J.R. Contracting & Environmental Consulting, Inc.					
<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 1141 Route 23		City, State, Zip Code Wayne, NJ 07470					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
Basement			X	Floor Tile & Mastic	600 SF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819		Cubic Yards of Waste 10	Name of Registered Landfill Grand Central Landfill				
City, State Wayne, New Jersey				Disposal Date	City, State Pen Argyl, Pennsylvania				
Completed by Jerry Bijelonic		Title Project Manager		Signature		Date 06/05/19			

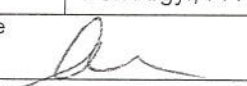


Inv # 11667  
OK 18924

PAID

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

Check 18924

Date of Notification (1) 6/5/19		Name of Building Owner/Operator (2) Quick Copper Communications		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 10 2019 ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified	Type Notification	Street Address 345 South Avenue, 3rd Floor							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Garwood, NJ 07027							
		Name of Contact Sandro Villaraut		Telephone Number 415-426-9178					
<b>FACILITY INFORMATION</b>									
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) Garwood		Square Feet 2000	# of Floors 2	Bldg. Age 70					
County (6) Union	County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) home						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276	License No. 703					
Start Date (10) 6/7/19	Scheduled Completion Date (11) 6/20/19		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 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 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
first floor living room left wall			x	plaster & walls	80 SF	x			
second floor front bedroom			x	ceiling	120 SF	x			
			x	pipe insulation	12 LF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark NJ			Disposal Date TBD	City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 6/5/19			

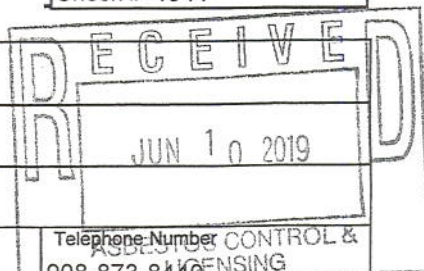
Project #

**PAID**

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

Check # 4641

Date of Notification (1) 05/31/2019		Name of Building Owner/Operator (2) ResiPro	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	3630 Peachtree Rd	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input type="checkbox"/> DOL	<input type="checkbox"/> Amendment #	Atlanta, Ga, 30305	
<input type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Logan Herbert	908-873-8440



Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12)	
[REDACTED]		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Hillside, NJ 07205		Square Feet	# of Floors
County (6) Union		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address			Nick Restoration LLC	
City, State, Zip Code			Street Address	
			72 Brookside Rd	
			City, State, Zip Code	
			Randolph, NJ 07869	
Project Manager for Monitoring Firm		Telephone No.	Telephone No.	License No.
			973933-2550	01358

Start Date (10) 06/03/2019		Scheduled Completion Date (11) 06/05/2019		Name of OSHA Monitor	
				Nick Restoration LLC	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement				72 Brookside Rd	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours				City, State, Zip Code	
<input type="checkbox"/> Other - Describe: _____				Randolph, NJ 07869	

Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure			
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input 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 area		X		TSI	150 LF	X			

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill	
Nick Restoration LLC		0033782	TBD	G.R.O.W.S	
City, State		Disposal Date		City, State	
Randolph, NJ		TBD		Tullytown, Pa	
Completed by		Title	Signature	Date	
Nikica Mrda		President	<i>Nikica Mrda</i>	05/31/2019	



05.06.2019 07:45 AM A. Mac Contracting

2012620321

JUN 1 2019 21

Inv # 11607

OK 1257 PAID

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

DO NOT ASSESS TODAY

WAIVER APPROVED

Date of Notification (1) <b>6/5/19</b>		Name of Building Owner/Operator (2) <b>Christine Charnock</b>		JUNE 10 2019 <b>WAIVER APPROVED</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code <b>Scotch Plains, NJ 07078</b> Name of Contact <b>Christine Charnock</b> Telephone Number <b>908-397-9253</b>	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED] City (5) <b>Scotch Plains, NJ 07078</b>			Square Feet <b>2650</b>		# of Floors <b>3</b>
County (6) <b>Essex</b>		County Code (7) (STATE USE ONLY)		Bldg. Age <b>22</b>	
Name of Monitoring Firm Hired by Building Owner (8)			Current Use (Prior if being demolished) <b>RES.</b>		
Street Address		ASCEA No.		Name of Abatement Contractor (9) <b>A. Mao Contracting Inc</b>	
City, State, Zip Code		Telephone No.		Street Address <b>185 Vreeland Ave</b>	
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code <b>Midland Park, NJ 07432</b>	
Start Date (10) <b>6/5/19</b>		Schedule Completion Date (11) <b>6/12/19</b>		Telephone No. <b>201-262-5841</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>		License No. <b>00156</b>	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lb <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lb		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Street Address <b>280 Huyler Street</b>	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		City, State, Zip Code <b>Hackensack, NJ 07606</b>	
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 Enclose	
<b>Basement</b>		<b>X</b>		<b>VAT</b>	
				<b>600 SF</b>	
				<b>X</b>	
Name of Registered Waste Hauler <b>Newark Carting Inc.</b>		NJDEP Waste Hauler ID No. <b>04500</b>		Cubic Yards of Waste <b>1</b>	
City, State <b>Newark, NJ 07105</b>		Disposal Date <b>6/5/19</b>		Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>	
Completed by <b>Randall McDonald</b>		Title <b>President</b>		City, State <b>Per Argyl, PA 08702</b>	
		Signature <b>[Signature]</b>		Date <b>6/5/19</b>	

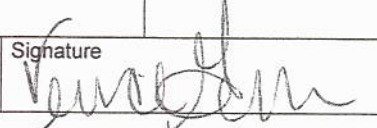


Invoice# 11699

PAID

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

Ch# 317

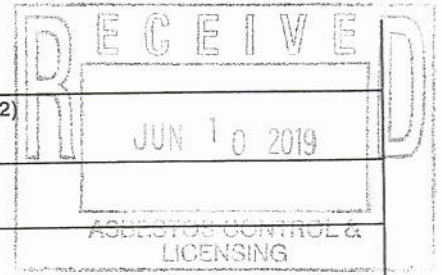
Date of Notification (1) <b>06 / 14 / 19</b>		Name of Building Owner/Operator (2) <b>216 East State LLC</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JUN 10 2019  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <b>80 Hamilton Ave Suite 101</b> City, State, Zip Code <b>Trenton NJ</b> Name of Contact <b>Michael Kennedy</b>			
						Telephone Number <b>609-656-8300</b>			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Office Building</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>216 East State</b>									
City (5) <b>Trenton</b>				Square Feet <b>10,000</b>	# of Floors <b>10</b>				
				Bldg. Age <b>1919</b>					
County (6) <b>Mercer</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Office Building</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Finog Environmental Inc.</b>		ASCM No.		Name of Abatement Contractor (9) <b>Graham-Tech Environmental Service, LLC.</b>					
Street Address <b>617 Stokes Rd Suite 4-318</b>				Street Address <b>958 Jackson Rd</b>					
City, State, Zip Code <b>Medford, NJ 08055</b>				City, State, Zip Code <b>Mays Landing, NJ 08330</b>					
Project Manager for Monitoring Firm		Telephone No. <b>888-715-2211</b>		Telephone No. <b>609-561-1901</b>	License No. <b>01158</b>				
Start Date (10) <b>06 / 24 / 19</b>		Scheduled Completion Date (11) <b>08 / 15 / 19</b>		Name of OSHA Monitor <b>Graham-Tech Environmental Services, LLC.</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7AM-11:30PM</b> / ____ PM - ____ AM				Street Address <b>958 Jackson Rd</b>					
				City, State, Zip Code <b>Mays Landing, NJ 08330</b>					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>10,000SqFt</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Office Building</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Whole Building</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Graham-Tech Environmental Service</b>		NJDEP Waste Hauler ID No. <b>0034500</b>		Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>Pioneer Crossing</b>				
City, State				Disposal Date	City, State				
Completed By (Print or Type) <b>Vernice Graham</b>		Title <b>President</b>		Signature 		Date <b>5-14-19</b>			



Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NJ 07105	Disposal Date 1/11/2019-09/30/2019	City, State PLAINFIELD TOWNSHIP, PA	Date 5/9/19
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>[Signature]</i>	



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



Date of Notification (1) 4 / 12 /19		Name of Building Owner/Operator (2) RIVERVIEW MEDICAL CENTER	
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 1 RIVERVIEW PLAZA	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #6 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code RED BANK, NEW JERSEY 07701	
		Name of Contact ERIC MATTSO	Telephone Number 732-450-2689

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RIVERVIEW MEDICAL CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS		Square Feet 250,000	# of Floors 6
City (5) RED BANK	County (6) MONMOUTH	Bldg. Age 65	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Pharm. Lab. HOSPITAL	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MATAWAN, NEW JERSEY 07747		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2236	License Number 1101
Expected State Date (10) 1 / 23 / 19		Sched. Completion Date (11) 9 / 30 / 19	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-12 AM SATURDAY 7AM-3:30 PM		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
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	
<input checked="" type="checkbox"/> Renovation		City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590	
		<input type="checkbox"/> Criticals with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo. <input checked="" 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
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION	832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC	1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC	1,552 SF				
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC complete	1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC complete	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION complete	478 LF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	20 SF	X			
2ND FL EAST CORRIDOR			X	PIPE INSULATION complete	40 LF	X			
2ND FL WEST CORRIDOR			X	WALL MASTIC	144 SF	X			
2ND FL WEST CORRIDOR			X	WINDOW CAULK	2 SF	X			
2ND FL CARDIAC RESPIRATORY REHAB			X	COLUMN MASTIC complete	960 SF	X			
1ST FL KITCHEN			X	DUCT INSULATION	1,260 SF	X			
2ND FLOOR NORTHWALL			X	EXTERIOR WALL MASTIC	420 SF	X			

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NJ 07105	Disposal Date 1/11/2019-05/1/2019	City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type)	Title	Signature <i>[Signature]</i>	Date 4/12/19



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

33298 #1

<b>Date of Notification (1)</b> 1 / 11 /19		<b>Name of Building Owner/Operator (2)</b> RIVERVIEW MEDICAL CENTER	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Type Notification</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
<b>Street Address</b> 1 RIVERVIEW PLAZA		<b>City, State, Zip Code</b> RED BANK, NEW JERSEY 07701	
<b>Name of Contact</b> ERIC MATTSON		<b>Telephone Number</b> 732-450-2689	

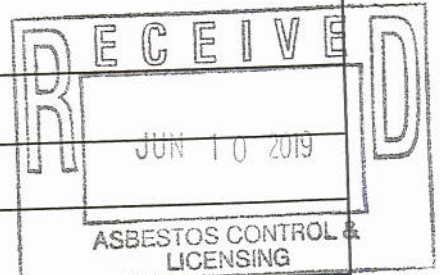
**FACILITY INFORMATION**

<b>Name of Facility Where Abatement is Taking Place (3)</b> RIVERVIEW MEDICAL CENTER				<b>Type of Facility (4)</b> <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.)			
<b>Street Address</b> 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS				<b>Square Feet</b> 250,000	<b># of Floors</b> 6	<b>Bldg. Age</b> 65	
<b>City (5)</b> RED BANK		<b>County (6)</b> MONMOUTH		<b>County Code (7) (STATE USE ONLY)</b>		<b>Current Use (Prior if being demolished) Pharm. Lab. HOSPITAL</b>	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL TACTICS				<b>ASCM No.</b> 17		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>Street Address</b> 64 BROAD STREET				<b>Street Address</b> 313 SPOOK ROCK ROAD			
<b>City, State, Zip Code</b> MATAWAN, NEW JERSEY 07747				<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901			
<b>Project Manager for Monitoring Firm</b> THOMAS GEIGER		<b>Telephone Number</b> 732-290-2236		<b>Telephone Number</b> 845-369-7500		<b>License Number</b> 1101	
<b>Expected State Date (10)</b> 1 / 23 / 19		<b>Sched. Completion Date (11)</b> 9 / 30 / 19		<b>Name of OSHA Monitor</b> QUALITY ENVIRONMENTAL			
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30PM				<b>Street Address</b> 1376 ROUTE 9			
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input type="checkbox"/> Criticals with Negative Pressure <input checked="" type="checkbox"/> Mini-Encl. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure			
<input checked="" type="checkbox"/> Renovation							

Location of Asbestos-containing Material (ACM) <b>TO BE ABATED</b> in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION	832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC	1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC	1,552 SF				
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC	1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION	478 LF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	20 SF	X			
2ND FL EAST CORRIDOR			X	PIPE INSULATION	40 LF	X			
2ND FL WEST CORRIDOR			X	WALL MASTIC	144 SF	X			
2ND FL WEST CORRIDOR			X	WINDOW CAULK	2 SF	X			
2ND FL CARDIAC RESPIRATORY REHAB			X	COLUMN MASTIC	960 SF	X			
1ST FL KITCHEN			X	DUCT INSULATION	1,260 SF	X			
<b>Name of Registered Waste Hauler</b> NEWARK CARTING		<b>NJDEP Waste Hauler ID No.</b> 913		<b>Cubic Yards of Waste</b> 120		<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY LANDFILL			
<b>City, State</b> NEWARK, NJ 07105				<b>Disposal Date</b> 1/11/2019		<b>City, State</b> PLAINFIELD TOWNSHIP, PA			
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS		<b>Signature</b> 		<b>Date</b> 1/11/19			



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



Date of Notification (1)

5 / 28 /19

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification #8  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)  
RIVERVIEW MEDICAL CENTER

Street Address  
1 RIVERVIEW PLAZA

City, State, Zip Code  
RED BANK, NEW JERSEY 07701

Name of Contact  
ERIC MATTSON

Telephone Number  
732-450-2689

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

RIVERVIEW MEDICAL CENTER

Type of Facility (4)

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

Square Feet  
250,000

# of Floors  
6

Bldg. Age  
65

Street Address  
1 RIVERVIEW PLAZA -1ST & 2ND FLOORS

City (5)  
RED BANK

County (6)  
MONMOUTH

County Code (7)  
(STATE USE ONLY)

Current Use (Prior if being demolished) Pharm. Lab. HOSPITAL

Name of Monitoring Firm Hired by Building Owner (8)  
ENVIRONMENTAL TACTICS

ASCM No.  
17

Name of Abatement Contractor (9)  
PAR ENVIRONMENTAL CORPORATION

Street Address  
64 BROAD STREET

City, State, Zip Code  
MATAWAN, NEW JERSEY 07747

Street Address  
313 SPOOK ROCK ROAD

City, State, Zip Code  
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm  
THOMAS GEIGER

Telephone Number  
732-290-2236

Telephone Number  
845-369-7500

License Number  
1101

Expected State Date (10)  
1 / 23 / 19  
Month Day Year

Sched. Completion Date (11)  
9 / 30 /19  
Month Day Year

Name of OSHA Monitor  
QUALITY 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: MON.-SAT. 7AM-12 AM

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

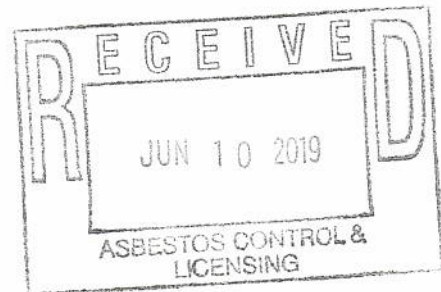
☒ Renovation

☐ Criticals with Negative Pressure  
☒ Mini-Encl.  
☒ Glovebag Procedure  
☒ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION	832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC	1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC	1,552 SF				
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC complete	1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC complete	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION complete	478 LF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	20 SF	X			
2ND FL EAST CORRIDOR			X	PIPE INSULATION complete	40 LF	X			
2ND FL WEST CORRIDOR			X	WALL MASTIC	144 SF	X			
2ND FL WEST CORRIDOR			X	WINDOW CAULK	2 SF	X			
2ND FL CARDIAC RESPIRATORY REHAB			X	COLUMN MASTIC complete	960 SF	X			
1ST FL KITCHEN			X	DUCT INSULATION	1,260 SF	X			
2ND FLOOR NORTHWALL			X	EXTERIOR WALL MASTIC	420 SF	X			
1st FL DINING ROOM			X	PIPE INSULATION	14 LF	X			
1ST FL WEST DISH WASH AREA			X	PIPE INSULATION	79 LF	X			
1ST FL KITCHEN FOOD AREA			X	PIPE INSULATION	158 LF	X			
1ST FL KITCHEN FOOD PREP AREA			X	PIPE INSULATION	66 LF	X			



Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NJ 07105		Disposal Date 1/11/2019-09/30/2019		City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>[Signature]</i>		Date 5/28/19



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

Date of Notification (1)

5 / 9 /19

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification #7  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

RIVERVIEW MEDICAL CENTER

Street Address

1 RIVERVIEW PLAZA

City, State, Zip Code

RED BANK, NEW JERSEY 07701

Name of Contact

ERIC MATTSON

Telephone Number

732-450-2689

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

RIVERVIEW MEDICAL CENTER

Type of Facility (4)

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

Square Feet

250,000

# of Floors

6

Bldg. Age

65

Street Address

1 RIVERVIEW PLAZA -1ST & 2ND FLOORS

City (5)

RED BANK

County (6)

MONMOUTH

County Code (7)  
(STATE USE ONLY)

Current Use (Prior if being demolished) Pharm. Lab. HOSPITAL

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL TACTICS

ASCM No.

17

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

64 BROAD STREET

City, State, Zip Code

MATAWAN, NEW JERSEY 07747

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

THOMAS GEIGER

Telephone Number

732-290-2236

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

1 / 23 / 19  
Month Day Year

Sched. Completion Date (11)

9 / 30 / 19  
Month Day Year

Name of OSHA Monitor

QUALITY 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-12 AM  
SATURDAY 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

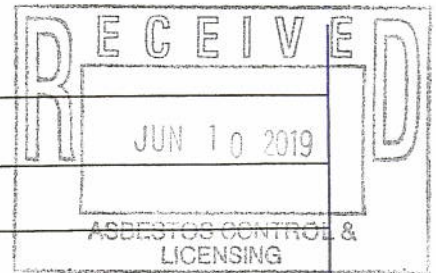
☐ Criticals with Negative Pressure

☒ Mini-Encllo  
☒ Glovebag Procedure  
☒ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION	832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC	1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC	1,552 SF				
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC complete	1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC complete	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION complete	478 LF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	20 SF	X			
2ND FL EAST CORRIDOR			X	PIPE INSULATION complete	40 LF	X			
2ND FL WEST CORRIDOR			X	WALL MASTIC	144 SF	X			
2ND FL WEST CORRIDOR			X	WINDOW CAULK	2 SF	X			
2ND FL CARDIAC RESPIRATORY REHAB			X	COLUMN MASTIC complete	960 SF	X			
1ST FL KITCHEN			X	DUCT INSULATION	1,260 SF	X			
2ND FLOOR NORTHWALL			X	EXTERIOR WALL MASTIC	420 SF	X			
1st FL DINING ROOM			X	PIPE INSULATION	14 LF	X			
1ST FL WEST DISH WASH AREA			X	PIPE INSULATION	79 LF	X			
1ST FL KITCHEN FOOD AREA			X	PIPE INSULATION	158 LF	X			
1ST FL KITCHEN FOOD PREP AREA			X	PIPE INSULATION	66 LF	X			



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



Date of Notification (1) 4 / 12 /19		Name of Building Owner/Operator (2) RIVERVIEW MEDICAL CENTER	
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 1 RIVERVIEW PLAZA	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #6 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code RED BANK, NEW JERSEY 07701	
		Name of Contact ERIC MATTSON	Telephone Number 732-450-2689

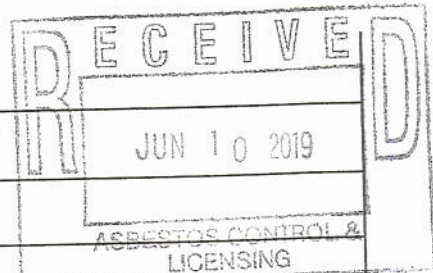
Name of Facility Where Abatement is Taking Place (3) RIVERVIEW MEDICAL CENTER			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS			Square Feet 250,000	# of Floors 6	Bldg. Age 65
City (5) RED BANK	County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pharm. Lab. HOSPITAL		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS			ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 64 BROAD STREET			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MATAWAN, NEW JERSEY 07747			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2236	Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 1 / 23 / 19 Month Day Year		Sched. Completion Date (11) 9 / 30 /19 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-12 AM SATURDAY 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) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			<input type="checkbox"/> Criticals with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo , <input checked="" 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
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION	832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC	1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC	1,552 SF				
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC complete	1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC complete	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION complete	478 LF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	20 SF	X			
2ND FL EAST CORRIDOR			X	PIPE INSULATION complete	40 LF	X			
2ND FL WEST CORRIDOR			X	WALL MASTIC	144 SF	X			
2ND FL WEST CORRIDOR			X	WINDOW CAULK	2 SF	X			
2ND FL CARDIAC RESPIRATORY REHAB			X	COLUMN MASTIC complete	960 SF	X			
1ST FL KITCHEN			X	DUCT INSULATION	1,260 SF	X			
2ND FLOOR NORTHWALL			X	EXTERIOR WALL MASTIC	420 SF	X			

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NJ 07105	Disposal Date 1/11/2019-05/1/2019	City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type)	Title	Signature <i>[Signature]</i>	Date 4/12/19



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



<b>Date of Notification (1)</b> 4 / 5 /19		<b>Name of Building Owner/Operator (2)</b> RIVERVIEW MEDICAL CENTER	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Street Address</b> 1 RIVERVIEW PLAZA	
<b>Type Notification</b> <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		<b>City, State, Zip Code</b> RED BANK, NEW JERSEY 07701	
		<b>Name of Contact</b> ERIC MATTSON	<b>Telephone Number</b> 732-450-2689

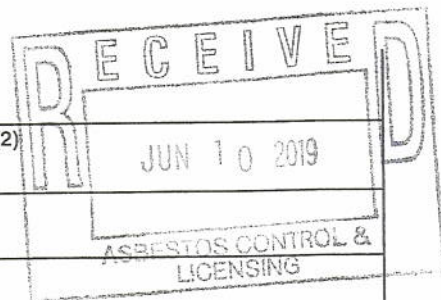
**FACILITY INFORMATION**

<b>Name of Facility Where Abatement is Taking Place (3)</b> RIVERVIEW MEDICAL CENTER			<b>Type of Facility (4)</b> <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.)		
<b>Street Address</b> 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS			<b>Square Feet</b> 250,000	<b># of Floors</b> 6	<b>Bldg. Age</b> 65
<b>City (5)</b> RED BANK	<b>County (6)</b> MONMOUTH	<b>County Code (7) (STATE USE ONLY)</b>	<b>Current Use (Prior if being demolished)</b> Pharm. Lab. HOSPITAL		
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL TACTICS			<b>ASCM No.</b> 17	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>Street Address</b> 64 BROAD STREET			<b>Street Address</b> 313 SPOOK ROCK ROAD		
<b>City, State, Zip Code</b> MATAWAN, NEW JERSEY 07747			<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901		
<b>Project Manager for Monitoring Firm</b> THOMAS GEIGER		<b>Telephone Number</b> 732-290-2236	<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 1101	
<b>Expected State Date (10)</b> 1 / 23 / 19 Month Day Year		<b>Sched. Completion Date (11)</b> 9 / 30 / 19 Month Day Year		<b>Name of OSHA Monitor</b> QUALITY ENVIRONMENTAL	
<b>Occupancy Status During Abatement (Check only one)</b> <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-12 AM			<b>Street Address</b> 1376 ROUTE 9		
			<b>City, State, Zip Code</b> WAPPINGERS FALLS, NEW YORK 12590		
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			<input type="checkbox"/> Criticals with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo , <input checked="" 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
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION	832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC	1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC	1,552 SF				
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC complete	1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC complete	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION complete	478 LF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	20 SF	X			
2ND FL EAST CORRIDOR			X	PIPE INSULATION complete	40 LF	X			
2ND FL WEST CORRIDOR			X	WALL MASTIC	144 SF	X			
2ND FL WEST CORRIDOR			X	WINDOW CAULK	2 SF	X			
2ND FL CARDIAC RESPIRATORY REHAB			X	COLUMN MASTIC complete	960 SF	X			
1ST FL KITCHEN			X	DUCT INSULATION	1,260 SF	X			
<b>Name of Registered Waste Hauler</b> NEWARK CARTING		<b>NJDEP Waste Hauler ID No.</b> 913		<b>Cubic Yards of Waste</b> 120	<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY LANDFILL				
<b>City, State</b> NEWARK, NJ 07105		<b>Disposal Date</b> 1/11/2019		<b>City/State</b> PLAINFIELD TOWNSHIP, PA		<b>Date</b> 4/15/19			
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS		<b>Signature</b> 					



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



<b>Date of Notification (1)</b> 3 / 25 /19		<b>Name of Building Owner/Operator (2)</b> RIVERVIEW MEDICAL CENTER	
<b>Agencies Notified</b>		<b>Street Address</b> 1 RIVERVIEW PLAZA	
<b>Type Notification</b>		<b>City, State, Zip Code</b> RED BANK, NEW JERSEY 07701	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	<b>Name of Contact</b> ERIC MATTSON	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification #4	<b>Telephone Number</b> 732-450-2689	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> On Hold		
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		

<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> RIVERVIEW MEDICAL CENTER		<b>Type of Facility (4)</b> <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.)	
<b>Street Address</b> 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS		<b>Square Feet</b> 250,000	<b># of Floors</b> 6
<b>City (5)</b> RED BANK		<b>Bldg. Age</b> 65	
<b>County (6)</b> MONMOUTH		<b>Current Use (Prior if being demolished)</b> Pharm. Lab. HOSPITAL	
<b>County Code (7) (STATE USE ONLY)</b>			
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL TACTICS		<b>ASCM No.</b> 17	
<b>Street Address</b> 64 BROAD STREET		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>City, State, Zip Code</b> MATAWAN, NEW JERSEY 07747		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>Project Manager for Monitoring Firm</b> THOMAS GEIGER		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Telephone Number</b> 732-290-2236		<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 1101
<b>Expected State Date (10)</b> 1 / 23 / 19		<b>Name of OSHA Monitor</b> QUALITY ENVIRONMENTAL	
<b>Sched. Completion Date (11)</b> 9 / 30 /19			
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 2 PM- 10:30 PM		<b>Street Address</b> 1376 ROUTE 9	
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Criticals with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo , <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure		<b>City, State, Zip Code</b> WAPPINGERS FALLS, NEW YORK 12590	

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
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION	832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC	1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC	1,552 SF				
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC complete	1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC complete	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION complete	478 LF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	20 SF	X			
2ND FL EAST CORRIDOR			X	PIPE INSULATION complete	40 LF	X			
2ND FL WEST CORRIDOR			X	WALL MASTIC	144 SF	X			
2ND FL WEST CORRIDOR			X	WINDOW CAULK	2 SF	X			
2ND FL CARDIAC RESPIRATORY REHAB			X	COLUMN MASTIC complete	960 SF	X			
1ST FL KITCHEN			X	DUCT INSULATION	1,260 SF	X			
<b>Name of Registered Waste Hauler</b> NEWARK CARTING	<b>NJDEP Waste Hauler ID No.</b> 913			<b>Cubic Yards of Waste</b> 120	<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY LANDFILL				
<b>City, State</b> NEWARK, NJ 07105				<b>Disposal Date</b> 1/11/2019	<b>City, State</b> PLAINFIELD TOWNSHIP, PA				
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ	<b>Title</b> DIRECTOR OF OPERATIONS			<b>Signature</b> 	<b>Date</b> 3/25/19				



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

<b>Date of Notification (1)</b> <div style="text-align: center;">2 / 27 / 19</div>		<b>Name of Building Owner/Operator (2)</b> RIVERVIEW MEDICAL CENTER	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Type Notification</b> <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	
		<b>Street Address</b> 1 RIVERVIEW PLAZA	
		<b>City, State, Zip Code</b> RED BANK, NEW JERSEY 07701	
		<b>Name of Contact</b> ERIC MATTSON	<b>Telephone Number</b> 732-450-2689

FACILITY INFORMATION

<b>Name of Facility Where Abatement is Taking Place (3)</b> RIVERVIEW MEDICAL CENTER			<b>Type of Facility (4)</b> <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.)		
<b>Street Address</b> 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS			<b>Square Feet</b> 250,000	<b># of Floors</b> 6	<b>Bldg. Age</b> 65
<b>City (5)</b> RED BANK	<b>County (6)</b> MONMOUTH	<b>County Code (7) (STATE USE ONLY)</b>	<b>Current Use (Prior if being demolished)</b> Pharm. Lab. HOSPITAL		
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL TACTICS			<b>ASCM No.</b> 17		
<b>Street Address</b> 64 BROAD STREET			<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION		
<b>City, State, Zip Code</b> MATAWAN, NEW JERSEY 07747			<b>Street Address</b> 313 SPOOK ROCK ROAD		
<b>Project Manager for Monitoring Firm</b> THOMAS GEIGER			<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901		
<b>Expected State Date (10)</b> 1 / 23 / 19			<b>Telephone Number</b> 845-369-7500		
<b>Sched. Completion Date (11)</b> 9 / 30 / 19			<b>License Number</b> 1101		
<b>Occupancy Status During Abatement (Check only one)</b> <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 2 PM- 10:30 PM			<b>Name of OSHA Monitor</b> QUALITY ENVIRONMENTAL		
<b>Street Address</b> 1376 ROUTE 9			<b>City, State, Zip Code</b> WAPPINGERS FALLS, NEW YORK 12590		

Scope of Work (Check all that apply)

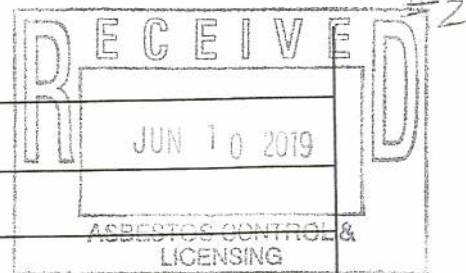
- ☐ Demolition  
☐ >3SF OR LF  
☒ >160 SF OR 260 LF
- ☒ Renovation

- ☐ Criticals with Negative Pressure  
☒ Mini-Enclo,  
☒ Glovebag Procedure  
☒ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION	832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC	1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC	1,552 SF				
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC ✓	1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC ✓	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION ✓	478 LF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	20 SF	X			
2ND FL EAST CORRIDOR			X	PIPE INSULATION ✓	40 LF	X			
2ND FL WEST CORRIDOR			X	WALL MASTIC	144 SF	X			
2ND FL WEST CORRIDOR			X	WINDOW CAULK	2 SF	X			
2ND FL CARDIAC RESPIRATORY REHAB			X	COLUMN MASTIC	960 SF	X			
1ST FL KITCHEN			X	DUCT INSULATION	1,260 SF	X			
<b>Name of Registered Waste Hauler</b> NEWARK CARTING		<b>NJDEP Waste Hauler ID No.</b> 913		<b>Cubic Yards of Waste</b> 120		<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY LANDFILL			
<b>City, State</b> NEWARK, NJ 07105		<b>Disposal Date</b> 1/11/2019		<b>City, State</b> PLAINFIELD TOWNSHIP, PA					
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS		<b>Signature</b> 		<b>Date</b> 2-27-19			



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



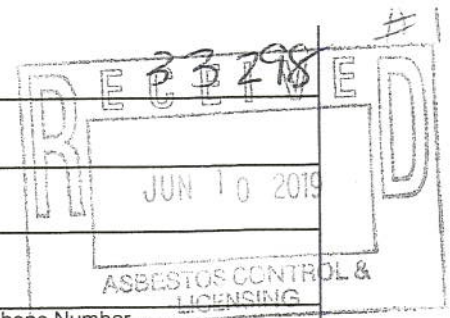
Date of Notification (1) 1 / 22 / 19		Name of Building Owner/Operator (2) RIVERVIEW MEDICAL CENTER	
Agencies Notified		Street Address 1 RIVERVIEW PLAZA	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code RED BANK, NEW JERSEY 07701	
Type Notification		Name of Contact ERIC MATTSON	
<input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Telephone Number 732-450-2689	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RIVERVIEW MEDICAL CENTER			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)
Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS			Square Feet 250,000 # of Floors 6 Bldg. Age 65
City (5) RED BANK	County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pharm. Lab. HOSPITAL
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MATAWAN, NEW JERSEY 07747		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2236	Telephone Number 845-369-7500 License Number 1101
Expected State Date (10) 1 / 23 / 19 Month Day Year		Sched. Completion Date (11) 9 / 30 / 19 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-3:30PM			Name of OSHA Monitor QUALITY ENVIRONMENTAL Street Address 1376 ROUTE 9 City, State, Zip Code WAPPINGERS FALLS, NEW YORK 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"/> Renovation <input type="checkbox"/> Criticals with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo, <input checked="" 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
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION	832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC	1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC	1,552 SF				
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC	1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION	478 LF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	20 SF	X			
2ND FL EAST CORRIDOR			X	PIPE INSULATION	40 LF	X			
2ND FL WEST CORRIDOR			X	WALL MASTIC	144 SF	X			
2ND FL WEST CORRIDOR			X	WINDOW CAULK	2 SF	X			
2ND FL CARDIAC RESPIRATORY REHAB			X	COLUMN MASTIC	960 SF	X			
1ST FL KITCHEN			X	DUCT INSULATION	1,260 SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
City, State NEWARK, NJ 07105		Disposal Date 1/11/2019		City, State PLAINFIELD TOWNSHIP, PA					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 1/22/19			



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



Date of Notification (1) 1 / 11 /19		Name of Building Owner/Operator (2) RIVERVIEW MEDICAL CENTER	
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 1 RIVERVIEW PLAZA	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code RED BANK, NEW JERSEY 07701	
		Name of Contact ERIC MATTSON	Telephone Number 732-450-2689

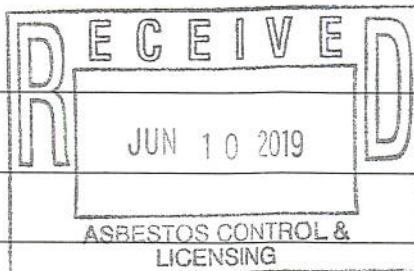
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RIVERVIEW MEDICAL CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS		Square Feet 250,000	# of Floors 6
City (5) RED BANK	County (6) MONMOUTH	Bldg. Age 65	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Pharm. Lab. HOSPITAL	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MATAWAN, NEW JERSEY 07747		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2236	License Number 1101
Expected State Date (10) 1 / 23 / 19		Sched. Completion Date (11) 9 / 30 / 19	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30PM		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF <input checked="" type="checkbox"/> Renovation		Criticals with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo. <input checked="" 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
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION	832 LF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC	1,352 SF	X			
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC	1,552 SF				
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC	1,300 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC	1,056 SF	X			
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION	478 LF	X			
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	20 SF	X			
2ND FL EAST CORRIDOR			X	PIPE INSULATION	40 LF	X			
2ND FL WEST CORRIDOR			X	WALL MASTIC	144 SF	X			
2ND FL WEST CORRIDOR			X	WINDOW CAULK	2 SF	X			
2ND FL CARDIAC RESPIRATORY REHAB			X	COLUMN MASTIC	960 SF	X			
1ST FL KITCHEN			X	DUCT INSULATION	1,260 SF	X			
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913			Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
City, State NEWARK, NJ 07105	Disposal Date 1/11/2019			City, State PLAINFIELD TOWNSHIP, PA	Signature <i>BSS</i>				
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS			Date 1/11/19					



CK17121 INV# 11714 PAID

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



Date of Notification (1) 05 / 31 / 19		Name of Building Owner/Operator (2) Brightview Hamburg, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 218 N. Charles St. Suite 220	
		City, State, Zip Code Baltimore, Md 21201	
		Name of Contact Ted Wies	Telephone Number 443 324-4731

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Cost Cutters (Vacant)		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 1139 Hamburg Turnpike			
City (5) Wayne	Square Feet 75,000	# of Floors 1	Bldg. Age ~ 50
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Former Cost Cutters Store	
Name of Monitoring Firm Hired by Building Owner (8) Emilcott Environmental Health & Safety Ser.		Name of Abatement Contractor (9) Neuber Environmental Services, Inc.	
Street Address 190 Park Ave.		Street Address 1100 Grosser Road	
City, State, Zip Code Morristown, NJ 07960		City, State, Zip Code Gilbertsville, PA 19525	
Project Manager for Monitoring Firm David Tomsey	Telephone No. 973 538-1110	Telephone No. 610 933-4332	License No. 00836
Start Date (10) 07 / 15 / 19	Scheduled Completion Date (11) 08 / 16 / 19	Name of OSHA Monitor Neuber Environmental Services	
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 1100 Grosser Road	
		City, State, Zip Code Gilbertsville, PA 19525	

Scope of Work (Check all that apply)

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

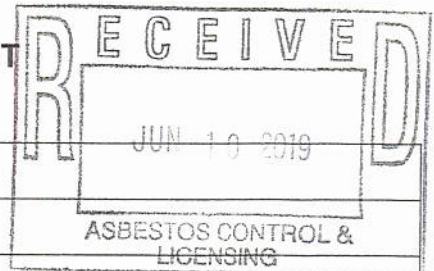
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement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

Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 100	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date July 2019		City, State Waynesburg, Ohio	
Completed By (Print or Type) Pat Larney	Title Project Manager	Signature 		Date 5-31-19	



Inv # 11713  
CK3500

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



Date of Notification (1) 05-29-2019		Name of Building Owner / Operator (2) Rider University	
Agencies Notified	Type Notification	Street Address 2083 Lawrenceville Road	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code Lawrenceville, NJ 08648	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended (Scope change)	Name of Contact Mr. Walter Eddy	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number 609-896-5000	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DCA			

Name of Facility Where Abatement is Taking Place (3) Rider University – Science Building – 3 <sup>rd</sup> Floor Offices				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2083 Lawrenceville Road				Square Feet 25,000	# of Floors 3
City (5) Lawrenceville, NJ				Bldg. Age 57	
County (6) Mercer	County Code (7)		Current Use (Prior if being demolished) Campus Building		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates			ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC	
Street Address 515 Grove Street, Suite 1B			Street Address 2115 Hamilton Ave, Suite 202		
City, State & Zip Code Haddonfield, NJ 08035			City, State & Zip Code Trenton, NJ 08619		
Project Manager for Monitoring Firm Mr. Brian Clark		Telephone Number 856-547-0505	Telephone Number 609-977-6159	License Number 01185	
Scheduled Start Date (10) 5-14-2019		Scheduled Completion Date (11) 6-07-2019		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 During 1st Shift Describe: 7:00am to 6:30pm Week Day & Weekends <input checked="" 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 type="checkbox"/> Glove Bag Procedures/Cut & Wrap
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Rooms 216A, Selected areas of hallway & Interior walls of room 218, 218A & 219A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sheetrock & Joint Compound	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian J. Haney	Title President	Signature 	Date 05-29-2019



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

Invoice # 11681

CK# 2637

Date of Notification (1) 5/29/19		Name of Building Owner/Operator (2) 386 5th Street LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  JUN 10 2019  ASBESTOS CONTROL &amp; LICENSING </div>	
Agencies Notified	Type Notification	Street Address 386 5th St			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07305 Name of Contact _____			
Telephone Number _____					

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Auto Garage		Type of Facility (4)	
Street Address 386 5th St		<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) Jersey City	Square Feet 4000	# of Floors 1	Bldg. Age 50+
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential House	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc
Street Address n/a		Street Address 360 Palisade Ave	
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973460.6026 License No. 01255
Start Date (10) 5/30/19	Scheduled Completion Date (11) 6/10/19	Name of OSHA Monitor Harmony Contracting Inc	
Occupancy Status During Abatement (Check Only One)		Street Address 360 Palisade Ave	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Scheduled for Demo</u>		City, State, Zip Code Garfield, NJ 07026	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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			x	Roofing Material	3400 SF	x			

Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033085	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill	
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by E. Girovic		Title Secretary	Signature <i>E. Girovic</i>	Date 5/29/19	

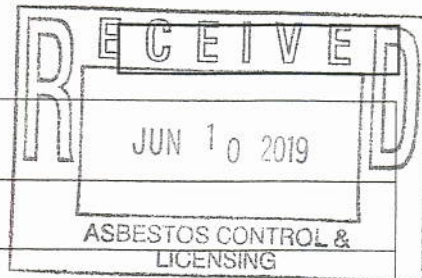


INV # 111097

Check#3360

PAID

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



Date of Notification (1) 06 / 01 / 19		Name of Building Owner/Operator (2) Katherine Pavlica	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Rutherford, NJ 07070	
Name of Contact Katherine Pavlica		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) Rutherford, NJ 07070		# of Floors	
County (6) Bergen		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCN No.	
Street Address		Name of Abatement Contractor (9) Gr Tech LLC	
City, State, Zip Code		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470	
Telephone No.		License No. 01127	
Start Date (10) 06 / 11 / 19		Scheduled Completion Date (11) 06 / 12 / 19	
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		Name of OSHA Monitor Envirovision Consultants, Inc.	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
		Yes No N/A	
Basement		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SIF or LF)	
Pipe insulation		90 LF	
Abatement Type			
Removal			
Repair			
Encapsulate			
Enclosure			
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	
City, State Wayne, NJ 07470		Cubic Yards of Waste TBD	
Completed By (Print or Type) N.Jevtic		Name of Registered Landfill T.R.R.F. Inc	
Title Owner		Disposal Date TBD	
Signature <i>N. Jevtic</i>		City, State Tullytown, PA	
Date 06/01/19			

ASB-41

MAY 11

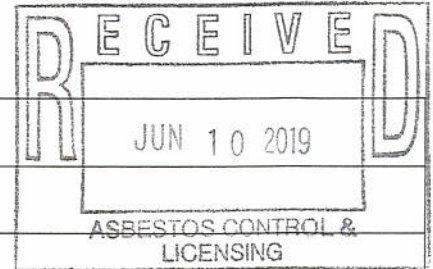
\* Do not use this form for asbestos licensure exempted activities.



Inv# 11691  
OK 1163

PAID

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

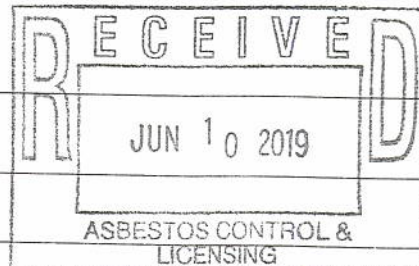


Date of Notification (1) 05.31.2019		Name of Building Owner/Operator (2) Pete Byron							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> 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 Morris Plains, NJ 07950							
		Name of Contact Pete Byron	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2329	# of Floors 2						
City (5) Morris Plains		Bldg. Age 1933							
County (6) Morris County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Renovations							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Spes Contracting LLC						
Street Address _____		Street Address 164 Meriline Ave, Unit C							
City, State, Zip Code _____		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm _____		Telephone No. 973-807-6330	License No. 01383						
Start Date (10) 06.10.2019	Scheduled Completion Date (11) 06.11.2019	Name of OSHA Monitor Spes Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 164 Meriline Ave, Unit C							
		City, State, Zip Code Woodland Park, NJ 07424							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement- throughout			X	TSI - pipes and fittings	80 LF	X			
Name of Registered Waste Hauler Spes Contracting LLC		NJDEP Waste Hauler ID No. 0038075	Cubic Yards of Waste 1.5	Name of Registered Landfill Fearless Landfill					
City, State Woodland Park, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Branislav Pavlov		Title project manager	Signature 			Date 05.31.2019			



Inv# 11693  
 CK 5769 PAID

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



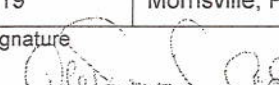
Date of Notification (1) <b>05 / 30 / 19</b>		Name of Building Owner/Operator (2) <b>Township of Franklin Public Schools</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>3228 Coles Mill Road</b> City, State, Zip Code <b>Franklinville, NJ 08322</b>							
		Name of Contact <b>Thomas Rambone</b>	Telephone Number <b>856-629-9500 x 1210</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Caroline L. Reutter Elementary School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>2150 Delsea Drive</b>		Square Feet <b>50,000</b>	# of Floors <b>2</b>						
City (5) <b>Franklinville</b>		Bldg. Age <b>80</b>							
County (6) <b>Gloucester</b>	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>School</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Epic Environmental Services, LLC</b>	ASCM No.	Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>							
Street Address <b>1930 Brown Road</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Newfield, NJ 08344</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Jim Eberts</b>	Telephone No. <b>856-205-1077</b>	Telephone No. <b>856-755-0099</b>	License No. <b>00842</b>						
Start Date (10) <b>07 / 01 / 19</b>	Scheduled Completion Date (11) <b>07 / 03 / 19</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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
Gymnasium Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	77 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnasium Storage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Fairless Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>07/03/2019</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Christina Lynch</b>	Title <b>Vice President of Operations</b>		Signature 			Date <b>5/30/19</b>			



OK 1505 PAID

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

Inv# 11694

Date of Notification (1) 05/31/2019		Name of Building Owner/Operator (2) Monmouth University		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">JUN 10 2019</div> </div>							
Agencies Notified		Type Notification				Street Address 400 Cedar Avenue					
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code West Long Branch, New Jersey 07764					
				Name of Contact Timothy Orr		Telephone Number 732-571-3424					
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) Monmouth University, The Bluffs				Type of Facility (4)							
Street Address 590 Ocean Avenue				<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Long Branch, New Jersey 07740				Square Feet 60,000		# of Floors 2					
						Bldg. Age 50+					
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) R-2 Residential-contains 2+ dwelling units, occupants permanent							
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.			ASCM No. 00057		Name of Abatement Contractor (9) Lilich Corporation						
Street Address P.O. Box 385				Street Address 246 Union Boulevard							
City, State, Zip Code Oceanville, New Jersey 08231				City, State, Zip Code Totowa, New Jersey 07512							
Project Manager for Monitoring Firm Erick Clarkson			Telephone No. 609-652-1833		Telephone No. 973-225-8400		License No. 01104				
Start Date (10) 06/10/19		Scheduled Completion Date (11) 06/12/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One)				Street Address 2333 Route 22 West							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____				City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)											
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf  <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glove Bag Procedure / Limited Containment &amp; Tent  <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>											
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF of LF)		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
Entire walls & Ceiling /Bathroom		X		Asbestos Joint Compound & Assoc Sheetrock		210 SF		X			
Window wall around AC Unit/Bedroom		X		Asbestos Joint Compound & Assoc Sheetrock		30 F		X			
Name of Registered Waste Hauler Lilich Corporation			NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 5		Name of Registered Landfill Fairless Landfill				
City, State Totowa, New Jersey					Disposal Date 06/12/19		City, State Morrisville, PA				
Completed by Adriana Olejarova			Title President		Signature 			Date 05/31/19			



Inv# 11696  
OK2639

PAID

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

CK# 2639

RECEIVED  
JUN 10 2019  
DEPARTMENT OF ENVIRONMENTAL CONTROL & LICENSING

Date of Notification (1) 5/31/19		Name of Building Owner/Operator (2) Shoprite							
Agencies Notified	Type Notification	Street Address 60 Beaverbrook Rd							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lincoln Park, NJ 07035							
		Name of Contact							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2000	# of Floors 2						
City (5) Lincoln Park		Bldg. Age 50+							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential House							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973460.6026						
Start Date (10) 6/9/19		Scheduled Completion Date (11) 6/15/19	License No. 01255						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Scheduled for Demo</u>		Name of OSHA Monitor Harmony Contracting Inc							
		Street Address 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	Transite Shingles	800 SF	x			
Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033085	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>			Date 5/31/19		



Inv# 11428

Project # **PAID** OK 4/10/30

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

Check # 4639

**RECEIVED**  
JUN 10 2019  
**ASBESTOS CONTROL & LICENSING**

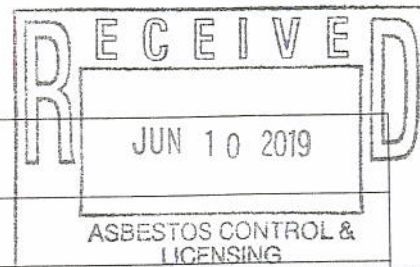
Date of Notification (1) 05/23/2019		Name of Building Owner/Operator (2) Belleville BOE						
Agencies Notified	Type Notification	Street Address 102 Passaic Ave						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Belleville, NJ 07109						
<input type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Matthew Paladino						
Telephone Number								
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) School # 4		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 35 Magnolia St		Square Feet						
City (5) Belleville, NJ		# of Floors						
County (6) Passaic County		Bldg. Age						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Aero Environmental Services		ASCM No.						
Street Address 275 Rt 10		Name of Abatement Contractor (9) Nick Restoration LLC						
City, State, Zip Code Succasunna, NJ 07876		Street Address 72 Brookside Rd						
Project Manager for Monitoring Firm Michael Berta		City, State, Zip Code Randolph NJ 07869						
Telephone No. (973)920-9061		Telephone No. 973-933-2550						
Start Date (10) 05/25/2019		License No. 01358						
Scheduled Completion Date (11) 05/27/2019		Name of OSHA Monitor Nick Restoration LLC						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address 72 Brookside Rd						
		City, State, Zip Code Randolph NJ 07869						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
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
Halloway & Room 02		X	asbestos pipe ins. wrap& cut	60 LF				
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 33782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S				
City, State Randolph, NJ 07869		Disposal Date TBD		City, State Tullytown, PA				
Completed by Nikica Mrda		Title President	Signature <i>Nikica Mrda</i>		Date 05/23/2019			



INV#0754  
OK 5754

PAID

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



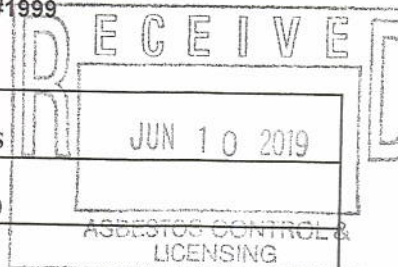
Date of Notification (1) <u>05</u> / <u>28</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>Pennsville School District</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>30 Church Street</b> City, State, Zip Code <b>Pennsville, NJ 08070</b> Name of Contact <b>Michael Simpkins</b> Telephone Number <b>856-540-6200</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Pennsville High School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>110 South Broadway</b>		Square Feet <b>80,000</b>							
City (5) <b>Pennsville</b>		# of Floors <b>2</b>	Bldg. Age <b>67</b>						
County (6) <b>Salem</b>		County Code (7)(STATE USE ONLY) <b>School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Epic Environmental Services, LLC</b>		ASCM No.							
Street Address <b>1930 Brown Road</b>		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>							
City, State, Zip Code <b>Newfield, NJ 08344</b>		Street Address <b>623 Cutler Avenue</b>							
Project Manager for Monitoring Firm <b>James Eberts</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Telephone No. <b>856-205-1077</b>		Telephone No. <b>856-755-0099</b>							
Start Date (10) <u>06</u> / <u>21</u> / <u>19</u>		License No. <b>00842</b>							
Scheduled Completion Date (11) <u>06</u> / <u>24</u> / <u>19</u>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>200 Route 130 North</b>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (Wrap & Cut)	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (Wrap & Cut)	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>		Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Freehold, NJ</b>		Disposal Date <b>06/24/2019</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Christina Lynch</b>		Title <b>Vice President of Operations</b>		Signature 			Date <b>5/28/19</b>		



Inv # 11476  
CK 1999

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

CHECK#1999



Date of Notification (1) <b>5/24/2019</b>		Name of Building Owner/Operator (2) <b>STATE OF NJ, DEPT. OF HUMAN SERVICES</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>222 SOUTH WARREN STREET, P.O. BOX 700</b> City, State, Zip Code <b>TRENTON, NJ 08625-0700</b> Name of Contact <b>PAMELA TYE-HARLAN</b> Telephone Number <b>609-292-1856</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>HUNTERDON DEVELOPMENTAL CENTER, COTTAGE 16</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)							
Street Address <b>40 PITTSTOWN ROAD</b>		Square Feet							
City (5) <b>CLINTON, NJ 08809</b>		# of Floors							
County <b>HUNTERDON</b>		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Owner <b>ENVIRONMENTAL CONNECTIONS, INC.</b>		ASCM No.							
Street Address <b>120 NORTH WARREN STREET</b>		Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>							
City (5) <b>TRENTON, NJ 08608</b>		Street Address <b>15 BLACK FOREST ROAD</b>							
Project Manager for Monitoring Firm <b>Roland Jones</b>		City, State, Zip Code <b>HAMILTON, NJ 08691</b>							
Telephone No. <b>609-392-4200</b>		Telephone No. <b>609-890-7110</b>							
Start Date (10) <b>5/28/2019</b>		License No. <b>00676</b>							
Scheduled Completion Date (11) <b>6/2/2019</b>		Name of OSHA Monitor <b>ENVIRONMENTAL CONNECTIONS, INC.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours 5PM-2 AM		Street Address <b>120 NORTH WARREN STREET</b>							
<input checked="" type="checkbox"/> EXTERIOR WORK		City, State, Zip Code <b>TRENTON, NJ 08608</b>							
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) & 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
THROUGHOUT COTTAGE 16		<input checked="" type="checkbox"/>		NFVAT & MASTIC	2670 SQ. FT.	<input checked="" type="checkbox"/>			
EXTERIOR COTTAGE 16		<input checked="" type="checkbox"/>		3"-6" TRANSITE PIPE	50 LIN. FT.	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>HORIZON DISPOSAL SERVICES</b>		NJDEP Waste Hauler ID No. <b>10416</b>		Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>GROWS</b>				
City, State <b>TRENTON</b>		Disposal Date <b>6/3/2019</b>		City, State <b>MORRISVILLE, PA</b>					
Completed By <b>DAVID D'ANDREA</b>		Title <b>PRESIDENT</b>		Signature <i>David D'Andrea</i>		Date <b>5/24/2019</b>			

ASB-41

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



24.05.2019 03:12 PM A. Mac Contracting

2012620321

RECEIVED	PAGE. 2/3
	JUN 10 2019
	DOL - 10 DAY Check # 1253

Inv # 11435  
OK 1253 PAID

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:27 and 12:12)

Date of Notification (1) 5/24/19

Name of Building Owner/Operator (2) TAYLOR BOHUYAK

Agencies Notified: ☒ EPA, ☒ DEP, ☒ DOL, ☒ DOH, ☒ DCA

Type Notification: ☒ Initial, ☐ Amended #, ☒ Emergency (including justification), ☐ Cancellation

Street Address: [REDACTED]

City, State, Zip Code: NORTH BRUNSWICK, NJ 08902

Name of Contact: TAYLOR

Telephone Number: [REDACTED]

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

Street Address: [REDACTED]

City, State, Zip Code: NORTH BRUNSWICK, NJ 08902

County (5) MIDDLESEX

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (6) [REDACTED]

ASCM No. [REDACTED]

Name of Abatement Contractor (8) A. Mac Contracting Inc.

Street Address: 185 Vreeland Ave.

City, State, Zip Code: Midland Park, NJ 07432

Project Manager for Monitoring Firm [REDACTED]

Telephone No. [REDACTED]

Start Date (10) 5/25/19

Scheduled Completion Date (11) 5/31/19

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: 280 Huyler Street

City, State, Zip Code: Hackensack, NJ 07608

Scope of Work (Check All That Apply): ☒  $\leq 3$  sf or  $\leq 3$  lf, ☒  $\leq 100$  sf or  $\leq 200$  lf, ☐ Renovation, ☐ Demolition, ☐ Full Containment with Negative Pressure, ☐ Mini-Enclosure, ☐ Glovebag Procedure, ☐ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
OUTSIDE			X	SIDING	1000 SF X				

Name of Registered Waste Hauler: Newark Carting Inc.

NJDEP Waste Hauler ID No.: 04808

Cubic Yards of Waste: 2

Name of Registered Landfill: Grand Central Sanitary Landfill

City, State: Newark, NJ 07105

Disposal Date: 5/25/19

City, State: Pen Argyl, PA 08072

Completed by: R. McDonald

Title: President

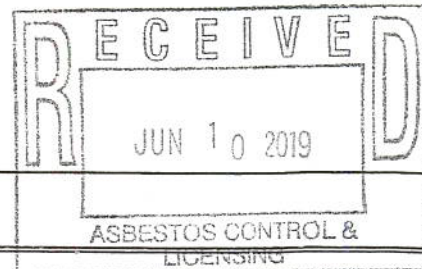
Signature: [Signature]

Date: 5/24/19



Inv # 11475

D&amp;S Proj. #: 19-105

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

Date of Notification (1) 10/15/12/18/19		Name of Building Owner/Operator (2) Michael Sherman	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Westfield, NJ 07090	
Name of Contact Michael Sherman		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 13,000		
City (5) Westfield, NJ 07090			County (6) Union		# of Floors 02
County Code (7) (State use only)			Bldg. Age 60		Current Use (Prior if being demolished) Residential
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm			Phone Number		Telephone Number 973-345-8020
Start Date (10) 05/29/19			License Number 01169		
Sched. Completion Date (11) 06/03/2019			Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

☒ >3 sf or >3 lf      ☒ Renovation      ☒ Full Containment w/negative pressure

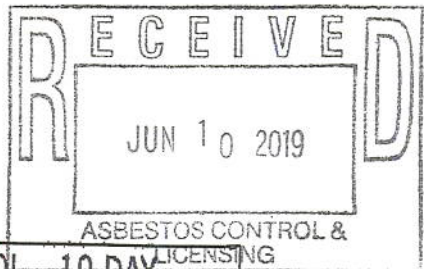
☐ ≥160 sf or ≥260 lf      ☐ Demolition      ☐ Mini-enclosure

☐ Non-Exempted (\*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		X		Boiler Insulation	30 SF	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature <i>Bogdan Joldzic</i>	Date 05/16/19





D&amp;S Proj. #: 19-105

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:129)

DOL - 10 DAY

Date of Notification (1) 05/12/18 / 1/19		Name of Building Owner/Operator (2) Michael Sherman	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended		
<input checked="" type="checkbox"/> DOL	Amendment #:	City, State, Zip Code	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Westfield, NJ 07090	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
		Michael Sherman	

## 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 B (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address			Square Feet	# of Floors	Bldg. Age
			13,000	02	60
City (5) Westfield, NJ 07090	County (6) Union	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		
Start Date (10) 05/29/19		Sched. Completion Date (11) 06/03/2019	License Number 01169		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >2 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			Street Address 20 California Avenue		
Location of asbestos-containing material (acm) to be abated in facility (13)			City, State, Zip Code Paterson, NJ 07503		
Is location normally used solely by maintenance/custodial staff (12)			Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure		
Yes No N/A			Description of asbestos-containing material (ACM)		
Basement			Boiler Insulation		
			Amount (Specify SF or LF) 30 SF		
			R e m o v e		
			R e p a i r		
			E n c a p		
			E n c l		
Registered Waste Hauler D & S RESTORATION, INC.			Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY		
NJDEP Hauler ID# 13506			City, State TULLYTOWN, PA		
City, State PATERSON, NJ 07503			Disposal Date		
Completed by (Print or Type) BOGDAN JOLDZIC			Signature Bohdan Joldzic		
Title PRESIDENT			Date 6/19/19		

PAGE 02/04

D&amp;S RESTORATION

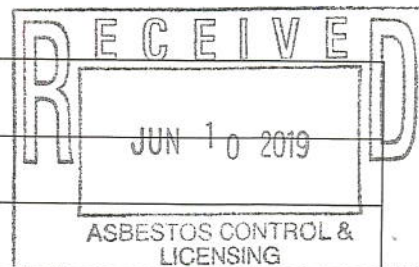
05/28/2019 02:49PM 9733458060



Inv# 11684  
MD 5881216041

PAID

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



Date of Notification (1) 05 / 28 / 2019		Name of Building Owner/Operator (2) New Jersey American Water	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 167 JFK Parkway City, State, Zip Code Short Hills, NJ 07078	
		Name of Contact Marty Naud	Telephone Number 908-338-4531

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Control 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 and commercial buildings, homes, etc.)	
Street Address 167 JFK Parkway		Square Feet 4000SF	# of Floors 1
City (5) Millburn/Short Hills		Bldg. Age 60	
County (6) Essex	County Code (7)(STATE USE ONLY) 0712	Current Use (Prior if being demolished) Office Building	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Acme Professional Services Corp	
Street Address		Street Address 550 Rifle Camp Rd	
City, State, Zip Code		City, State, Zip Code Woodland Park NJ 07424	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-938-5266	License No. 02003
Start Date (10) 06 / 10 / 2019	Scheduled Completion Date (11) 06 / 10 / 2020	Name of OSHA Monitor Arsenije Adamov	
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 550 Rifle Camp Rd	
		City, State, Zip Code Woodland Park NJ 07424	

Scope of Work (Check all that apply)

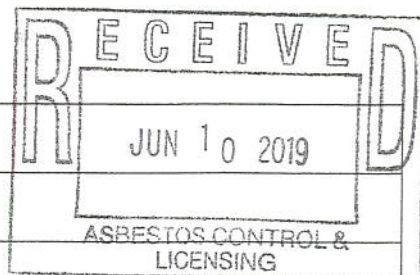
- ☐  $\geq 3$  sf or  $\geq 3$  lf  
☒  $\geq 160$  sf or  $\geq 260$  lf
- ☒ Renovation  
☐ Demolition
- ☐ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Storage Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM Air Cell Pipe Insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Acme Professional Services Corp		NJDEP Waste Hauler ID No. 0038176	Cubic Yards of Waste 1 yard	Name of Registered Landfill Fairless Landfill	
City, State Woodland Park NJ 07424		Disposal Date 06/11/2019	City, State Morrisvilles PA		
Completed By (Print or Type) Arsenije Adamov	Title President	Signature arsenije adamov	Date 5/28/2019		



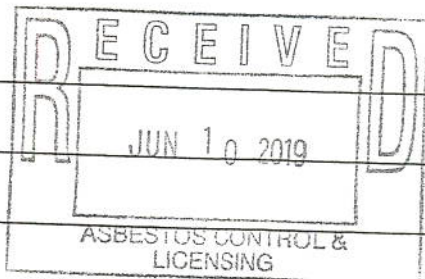
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 05/28/2019		Name of Building Owner/Operator (2) LINDA FEDERICO							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HILLSIDE NJ.							
		Name of Contact LINDA FEDERICO							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) HILLSIDE NJ.		Square Feet 1,483	# of Floors 1						
		Bldg. Age 99							
County (6) HUDSON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.						
Street Address		Street Address 4919 BERGENLINE AVE,							
City, State, Zip Code		City, State, Zip Code WEST NEW YORK NJ.							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 776-0642						
		License No. 01300							
Start Date (10) 05/29/2019	Scheduled Completion Date (11) 05/30/2019	Name of OSHA Monitor ENVIRO PROBE LAB							
Occupancy Status During Abatement (Check Only One)		Street Address 108 LIBERTY ST.							
<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 METUCHEN NJ.							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		FLOOR TILE	356 SF.	X			
Name of Registered Waste Hauler TRI STATE ASSOCC		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC					
City, State BRONX NY			Disposal Date TBD	City, State WAYNESBURG OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 			Date 05/28/2019			



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



Date of Notification (1) <b>5/31/19</b>		Name of Building Owner/Operator (2) <b>ED KRUPSKI</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code <b>CLARK, NJ 07066</b>	
		Name of Contact <b>ED KRUPSKI</b>	Telephone Number [REDACTED]

Name of Facility Where Abatement is Taking Place (3) <b>ED KRUPSKI PROPERTY</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]					
City (5) <b>LINDEN</b>		Square Feet <b>3,868</b>	# of Floors <b>2</b>	Bldg. Age <b>1950NN/A</b>	
County (6) <b>MIDDLESEX</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>RESIDENCE</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.		Name of Abatement Contractor (9) <b>Finishing Touch Asbestos Abatement Corp., Inc.</b>	
Street Address		Street Address <b>17 Thompson street</b>			
City, State, Zip Code		City, State, Zip Code <b>West Long Branch, NJ 07764</b>			
Project Manager for Monitoring Firm <b>N/A</b>		Telephone No.		Telephone No. <b>732.222.8372</b>	License No. <b>00040</b>
Start Date (10) <b>JUNE 6, 2019</b>		Scheduled Completion Date (11) <b>JUNE 13, 2019</b>		Name of OSHA Monitor <b>N/A</b>	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____				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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>EXTERIOR</b>			<b>X</b>	<b>AC SIDING</b>	<b>1100</b>	<b>X</b>			
<b>KITCHEN</b>			<b>X</b>	<b>VAT</b>		<b>X</b>			

Name of Registered Waste Hauler <b>Finishing Touch Asbestos Abatement Corp., Inc.</b>		NJDEP Waste Hauler ID No. <b>12058</b>	Cubic Yards of Waste <b>5 cy</b>	Name of Registered Landfill <b>FAIRLESS LANDFILL</b>	
City, State <b>WEST LONG BRANCH, NJ 07764</b>		Disposal Date <b>6/9/19</b>		City, State <b>MORRISVILLE, PA</b>	
Completed by <b>JOSEPH P. MILLER</b>		Title <b>PRESIDENT</b>	Signature 	Date <b>5/31/19</b>	

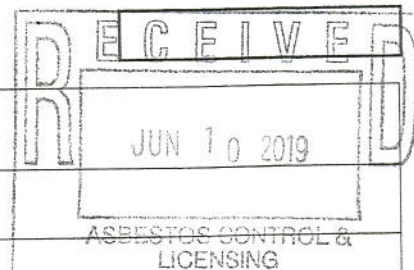


Inv # 11087

Check#3359

PAID

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



Date of Notification (1) 05 / 28 / 19		Name of Building Owner/Operator (2) Nancy Shimmel	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Pompton Lakes, NJ 07444	
		Name of Contact Nancy Shimmel	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Pompton Lakes, NJ 07444		Square Feet	# of Floors
County (6) Passaic		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Gr Tech LLC	
City, State, Zip Code		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470	
Telephone No.		Telephone No. 973-638-1777	License No. 01127
Start Date (10) 06 / 07 / 19	Scheduled Completion Date (11) 06 / 08 / 19	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf  
☐ > 160 sf or >260 lf

☒ Renovation  
☐ Demolition

☐ Clean up and decontamination with negative pressure  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glovebag Procedure ☐ Tent with Negative Pressure  
☐ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	110 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>Nancy Shimmel</i>		Date 05/28/19	



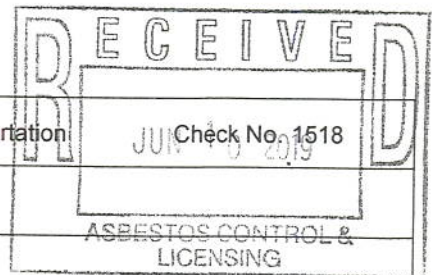
CK1518

PAID

In # 1480  
State of New Jersey

## NOTIFICATION OF ASBESTOS ABATEMENT

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



Date of Notification (1) 06/06/2019		Name of Building Owner/Operator (2) State of New Jersey Department of Transportation		Check No. 1518					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1035 Parkway Avenue  City, State, Zip Code Trenton, New Jersey 08625  Name of Contact Sheryl M Quatermas  Telephone Number 609-530-5472					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) NJ DOT Lawrence Maintenance Yard				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 2798 Brunswick Pike				Square Feet 10,000					
City (5) Lawrenceville, New Jersey 08648				# of Floors 1					
County (6) Mercer				Bldg. Age 50+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Maintenance Yard							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 120 North Warren Street		Street Address 246 Union Boulevard							
City, State, Zip Code Trenton, New Jersey 08608		City, State, Zip Code Totowa, New Jersey 07512							
Project Manager for Monitoring Firm Rollie Jones		Telephone No. 609-392-4200		Telephone No. 973-225-8400					
Start Date (10) 06/17/2019		Scheduled Completion Date (11) 06/29/2019		License No. 01104					
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: _____				Name of OSHA Monitor Iris Environmental Laboratories, LLC					
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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Building 1392 Mechanical Room	X			Flue Packing	3 SF	X			
Building 1392 Mechanical Room	X			Plumbers Paste	25 SF	X			
Exterior of Building 1382		X		Window Caulking	250 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill				
City, State Totowa, New Jersey				Disposal Date 06/29/2019	City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President		Signature 		Date 06/06/2019			



Inv# 11678 PAID

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

VIA U.S. MAIL

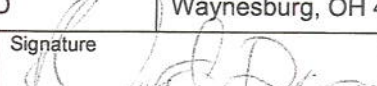
ch# 4552

Date of Notification (1) 5/15/19		Name of Building Owner/Operator (2) Mrs Ann Gordon		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 10 2019 ASBESTOS CONTROL &amp; REMEDIATION </div>					
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code MINE HILL N.J. 07803-3425							
		Name of Contact Mrs A. Gordon							
Name of Facility Where Abatement is Taking Place (3) [REDACTED]				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) MINE HILL N.J.		Square Feet 2000		# of Floors 1					
County (6)		County Code (7) (STATE USE ONLY)		Bldg. Age 20					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Current Use (Prior if being demolished) HOUSE					
Street Address		Name of Abatement Contractor (9) NOVATECH							
City, State, Zip Code		Street Address P.O. Box 814							
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code Old Bridge N.J. 08857					
Start Date (10) 5/17/19		Scheduled Completion Date (11) 5/31/19		Telephone No. 732 232x7500					
Occupancy Status During Abatement (Check Only One)		License No. 00806							
<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:		Name of OSHA Monitor NOVATECH							
Scope of Work (Check All That Apply)		Street Address P.O. Box 814							
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		City, State, Zip Code Old Bridge N.J. 08857							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	PIPE INSULATION	< 50 LF	X			
Name of Registered Waste Hauler NOVATECH		NJDEP Waste Hauler ID No. 18501		Cubic Yards of Waste 3		Name of Registered Landfill G.R.O.W.S.			
City, State Old Bridge N.J. 08857		Disposal Date 6/1/19		City, State Morrisville P.A.					
Completed by CARLOS AMEIDA		Title PRESIDENT		Signature [Signature]		Date 5/15/19			



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

CHECK # 26227

Date of Notification (1) 05-30-19		Name of Building Owner/Operator (2) Rutgers, The State University of NJ							
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 <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 74 Street 1603  City, State, Zip Code Piscataway NJ 08854  Name of Contact Michael F Smith					
				Telephone Number 848-445-2550					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Richardson Apartments			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 187 Bevier Road			Square Feet # of Floors Bidg. Age						
City (5) Piscataway			3						
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services		ASCM No.		Name of Abatement Contractor (9) Pinnacle Environmental Corp.					
Street Address 3 Terri Ln				Street Address 200 Broad Street					
City, State, Zip Code Burlington NJ 08016				City, State, Zip Code Carlstadt, NJ 07072					
Project Manager for Monitoring Firm Brian Kearney		Telephone No. 609-386-8800		Telephone No. 201-939-6565					
				License No. 00756					
Start Date (10) 06-03-19(2)Project Postponed		Scheduled Completion Date (11) 06-21-19		Name of OSHA Monitor Even-Air Inc.					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am - 8am, 24hr access "unoccupied"</u>				Street Address 10-59 Jackson Avenue					
				City, State, Zip Code Long Island City, NY 11101					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor			x	Vinyl Sheet Flooring/VAT	1,600SF	x			
3rd Floor			x	Vinyl Sheet Flooring/VAT	1,600SF	x			
Name of Registered Waste Hauler ATC, Inc. / Newark Carting, Inc. (04509)		NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY / Newark, NJ				Disposal Date TBD	City, State Waynesburg, OH 44688				
Completed by Richard Doran			Title Project Manager	Signature 		Date 05-30-19			



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

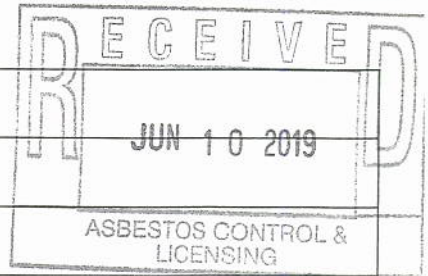
Date of Notification (1) 06/05/19		Name of Building Owner/Operator (2) 75 Jersey City, LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  JUN 10 2019  ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified	Type Notification	Street Address 855 Lexington Avenue							
<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 # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New York, NY 11065							
		Name of Contact Mr. Eric Albanese		Telephone Number 973-300-0069					
<b>FACILITY INFORMATION</b>									
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) Jersey City			Square Feet 20,000 +	# of Floors 6 +	Bldg. Age 50 +				
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.					
Street Address		Street Address 1141 Route 23							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-628-9200	License No. 00408				
Start Date (10) 04/08/19		Scheduled Completion Date (11) 08/31/19		Name of OSHA Monitor J.R. Contracting & Environmental Consulting, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 1141 Route 23					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Occupied</u>				City, State, Zip Code Wayne, NJ 07470					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 301			X	Floor Tile & Mastic	3,200 SF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819		Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill				
City, State Wayne, New Jersey				Disposal Date	City, State Pen Argyl, Pennsylvania				
Completed by Jerry Bijelonic		Title Project Manager		Signature		Date 06/05/19			



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

Check No. 214

*No Check*



Date of Notification (1) <b>May 16, 2019</b>		Name of Building Owner/Operator (2) <b>New Jersey Transit Corporation</b>	
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10:27-04</small> <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>One Penn Plaza East</b> City, State, Zip Code <b>Newark, NJ 07105-2246</b> Name of Contact <b>William R. Goetchius</b> Telephone Number <b>973-491-8347</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Hoboken Terminal - Pullman Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>1 Hudson Place</b>		Square Feet <b>8,645</b>	
City (5) <b>Hoboken, NJ 07030</b>		# of Floors <b>2</b>	Bldg. Age <b>111</b>
County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Train Station/Office</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>Iris Labs of Union NJ / TTI Environmental</b>		ASCM No. <b>00003 (TTI)</b>	Name of Abatement Contractor (9) <b>B&amp;N&amp;K Restoration Co., Inc.</b>	
Street Address <b>333 Highway 22 / 1253 North Church St</b>		Street Address <b>223 Randolph Avenue /</b>		
City, State, Zip Code <b>West Union, NJ 07083 / Moorestown, NJ 08057</b>		City, State, Zip Code <b>Clifton, NJ 07011</b>		
Project Manager for Monitoring Firm <b>Rick Eustaquio / Jim Guilardi</b>		Telephone No. <b>973-494-3762 / 856-840-8800</b>	Telephone No. <b>973-494-4681</b>	License No. <b>0120</b>
Start Date (10) <b>May 29, 2019</b>	Scheduled Completion Date (11) <b>August 31, 2019</b>		Name of OSHA Monitor <b>The Saban Engineering Group, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Street Address <b>201 Stuyvesant Avenue</b> City, State, Zip Code <b>Lyndhurst, NJ 07071-1704</b>	

Scope of Work (Check all that apply)


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

Location of Asbestos-Containing Material (ACM) 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
2nd Floor Rear RT Room & Locker Room		<input checked="" type="checkbox"/>		Floor Tiles & Mastic	1130 sq ft	<input checked="" type="checkbox"/>		
2nd Floor Middle Room		<input checked="" type="checkbox"/>		Linoleum Flooring	561 sq ft	<input checked="" type="checkbox"/>		
2nd Floor Middle Room		<input checked="" type="checkbox"/>		Debris Cleanup of collapsed wall	170 sq ft	<input checked="" type="checkbox"/>		
1st Floor Wall Plaster		<input checked="" type="checkbox"/>		wall plaster	500 sq. ft.	<input checked="" type="checkbox"/>		

Name of Registered Waste Hauler <b>B&amp;N&amp;K Restoration Co., Inc. / Jimmy Byrne Trucking</b>		NJDEP Waste Hauler ID No. <b>12695 / 19551</b>	Cubic Yards of Waste <b>15</b>	Name of Registered Landfill <b>Cumberland County Landfill / Minerva Enterprises, Inc.</b>	
City, State <b>Clifton, NJ 07011 / Bronx, NY</b>		Disposal Date <b>05/30/2019 to 08/31/2019</b>		City, State <b>Newburg / Waynesburg</b>	
Completed by <b>G. Roger Woodman</b>	Title <b>Project Manager</b>	Signature 			Date <b>6/5/2019</b>

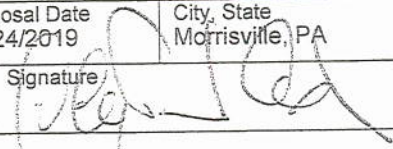


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 12:26)

Date of Notification (1) 06/03/2019 <b>PROJECT PUT ON HOLD</b>		Name of Building Owner/Operator (2) Columbia Care Inc.		Check No. 1492					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 321 Billerica Road, Suite 204  City, State, Zip Code Chelmsford, MA 01824  Name of Contact Sabastian Grant c/o MidAtlantic Eng Partners					
				Telephone Number 609-337-3946					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Property			Type of Facility (4)						
Street Address 1560 North West 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) Vineland, New Jersey			Square Feet 10,000	# of Floors 2	Bldg. Age 50+				
County (6) Cumberland		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Offices						
Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 500 South Broad Street		Street Address 246 Union Boulevard							
City, State, Zip Code Glen Rock, New Jersey 07452		City, State, Zip Code Totowa, New Jersey 07512							
Project Manager for Monitoring Firm Bruce Wolf		Telephone No. 201-652-1119	Telephone No. 973-225-8400	License No. 01104					
Start Date (10) 06/03/2019 ON HOLD		Scheduled Completion Date (11) 06/24/2019 ON HOLD		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			City, State, Zip Code Union, NJ 07083						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> 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"/> Glove Bag Procedure / Limited Containment & Tent <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Grey Window Caulk/Glazing	1980 LF	X			
Boiler Room	X			Grey Flue Vent	3-6 SF	X			
1st Floor		X		Vinyl Floor Tile	120 SF	X			
1st Floor		X		Plaster	1000 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill				
City, State Totowa, New Jersey				Disposal Date 06/24/2019	City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President		Signature 	Date 06/03/2019				



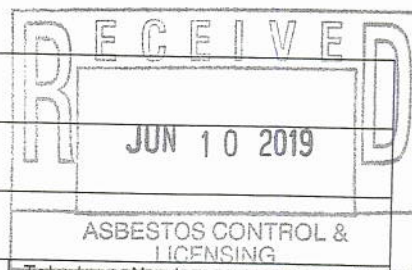
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 05/23/2019		Name of Building Owner/Operator (2) Columbia Care Inc.		Check No. 1492					
Agencies Notified  <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 321 Billerica Road, Suite 204		<div style="border: 1px solid black; padding: 5px; display: inline-block;">             JUN 10 2019           </div>				
			City, State, Zip Code Chelmsford, MA 01824						
			Name of Contact Sebastian Grant c/o MidAtlantic Eng Partners						
			Telephone Number 609-337-3946						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Property			Type of Facility (4)  <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1560 North West Boulevard			Square Feet 10,000		Bldg. Age 50+				
City (5) Vineland, New Jersey			# of Floors 2						
County (6) Cumberland		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Offices						
Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental		ASCM No. _____	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 500 South Broad Street		Street Address 246 Union Boulevard							
City, State, Zip Code Glen Rock, New Jersey 07452		City, State, Zip Code Totowa, New Jersey 07512							
Project Manager for Monitoring Firm Bruce Wolf		Telephone No 201-652-1119	Telephone No. 973-225-8400		License No. 01104				
Start Date (10) 06/03/2019		Scheduled Completion Date (11) 06/24/2019	Name of OSHA Monitor Iris Environmental Laboratories, LLC						
Occupancy Status During Abatement (Check Only One)  <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 2333 Route 22 West						
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"/> Glove Bag Procedure / <u>Limited Containment &amp; Tent</u> <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	Grey Window Caulk/Glazing	1980 LF	X			
Boiler Room-	X			Grey Flue Vent	3-6 SF	X			
1st Floor		X		Vinyl Floor Tile	120 SF	X			
1st Floor		X		Plaster	1000 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill					
City, State Totowa, New Jersey		Disposal Date 06/24/2019		City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President	Signature 		Date 05/23/2019				



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

No Check  
Check No. **N/A**



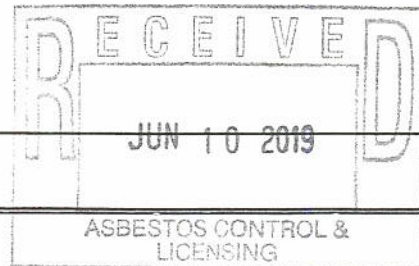
Date of Notification (1) <b>May 24, 2019</b>		Name of Building Owner/Operator (2) <b>PATH</b>						
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10:27-4</small> <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>One PATH Plaza</b>	City, State, Zip Code <b>Jersey City, NJ 07306</b>					
		Name of Contact	Telephone Number <b>201-216-6203</b>					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Exchange Place Station</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>68 Christopher Columbus Drive</b>		Square Feet <b>10,091</b>	# of Floors <b>1</b>					
City (5) <b>Jersey City, NJ 07302</b>		Bldg. Age						
County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Business/Train Station</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>PA of NY &amp; NJ</b>	ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>B&amp;N&amp;K Restoration Co. Inc.</b>						
Street Address <b>241 Erie Street, Room 236</b>		Street Address <b>223 Randolph Avenue</b>						
City, State, Zip Code <b>Jersey City, NJ 07310</b>		City, State, Zip Code <b>Clifton, NJ 07011</b>						
Project Manager for Monitoring Firm <b>Uday Mehta</b>	Telephone No. <b>201-595-4881</b>	Telephone No. <b>973-478-4681</b>	License No. <b>00120</b>					
Start Date (10) <b>June 10, 2019</b>	Scheduled Completion Date (11) <b>July 10, 2019</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>200 Route 130 N</b>						
		City, State, Zip Code <b>Cinnaminson, NJ 08077-2892</b>						
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Roof	<input checked="" type="checkbox"/>			Roof Material	1126 sq ft	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>Jimmy Byrne Trucking</b>		NJDEP Waste Hauler ID No. <b>19551</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>Minerva Enterprises, Inc.</b>				
City, State <b>Bronx, NY / Newark, NJ</b>		Disposal Date To be Determined		City, State <b>Waynesburg, OH</b>				
Completed by <b>G. Roger Woodman</b>	Title <b>Project Manager</b>		Signature 			Date <b>6/4/2019</b>		



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

D&S Proj. #: 19-111

Check # 1089 Invoice # 11665



Date of Notification (1) 05/13/19		Name of Building Owner/Operator (2) Charles Rose	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		ASBESTOS CONTROL & LICENSING	
City, State, Zip Code Roselle Park, NJ 07204		Telephone Number	
Name of Contact Charles Rose			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,300		
City (5) Roselle Park, NJ 07204			County (6) Union		County Code (7) (State use only)
			Bldg. Age 60		
			Current Use (Prior if being demolished) Residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLOMAX, LLC	
Street Address			Street Address 309 W. End Ave	
City, State, Zip Code			City, State, Zip Code Hopatcong, NJ 07843	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 833-455-6629	
			License Number 02007	
Start Date (10) 06/11/19		Sched. Completion Date (11) 06/14/2019		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
Name of OSHA Monitor KLOMAX, LLC				
Street Address 309 W. End Ave				
City, State, Zip Code Hopatcong, NJ 07843				

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

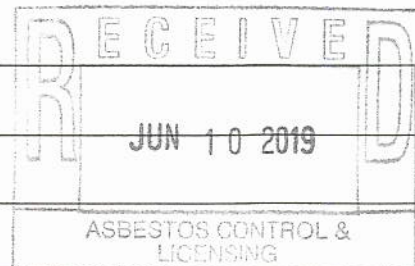
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		Pipe Insulation	65 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement		<input checked="" type="checkbox"/>		Re-clean Pipe	35LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler KLOMAX, LLC		NJDEP Hauler ID# 038241	Cubic Yards of Waste 2 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State Hopatcong, NJ 07843		Disposal Date TBD		City, State TULLYTOWN, PA	
Completed by (Print or Type) Paige Boylan		Title Owner	Signature 		Date 05/31/19



Invoice # 11426  
Check # 2008

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



Date of Notification (1) 05-23-19		Name of Building Owner/Operator (2) Caravella Demolition	
Agencies Notified	Type Notification	Street Address 40 Deforest Ave.	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Hanover NJ 07936	
		Name of Contact Jhon Caravella	Telephone Number (973) 884-4900

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Orange	Square Feet	# of Floors	Bldg. Age
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.
Street Address		Street Address 522 7th St.	
City, State, Zip Code		City, State, Zip Code Union City NJ 07087	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201 216-9603	License No. 01206
Start Date (10) 05-23-19	Scheduled Completion Date (11) 05-29-19	Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.	
<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 City NJ 07087	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

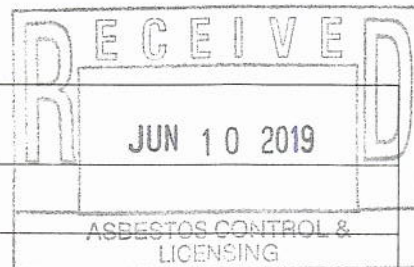
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement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

Name of Registered Waste Hauler Caravella Demolition Inc		NJDEP Waste Hauler ID No. 35685	Cubic Yards of Waste 200	Name of Registered Landfill IESI	
City, State E. Hanover, NJ 07936		Disposal Date 05-27-19	City, State Bethlehem, PA		
Completed by Jaime Delgado		Title Proj. Manager.	Signature 		Date 05-23-19



Invoice# 116608  
Check# 5770

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



Date of Notification (1) 05 / 30 / 19		Name of Building Owner/Operator (2) Township of Franklin Public Schools							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3228 Coles Mill Road City, State, Zip Code Franklinville, NJ 08322							
		Name of Contact Thomas Rambone	Telephone Number 856-629-9500 x 1210						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Main Road Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1452 Main Road		Square Feet 50,000	# of Floors 2						
City (5) Newfield		Bldg. Age 80							
County (6) Gloucester	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services, LLC		Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 1930 Brown Road		Street Address 623 Cutler Avenue							
City, State, Zip Code Newfield, NJ 08344		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Jim Eberts		Telephone No. 856-205-1077	License No. 00842						
Start Date (10) 07 / 01 / 19	Scheduled Completion Date (11) 07 / 03 / 19	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Custodial Closet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 07/03/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 			Date 5/30/19		



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

Invoice # 11677

CK  
8005

Date of Notification 5/30/19 Type Notification		Name of Building Owner / Operator (2) <b>Ms. Helga Geil</b>	
Agencies Notified	Emergency Notification	Street Address	
EPA	<input checked="" type="checkbox"/>	[REDACTED]	
DEP	<input checked="" type="checkbox"/>	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	Amended Notification	<b>Andover, NJ 07821</b>	
<input checked="" type="checkbox"/> DOH	Cancellation	Name of Contact	
DCA		<b>John Scelba</b>	

RECEIVED  
JUN 10 2019  
ASBESTOS CONTROL &  
Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <b>3,000</b>	# of Floors <b>2</b>
City (5) <b>Hackettstown</b>	County (6) <b>Warren</b>	Bldg. Age <b>70+</b>	
County Code (7)		Current Use (Prior if being demolished) <b>Residential</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Eikon Planning and Design</b>		ASCM No.	
Street Address <b>221 High Street</b>		Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>	
City, State & Zip Code <b>Hackettstown, NJ 07840</b>		Street Address <b>443 Schoolhouse Road</b>	
Project Manager for Monitoring Firm <b>John Scelba</b>		City, State & Zip Code <b>Monroe Township, NJ 08831</b>	
Telephone Number <b>908-813-2323</b>		Telephone Number <b>732-605-9062</b>	License Number <b>00714</b>
Scheduled Start Date (10) <b>6/12/19</b>	Scheduled Completion Date (11) <b>6/15/19</b>	Name of OSHA Monitor <b>Global Abatement Services, LLC</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:		Street Address <b>443 Schoolhouse Road</b>	
		City, State & Zip Code <b>Monroe Township, NJ 08831</b>	
Scope of Work (Check all that apply)			
Demolition <input checked="" type="checkbox"/> Renovation		Full Containment with Negative Pressure	
Large Project		<input checked="" type="checkbox"/> Mini-Enclosure	
<input checked="" type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM		<input checked="" type="checkbox"/> Glove-bag Procedure	
Quantity is $\geq 160$ SF or $\geq 260$ LF ACM		Other: <b>Non-friable</b>	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
<b>Basement</b>	<b>N/A</b>	<b>TSI pipe</b>	<b>60 LF</b>	<b>Removal</b>
<b>Basement</b>	<b>N/A</b>	<b>TSI fittings</b>	<b>25 ea.</b>	<b>Removal</b>
<b>Basement</b>	<b>N/A</b>	<b>Boiler patch</b>	<b>3 SF</b>	<b>Removal</b>

Name of Registered Waste Hauler <b>Freehold Carting</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>8</b>	Name of Registered Landfill <b>Fairless Landfill</b>
City, State <b>Trenton, NJ</b>		Disposal Date <b>6/15/19</b>	City, State <b>Fairless Hills, PA</b>	
Completed By (Print or Type) <b>Dominick Tringali</b>	Title <b>Manager</b>	Signature <i>Dominick Tringali</i>		Date <b>5/30/19</b>



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

Invoice # 11679

Date of Notification (1) May 29, 2019		Name of Building Owner/Operator (2) NRG Rema, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 315 Riegelsville Road	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>JUN 10 2019</b>  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>
		City, State, Zip Code Milford, NJ 08848	
		Name of Contact Neil C. MacIntosh	
		Telephone Number 908-995-6922	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Former JCP&L Power Plant – Werner Generating Station			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 135 Main Street			Square feet 65,000 sf		
City South Amboy	County (6) Middlesex	County Code (7) (STATE USE ONLY)	# of Floors 0	Bldg. Age NA	
Current Use (Prior if being demolished) Retired Steam Plant (prev. demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No. 0045	Name of Abatement Contractor (9) Global Abatement Services, LLC		
Street Address 64 Broad Street		Street Address 443 Schoolhouse Road			
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Monroe Township, NJ 08831			
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062		License Number 00714
Scheduled Start Date (10) 06/17/2019		Scheduled Completion Date (11) 12/30/2019		Name of OSHA Monitor Environmental Tactics, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe			Street Address 64 Broad Street		
			City, State, Zip Code Matawan, NJ 07747		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> (Other) Exterior Soil Clean-up	

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)	Abatement Type				
	R	R	E			E				
	E	P	C	N						
	M	A	A	C						
	O	I	P	O						
	V	R	S	L						
	A		U							
	L		E							
Exterior Soil				X	Misc. (contaminated soil debris)	65,000 sf	X			
Name of Registered Waste Hauler United Trucking, Inc.		NJDEP Waste Hauler ID No. 1011984		Cubic Yards of Waste 600	Name of Registered Landfill Cumberland County Landfill					
City, State Marlton, NJ		Disposal Date 06/28/2019		City, State Newburg, PA						
Completed by (Print or Type) Dominick Tringali		Title Project Manager		Signature <i>Dominick Tringali</i>				Date 05/29/2019		

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



27.05.2019 11:46 AM A. Mac Contracting

2012620321

DOL - 10 DAY

2/ 3

Invoice# 11682

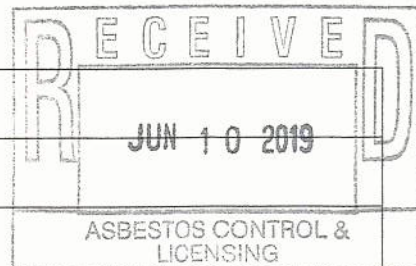
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:125)

Date of Notification (1) <b>5/27/19</b>		Name of Building Owner/Operator (2) <b>CHRISTINA GOODSPEED</b>		Name of Building Owner/Operator (2) <b>WAIVER APPROVED</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code <b>FREELAND NJ 07728</b>	
Name of Facility Where Abatement is Taking Place (3) <b>GOODSPEED</b>		Street Address [REDACTED]		Telephone Number <b>732-620-9285</b>	
Street Address [REDACTED]		City (5) <b>FREELAND</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
County (6) <b>PLUMMERS</b>		County Code (7) (STATE USE ONLY)		Square Feet <b>1850</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>A. Mac Contracting Inc.</b>		ABOM No.		# of Floors <b>2</b>	
Street Address [REDACTED]		City, State, Zip Code <b>Midland Park, NJ 07432</b>		Bldg. Age <b>60</b>	
Project Manager for Monitoring Firm <b>5/28/17</b>		Telephone No. <b>201-262-5641</b>		Current Use (Prior if being demolished) <b>RES</b>	
Start Date (10) <b>5/28/17</b>		Scheduled Completion Date (11) <b>6/4/19</b>		License No. <b>00156</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>		Street Address <b>280 Huyler Street</b>	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 100$ sf or $\geq 200$ lf		Renovation <input type="checkbox"/> Demolition		Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13) <b>MAIN FLOOR</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <b>X</b>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>VAT</b>	
Amount (Specify SF or LF) <b>865</b>		Abatement Type Removal Repair Encapsulate Enclose <b>X</b>			
Name of Registered Waste Hauler <b>Newark Carting Inc.</b>		NJDEP Waste Hauler ID No. <b>04509</b>		Cubic Yards of Waste <b>2</b>	
City, State <b>Newark, NJ 07105</b>		Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>		City, State <b>Pen Argyl, PA 06072</b>	
Completed by <b>R. McDonald</b>		Title <b>President</b>		Signature <b>R. McDonald</b>	
				Date <b>5/27/19</b>	



Invoice# 11683  
Check# 1431

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



Date of Notification (1) 05/31/2019		Name of Building Owner/Operator (2) YOSSI GAL	
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 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 CRESSKILL NJ.07626	
		Name of Contact YOSSI GAL	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) CRESSKILL NJ.07626		Square Feet 2,280 SF,	# of Floors 2
		Bldg. Age 98	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) N/A	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.	
City, State, Zip Code		Street Address 4919 BERGENLINE AVE.	
		City, State, Zip Code WEST NEW YORK NJ. 07093	
Project Manager for Monitoring Firm		Telephone No. 201-776 0642	License No. 01300
Start Date (10) 05/31/2019	Scheduled Completion Date (11) 06/01/2019	Name of OSHA Monitor EMSL ANALITYCAL LAB	
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 307W. 38TH, ST.	
		City, State, Zip Code NEW YORK N.Y.	

Scope of Work (Check All That Apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf                | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition            | <input checked="" type="checkbox"/> Mini-Enclosure                          |
|  |  | <input 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
LIVING ROOM		X		WALL PLASTER	200 SF.	X			

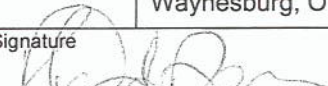
Name of Registered Waste Hauler TRI STATE ASSOCC		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC	
City, State BRONX N.Y		Disposal Date TBD	City, State WAYNESBURG OHIO		
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 	Date 05/30/2019	



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

CHECK # 26281

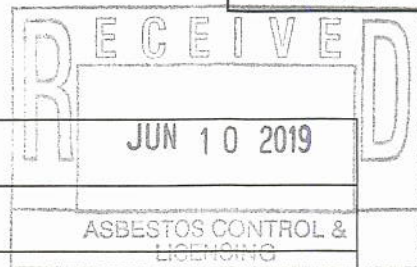
Invoice # 11685

Date of Notification (1) 05-30-19		Name of Building Owner/Operator (2) Capital One Services, LLC							
Agencies Notified	Type Notification	Street Address West Creek Campus Building 5 15050 Capital One Drive							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Richmond, Virginia 23238							
		Name of Contact Mel Rushing	Telephone Number 862.229.4577						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Capital One		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 1291 Paterson Plank Road		Square Feet 10,000	# of Floors 2						
City (5) Secaucus, NJ 07094		Bldg. Age approx 40 yrs							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) LiRo Engineers, Inc		ASCM No. NA	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 3 Aerial Way		Street Address 200 Broad Street							
City, State, Zip Code Syosset NY 11791		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Christopher Zanoni		Telephone No. 516.938.5476	Telephone No. 201-939-6565						
License No. 00756									
Start Date (10) 06-10-19	Scheduled Completion Date (11) 06-29-19	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe Insulation	40LF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH 44688					
Completed by Richard Doran		Title Project Manager		Signature 				Date 05-30-19	



Invoice# 11686  
 Check# 3461

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



Date of Notification (1) 05/29/2019		Name of Building Owner/Operator (2) Residence	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Rutherford NJ 07073	
		Name of Contact Father Joe Astarita	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 8,000	# of Floors 3
City (5) East Rutherford		Bldg. Age 199	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		Name of Abatement Contractor (9) Brinks Tank Services	
Street Address PO Box 354		Street Address 1256 Liberty Avenue	
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205	
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	License No. 01316
Start Date (10) 06/10/2019	Scheduled Completion Date (11) 07/02/2019	Name of OSHA Monitor A. Seine Lighthouse Solutions	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 354	
		City, State, Zip Code South Orange, NJ 07079	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Rear of Church		X		9"x9" floor tile	475 SF	X			

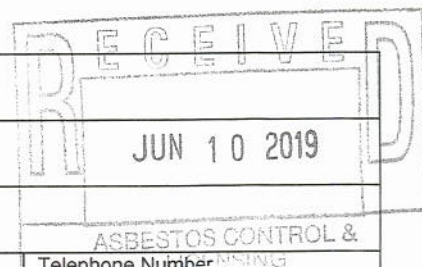
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill	
City, State East Orange, NJ			Disposal Date	City, State Penn Argyle, PA	
Completed by Alison Lamers		Title Office Manager	Signature <i>[Signature]</i>	Date 05/29/2019	



Invoice# 11688  
check# 3403

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

Date of Notification (1) 05/29/2019		Name of Building Owner/Operator (2) Residence							
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 Metuchen NJ							
		Name of Contact Tom Jones							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Metuchen	County (6) Middlesex	Square Feet 1,788	# of Floors 3						
County Code (7) (STATE USE ONLY) 08840		Bldg. Age 88							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		Name of Abatement Contractor (9) Brinks Tank Services							
Street Address PO Box 354		Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	License No. 01316						
Start Date (10) 06/10/2019	Scheduled Completion Date (11) 07/05/2019	Name of OSHA Monitor A. Seine Lighthouse Solutions							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 354							
		City, State, Zip Code South Orange, NJ 07079							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe wrap	80 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill					
City, State East Orange, NJ			Disposal Date	City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager	Signature <i>[Signature]</i>	Date 05/29/2019					





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

CK# 2624

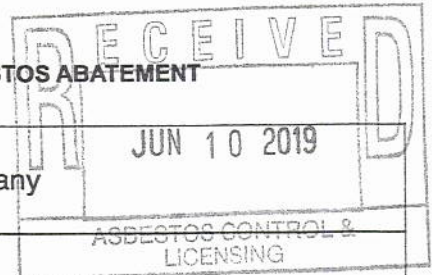
Date of Notification (1) 5/21/19		Name of Building Owner/Operator (2) Elshiekh Enterprise LLC							
Agencies Notified	Type Notification	Street Address 12 Via Vitale							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Kenilworth, NJ 07033							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2000	# of Floors 2						
City (5) Berkely Heights		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY) 07999	Current Use (Prior if being demolished) Residential House							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973460.6026						
Start Date (10) 5/30/19		Scheduled Completion Date (11) 6/5/19	License No. 01255						
Name of OSHA Monitor Harmony Contracting Inc									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Scheduled for Demo</u>		Street Address 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input 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) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	Transite Shingles	1200 SF	x			
Name of Registered Waste Hauler Harmony Contracting INC		NJDEP Waste Hauler ID No. 033085	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by E. Cirovic		Title Secretary	Signature E. Cirovic			Date 5/21/19			



Invoice# 11698

Check# 013355

## STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT




Date of Notification (1) 03/08/2019		Name of Building Owner/Operator (2) 410 Clermont Terrace Company	
Agencies Notified ( ) EPA (X) NJDEP (X) NJ DOL (X) DOH ( ) DCA	Type of Notification (X) Initial Notification ( ) Amended Amendment # _____ ( ) Emergency (including justification) ( ) Cancellation	Street Address 410 Clermont Terrace,	
		City, State, Zip Code Union, NJ 07083	
		Name of Contact Rick Francis	Tel. Number 973-325-0010
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 410 Clermont Terrace		Entire Building: Sq. Feet: ~73000 # of Floors 2 Bldg. Age 80	
City (5) Union	County (6) Union	County Code (7) (State Use Only) 07083	
Name of Monitoring Firm Hired by Bldg. Owner (8) Sky Environmental Services, Inc.		ASCM No. N/A	
Street Address 140 Boulevard		Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.	
City, State, Zip Code Mt. Lakes, NJ 07046		Street Address 3300 Hudson Avenue	
City, State, Zip Code Union City, NJ 07087		City, State, Zip Code Union City, NJ 07087	
Project Manager for Monitoring Firm Leonid Shereshevsky	Telephone Number 973 588-4821	Telephone Number (201)325-0055	License Number 01124
Scheduled Start Date (10) 03/18/2019	Scheduled Completion Date (11) 03/25/2019	Name of OSHA Monitor ISES, Inc.	
Occupancy Status During Abatement (Check only one) ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Work in unoccupied building are		Street Address 3300 Hudson Avenue	
		City, State, Zip Code Union City, NJ 07087	
Source of Work (Check all that apply) ( ) Demolition (X) Renovation			
(X) Minor Project (< 25 SF or < 10 LF ACM) (X) Full Containment with Negative Pressure (X) Small Project (>25 <160 SF or >10 <260 LF ACM) ( ) Mini-Enclosure (X) Large Project (>160 SF or > 260 LF ACM) (X) Glove-bag Procedure (X) Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	Amount (Specify SF or LF)
			Abatement Type
			Removal Rep air Encapsulate Enclosure
1st floor	X	VAT and mastic	~ 2500 SF
1st floor	X	TSI on pipe	~ 5 elbows
1st floor	X	VAT	~ 200 SF



Invoice# 11695

## STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Check # 013368

<u>Date of Notification (1)</u> 04/19/2019		<u>Name of Building Owner/Operator (2)</u> 475 Division St Company		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  JUN 10 2019  ASBESTOS CONTROL &amp; LICENSING </div>	
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input checked="" type="checkbox"/> NJDEP <input checked="" type="checkbox"/> NJ DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<u>Type of Notification</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<u>Street Address</u> 475 Division Street			
		<u>City, State, Zip Code</u> Elizabeth, New Jersey			
		<u>Name of Contact</u> Rick Francis	<u>Tel. Number</u> 973-325-0010		
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> Commercial Building		<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)			
<u>Street Address</u> 475 Division Street		Entire Building: Sq. Feet: ~40000 # of Floors <u>1</u> Bldg. Age <u>80</u>			
<u>City (5)</u> Elizabeth	<u>County (6)</u> Union	<u>County Code (7) (State Use Only)</u> 07201	Current Use (if being demolished):		
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Sky Environmental Services, Inc.		<u>ASCM No.</u> N/A	<u>Name of Contractor (9)</u> Industrial Safety & Environmental Solutions, Inc.		
<u>Street Address</u> 475 Division Street		<u>Street Address</u> 3300 Hudson Avenue			
<u>City, State, Zip Code</u> Elizabeth, New Jersey		<u>City, State, Zip Code</u> Union City, NJ 07087			
<u>Project Manager for Monitoring Firm</u> Leonid Shereshevsky	<u>Telephone Number</u> 973 588-4821	<u>Telephone Number</u> (201)325-0055	<u>License Number</u> 01124		
<u>Scheduled Start Date (10)</u> 05/01/2019	<u>Scheduled Completion Date (11)</u> 06/07/2019	<u>Name of OSHA Monitor</u> Industrial Safety & Environmental Solutions, Inc.			
<u>Occupancy Status During Abatement (Check only one)</u> <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: unoccupied building		<u>Street Address</u> 3300 Hudson Avenue			
		<u>City, State, Zip Code</u> Union City, NJ 07087			
<u>Source of Work (Check all that apply)</u> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Minor Project (< 25 SF or < 10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Small Project (>25 <160 SF or >10 <260 LF ACM) <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Large Project (>160 SF or > 260 LF ACM) <input checked="" type="checkbox"/> Glove-bag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
<u>Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)</u>	<u>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</u> YES      NO      N/A	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u>	
Warehouse 5-7	X	Thermal system pipe insulation	~ 400 LF	Removal	Repair
<u>Name of Reg. Waste Hauler</u> Newark Carting		<u>NJDEP Waste Hauler ID #</u> 04509	<u>Cubic Yards of Waste</u> 20	<u>Name of Reg. Landfill</u> Grand Central Sanitation	
<u>City, State</u> 369 Raymond Blvd, Newark, NJ 07105		<u>Disp. Date</u> 06/07/2019	<u>City, State</u> Pen Argyl, PA 18072		
<u>Completed by (Print or Type)</u> David Camacho	<u>Title</u> Project Supervisor	<u>Signature</u> 	<u>Date</u> 04/19/2019		

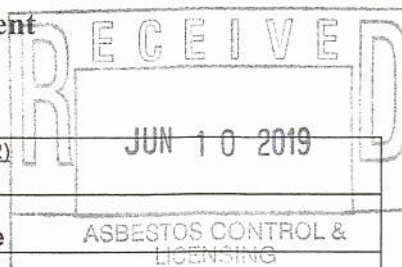


Invoice # 11698

Check # 3249

## State of New Jersey - Notification of Asbestos Abatement

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



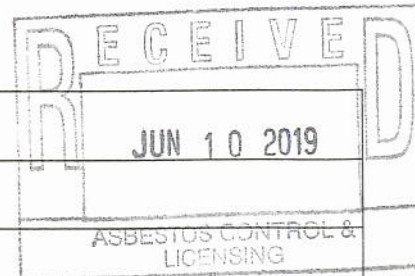
Date of Notification (1) <b>May 29, 2019</b>		Name of Building Owner/Operator (2) <b>The Valley Hospital</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA x DOL <input checked="" type="checkbox"/> DEP x DOH	Notification Type Initial Notification X Amendment #1 Emergency (including justification)	Street Address <b>223 North Van Dien Avenue</b> City, State, Zip Code <b>Ridgewood, NJ 07450-2736</b>	
		Name of Contact <b>William Stasiak</b>	Telephone Number <b>201-447-8141</b>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>The Valley Hospital-Blood Bank Room</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>223 N. Van Dien Avenue</b>		Sq. Feet: <b>Unknown</b> # of Floors: <b>4</b> Bldg. Age: <b>50+ years</b>	
City (5) <b>Ridgewood</b>	County (6) <b>Bergen</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Colden Corporation</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Street Address <b>28 Washington Street</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>Ballston Spa, NY 12020</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Project Manager for Monitoring Firm <b>Jim Miades</b>	Telephone Number <b>347.435.3561</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>June 7, 2019</b>	Scheduled Completion Date (11) <b>June 10, 2019</b>	Name of OSHA Monitor <b>EMSL inc.</b>	
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:		Street Address <b>1056 Stelton Road</b> City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$		<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) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
<b>Blood Bank Room</b>	<input checked="" type="checkbox"/>	<b>VAT &amp; Mastic</b>	<b>400 sf</b>
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>5</b>	Name of Registered Landfill <b>Meadowfill Landfill/GROWS</b>
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> NJ DEP # 12561		Disposal Date <b>June 7, 2019</b>	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>			
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Marin Graure</i>	Date <b>May 29, 2019</b>

GAC # 2019-673-004 Please Note: Amendment # 1 - New Start &amp; Completion Dates



Invoice # 11700

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



Date of Notification (1) 05-30-19		Name of Building Owner/Operator (2) Solomon Builders	
Agencies Notified	Type Notification	Street Address 141 Ayers Ct. Suite 1A	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Teaneck, NJ 07666	
		Name of Contact Steven Solomon	Telephone Number (201) 308-6118

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Commercial Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1204 Broad St.		Square Feet	# of Floors
City (5) Clifton		Bldg. Age	
County (6) Passaic	County Code (7) (STATE USE ONLY) 07013	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.
Street Address		Street Address 522 7th St.	
City, State, Zip Code		City, State, Zip Code Union City NJ 07087	
Project Manager for Monitoring Firm		Telephone No.	License No. 01206
Start Date (10) 06-10-19	Scheduled Completion Date (11) 06-20-19	Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 522 7th St.	
		City, State, Zip Code Union City NJ 07087	

## Scope of Work (Check All That Apply)

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf                | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure    |
| <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
Ground Floor		x		VAT	1,000 SF	x			
Roof		x		Roof Materials	8,500 SF	x			

Name of Registered Waste Hauler Delfa Contracting LLC	NJDEP Waste Hauler ID No. 356240	Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility
City, State Union City, NJ		Disposal Date 06-10-19	City, State Tullytown, PA
Completed by Jaime Delgado	Title Proj. Manager.	Signature 	Date 05-30-19



Invoice # 11525

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

VIA FAX  
C# 4556

RECEIVED

JUN 10 2019

ASBESTOS CONTROL &amp; LICENSING


Date of Notification (1) 5/31/19		Name of Building Owner/Operator (2) Jim Catanese + Sons							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 508 Stuyvesant Ave.		City, State, Zip Code Lyndhurst, N.J. 07071							
Name of Contact Mr. Jim Catanese		Telephone Number 201 206 x 8404							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2,000							
City (5) Moonachie N.J. 07074-1226		# of Floors 2							
County (6) BERGEN		Bldg. Age 80							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) HOUSE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) NOVATECH							
City, State, Zip Code		Street Address P.O. Box 814							
Project Manager for Monitoring Firm		City, State, Zip Code Old Bridge N.J. 08857							
Telephone No.		Telephone No. 732 238 x 7500							
Start Date (10) 6/1/19		License No. 00806							
Scheduled Completion Date (11) 6/30/19		Name of OSHA Monitor NOVATECH							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 814							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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 Old Bridge N.J. 08857							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR			X	SIDING	< 400 SF	X			
REAR OF HOUSE ONLY									
Name of Registered Waste Hauler NOVATECH		NJDEP Waste Hauler ID No. 12501		Cubic Yards of Waste 2		Name of Registered Landfill G.R.O.W.S.			
City, State Old Bridge N.J. 08857		Disposal Date 7/1/19		City, State Horrisville P.A.					
Completed by CARLOS ALMEIDA		Title PRESIDENT		Signature [Signature]		Date 5/31/19			



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

Invoice# 11706

Check 18923

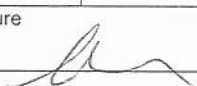
Date of Notification (1) 6/4/19		Name of Building Owner/Operator (2) Leonel Adames							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth, NJ 07202							
		Name of Contact Leonel Adames	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
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 1500	# of Floors 2						
County (6) Union		Bldg. Age 73							
County Code (7) (STATE USE ONLY) 07202		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		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) 6/13/19	Scheduled Completion Date (11) 6/20/19	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: basement		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
basement			x	pipe insulation	40 LF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President		Signature 			Date 6/4/19		



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

Invoice# 11629


Check 18925

Date of Notification (1) 6/5/19		Name of Building Owner/Operator (2) Progressive Maintenance, Inc.		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  JUN 10 2019  ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified	Type Notification	Street Address 3145 Bordentown Avenue							
<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 Parlin, NJ 08859							
		Name of Contact Chris Ondecker	Telephone Number 732-715-2540						
<b>FACILITY INFORMATION</b>									
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) Newark			Square Feet 2000	# of Floors 2	Bldg. Age 76				
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276	License No. 703					
Start Date (10) 6/17/19		Scheduled Completion Date (11) 7/1/19		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 west side</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 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 west side			x	pipe insulation	30 LF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark NJ			Disposal Date TBD	City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 6/5/19			



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

Invoice # 11610  
Check 18929

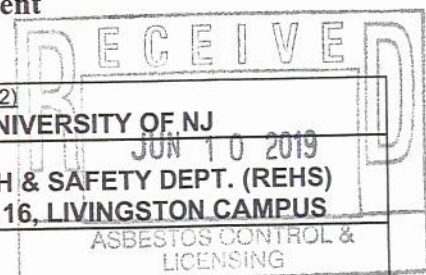
Date of Notification (1) 6/5/19		Name of Building Owner/Operator (2) 469 Bloomfield LLC & GaRE Venture Montclair Bloomfield LLC							
Agencies Notified	Type Notification	Street Address 467-469 Bloomfield Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, NJ							
		Name of Contact Mat Davis	Telephone Number 917-545-5633						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 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 467 Bloomfield Avenue		Square Feet 3300	# of Floors 2						
City (5) Montclair		Bldg. Age 78							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Building - furniture store							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 6/26/19	Scheduled Completion Date (11) 7/26/19	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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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	2500 SF	x			
boiler room			x	plaster ceiling	300 SF	x			
second floor			x	floor tile	250 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 6/5/19			



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

Chart # 13544

**Invoice # 11712**  
**GAC Project # 060-19**



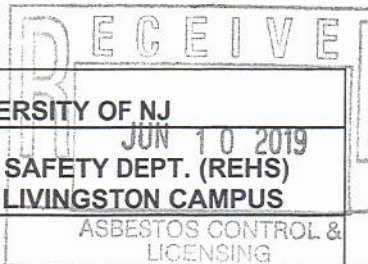
Date of Notification (1) <b>May 28, 2019</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>		Telephone Number <b>848-445-2550</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>ALEXANDER LIBRARY, BLDG# 3107</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>80+ years</b>	
Street Address <b>COLLEGE AVENUE CAMPUS</b>		Current Use (prior if being demolished): <b>ACADEMIC</b>	
City (5) <b>NEW BRUNSWICK</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only) <b>08901</b>	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Street Address <b>511 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		Telephone Number <b>609-386-8800</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>06/07/19</b>		Scheduled Completion Date (11) <b>06/10/19</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5PM - 5AM Daily (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Scope of Work (Check all that apply)  <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥ 3 sf or &gt;3 lf  <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glove bag Procedure / Wrap &amp; Cut  <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Room 036</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>	Amount (Specify SF or LF) <b>100 SF</b>
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove			
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>5 CY</b>
Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>			
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>06/10/2019</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>May 28, 2019</b>



Invoice # 11715  
GAC Project # 060-19

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

Check # 13545

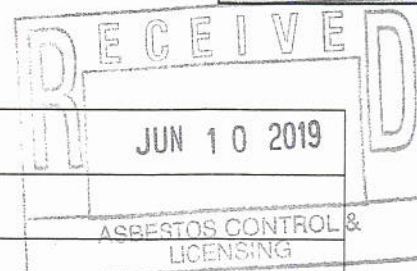


Date of Notification (1) <b>May 28, 2019</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>	
		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	ASBESTOS CONTROL & LICENSING
		Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>	Telephone Number <b>848-445-2550</b>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>RU STUDENT CENTER, BLDG# 3133</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>60+ years</b>	
Street Address <b>COLLEGE AVENUE CAMPUS</b>			
City (5) <b>NEW BRUNSWICK</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>ACADEMIC</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3 TERRI LANE</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>	Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>06/07/19</b>	Scheduled Completion Date (11) <b>06/10/19</b>	Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5PM - 5AM Daily (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> > 3 sf or >3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Room 418 SUITE</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>	Amount (Specify SF or LF) <b>80 SF</b>
			Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>5 CY</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
		Disposal Date <b>06/10/2019</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>May 28, 2019</b>



Invoice# 11718  
Check# 117146

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



Date of Notification (1) 06/05/2019		Name of Building Owner/Operator (2) Corning Pharmaceutical Glass, LLC	
Agencies Notified	Type Notification	Street Address 563 Crystal Ave.	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Vineland, NJ 08360	
		Name of Contact Bob LaMastro	Telephone Number 856 692-3600

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Corning Pharmaceutical Glass, LLC		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 563 Crystal Avenue		Square Feet 10,000	# of Floors (1)
City (5) Vineland		Bldg. Age ~ 50	
County (6) Cumberland	County Code (7) (STATE USE ONLY) 08360	Current Use (Prior if being demolished) Maintenance Shop	
Name of Monitoring Firm Hired by Building Owner (8) Atlas Environmental		ASCM No.	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.
Street Address PO Box 11645		Street Address 1100 Grosser Road, Suite C	
City, State, Zip Code Philadelphia, PA		City, State, Zip Code Gilbertsville, PA 19525	
Project Manager for Monitoring Firm Jason Dua		Telephone No. 267-784-4693	License No. 00836
Start Date (10) 06/17/2019	Scheduled Completion Date (11) 07/05/2019	Name of OSHA Monitor Neuber Environmental Services, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 1100 Grosser Road, Suite C	
		City, State, Zip Code Gilbertsville, PA 19525	

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

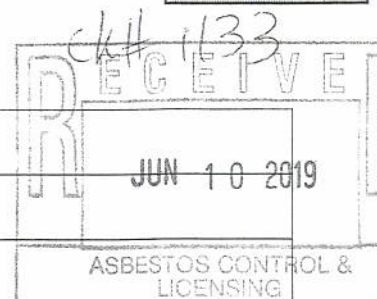
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldg 8. Maintenance Shop	X			Pipe Fitting Insulation	120 LF	X			
				Vibration Cloth	10 SF	X			

Name of Registered Waste Hauler Neuber Environmental Services, Inc.		NJDEP Waste Hauler ID No. 07930	Cubic Yards of Waste ~ 2 Cu. Yds.	Name of Registered Landfill Cumberland County Improv. Auth.	
City, State Gilbertsville, PA		Disposal Date 07/05/2019	City, State Millville, NJ		
Completed by Michael Creamer	Title Asbestos Ops Manager	Signature 	Date 06/04/2019		



Invoice # 11436  
Check # 1133

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



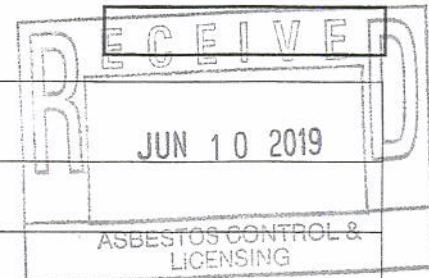
Date of Notification (1) 5/24/2019		Name of Building Owner/Operator (2) Matthew M Digiovanni							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cranford NJ 07016							
		Name of Contact Matthew M Digiovanni	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private property		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) CRANFORD NJ		Square Feet 850	# of Floors 2						
County (6) Union County		Bldg. Age +50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC						
Street Address N/A		Street Address 1435 51st Street							
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047							
Project Manager for Monitoring Firm N/A		Telephone No. 201-552-9685	License No. 01384						
Start Date (10) 6/3/2019	Scheduled Completion Date (11) 6/8/2019	Name of OSHA Monitor Iris Environmental Laboratories							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM to 4:00 PM		City, State, Zip Code Union NJ 07803							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input 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
1st FL bedroom, bathroom/kitchen			x	cut and wrap	40 SF	x			
2nd floor bedroom			x	cut and wrap	20 SF	x			
basement			x	chimney patch	3 SF	x			
basement			x	vermiculite	20 SF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill					
City, State Po Box 5670			Disposal Date	City, State 2335 Applebutter Rd Bethlehem PA					
Completed by Galo Zumba		Title Principal	Signature 	Date 5/24/2019					



Invoice # 11719

Check#3366

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



Date of Notification (1) 06 / 03 / 19		Name of Building Owner/Operator (2) Kelly McLaughlin	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Maplewood, NJ 07040 Name of Contact Kelly McLaughlin	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Maplewood, NJ 07040		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283		
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-638-1777	License No. 01127
Start Date (10) 06 / 12 / 19	Scheduled Completion Date (11) 06 / 13 / 19	Name of OSHA Monitor Envirovision Consultants, Inc		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	11 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>		Date 06/03/19	

ASB-41

MAY 11

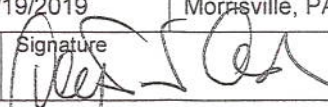
\* Do not use this form for asbestos licensure exempted activities.



Invoice # 11721

Check # 1507

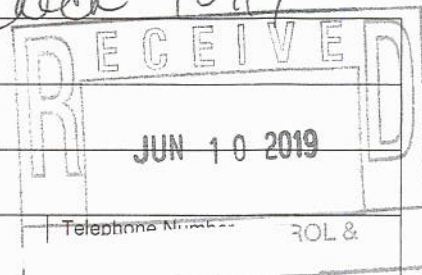
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 06/01/2019		Name of Building Owner/Operator (2) State of New Jersey Department of Transportation		Check No. 1507					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1035 Parkway Avenue  City, State, Zip Code Trenton, New Jersey 08625  Name of Contact Sheryl M Quatermas					
				Telephone Number 609-530-5472					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) NJ DOT Glassboro Maintenance Yard			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 126 Grove Street			Square Feet 10,000						
City (5) Glassboro, New Jersey 08026			# of Floors 1		Bldg. Age 50+				
County (6) Gloucester		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Maintenance Yard					
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASCM No. 00057		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 344 West State Street		Street Address 246 Union Boulevard							
City, State, Zip Code Trenton, New Jersey 08618		City, State, Zip Code Totowa, New Jersey 07512							
Project Manager for Monitoring Firm William Weisgarber, Jr.		Telephone No. 609-392-4200		Telephone No. 973-225-8400					
License No. 01104									
Start Date (10) 06/12/2019		Scheduled Completion Date (11) 06/19/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entrance Room				Floor Tile (Non Friable)	769 SF	X			
Room attached to Entrance Room				Fitting/Joint Insulation (Wrap & Cut)	16 LF	X			
Mechanical Room				Debris (Clean & Decontaminate)	40 SF				
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 20		Name of Registered Landfill Fairless Landfill			
City, State Totowa, New Jersey		Disposal Date 06/19/2019		City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President		Signature 		Date 06/01/2019			



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

Check 18919

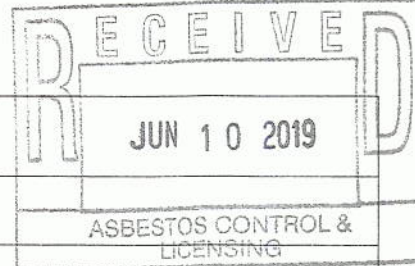


Invoice # 11527		Date of Notification (1) 6/3/19		Name of Building Owner/Operator (2) TKO Properties					
Agencies Notified		Type Notification		Street Address PO Box 384					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" 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 East Hanover NJ 07936					
				Name of Contact Terrie Neuman					
				Telephone Number ROL &					
<b>FACILITY INFORMATION</b>									
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) West Caldwell				Square Feet 1500	# of Floors 2				
County (6) Essex				County Code (7) (STATE USE ONLY) _____	Bldg. Age 70				
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) 6/17/19		Scheduled Completion Date (11) 6/25/19		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: 2nd Floor				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 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			X	floor tile	700 SF	X			
Name of Registered Waste Hauler Tonys 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 Easton PA				
Completed by A. Scott Higgins		Title President		Signature 			Date 6/3/19		



Invoice # 11726  
Check # 5771

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



Date of Notification (1) 05 / 31 / 19		Name of Building Owner/Operator (2) Mount Saint Mary Academy	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1645 Route 22 West at Terrill Road	
		City, State, Zip Code Watchung, NJ 07069	
		Name of Contact Lisa Gambacorto	Telephone Number 908-757-0108

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Mount Saint Mary Academy		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1645 Route 22 West at Terrill Road			
City (5) Watchung	County (6) Somerset	County Code (7) (STATE USE ONLY) 07069	Current Use (Prior if being demolished) School
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 1253 North Church Street		Street Address 623 Cutler Avenue	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Mike Stocku	Telephone No. 609-304-3969	Telephone No. 856-755-0099	License No. 00842
Start Date (10) 06 / 10 / 19	Scheduled Completion Date (11) 06 / 14 / 19	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Auditorium Rooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	455 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auditorium Stage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	529 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill	
City, State Freehold, NJ		Disposal Date 06/14/2019	City, State Morrisville, PA		
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 	Date 5/18/19		



CK# 4839

Invoice # 11728

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

**RECEIVED**  
**JUN 10 2019**

Date of Notification (1) <b>5-30-19</b>		Name of Building Owner/Operator (2) <b>RICH MASSURIA</b>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>513 SETA ISLE CITY BLVD, SUITE D</b>						
		City, State, Zip Code <b>OCEAN VIEW, N.J. 08230</b>						
		Name of Contact <b>RICH</b>	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet <b>2000</b>	# of Floors <b>2</b>					
City (5) <b>AVALON</b>		Bldg. Age <b>40+</b>						
County (6) <b>CAPE MAY</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>VACANT</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>	ASCM No.	Name of Abatement Contractor (9) <b>KLEMMCO INC</b>						
Street Address		Street Address <b>369 S. SPRUCE AVE</b>						
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE N.J. 08052</b>						
Project Manager for Monitoring Firm		Telephone No. <b>856-779-0472</b>	License No. <b>01371</b>					
Start Date (10) <b>5-10-19</b>	Scheduled Completion Date (11) <b>6-20-19</b>	Name of OSHA Monitor <b>N/A</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address						
		City, State, Zip Code						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	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) <b>1750 SF</b>	Abatement Type			
					Removal	Repair	Encapsulate	Enclosure
<b>SIDING</b>	<b>X</b>		<b>TRAW SITE</b>	<b>1750 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>KLEMMCO INC</b>		NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste	Name of Registered Landfill <b>C. M. C. M. U. A</b>				
City, State <b>MAPLE SHADE N.J.</b>		Disposal Date	City, State <b>WOOD BINE N.J.</b>					
Completed By <b>MICHAEL KLEMM</b>		Title <b>V/Pr</b>	Signature <b>[Signature]</b>			Date <b>5-30-19</b>		



B &amp; G proj. #: 2018-225

State of NJ  
 Notification of Asbestos Abatement  
 (Pursuant to NJAC 8:60-7 and 12:120-7)  
 Resume 06/04/2019 @ 7:00 am

Invoice # 11729  
 Check # 9344

Date of Notification (1) <u>06/03/19</u>		Name of Building Owner/Operator (2) Northwest Bergen County Utilities Authority		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>          JUN 10 2019          ASBESTOS CONTROL &amp; LICENSING       </div>
Agencies Notified	Type Notification	Street Address 30 Wyckoff Avenue		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Waldwick, NJ 07463		
		Name of Contact James Rotundo		
				Telephone Number 201-447-2660

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Sludge Handler Building WWTP			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 30 Authority Drive			Square Feet   # of Floors   Bldg. Age		
City (5) Waldwick	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) Waste water treatment plant		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 06/04/2019		Sched. Completion Date (11) 06/05/2019 ***	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
area across sludge pumps			<input checked="" type="checkbox"/>	elbows/fittings (wrap & cut)	quantity: 13	<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 2	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 06/05/2019	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 06/03/2019



B &amp; G proj. #: 2018-225

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

Check # N/A

Date of Notification (1) <u>014/130/19</u>		Name of Building Owner/Operator (2) Northwest Bergen County Utilities Authority		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 10 2019 ASBESTOS CONTROL &amp; RESTORATION </div>
Agencies Notified	Type Notification	Street Address 30 Wyckoff Avenue		
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code Waldwick, NJ 07463		
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amendment	Name of Contact James Rotundo		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number 201-447-2660		
<input checked="" type="checkbox"/> DOH				
<input type="checkbox"/> DCA				

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Sludge Handler Building WWTP			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 30 Authority Drive			Square Feet # of Floors Bldg. Age		
City (5) Waldwick	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) Waste water treatment plant		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 11/13/2018 (on hold)		Sched. Completion Date (11) 08/31/2019 ***	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		
Scope of Work (check all that apply)					
<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment w/negative pressure	
<input checked="" type="checkbox"/> >3 sf or >3 lf		<input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Mini-enclosure	
				<input type="checkbox"/> Glovebag procedure	
				<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						
area across sludge pumps			<input checked="" type="checkbox"/>	elbows/fittings (wrap & cut)	quantity: 13	<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"/>

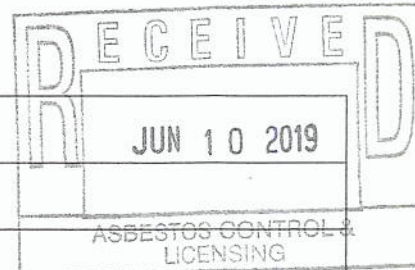
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Dispose! Date ON HOLD	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 04/30/2019

ON HOLD EXTENDED



Invoice # 11608  
Check # 10817

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



Date of Notification (1) <b>6-5-19</b>		Name of Building Owner/Operator (2) <b>MAXIME ROGER</b>	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>WOODBURY NJ</b>	
		Name of Contact <b>MAXIME</b>	Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>RESIDENTIAL</b>		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) <b>WOODBURY</b>	Square Feet <b>1200</b>	# of Floors <b>2</b>	Bldg. Age <b>NA</b>
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) <b>ATLAS ENV. INSPECTIONS</b>		ASCM No.	Name of Abatement Contractor (9) <b>FRYMAR CONSTRUCTION</b>	
Street Address <b>PO BOX 11645</b>			Street Address <b>PO BOX 11587</b>	
City, State, Zip Code <b>PHILA PA 19116</b>			City, State, Zip Code <b>PHILA PA 19116</b>	
Project Manager for Monitoring Firm <b>BRIAN S</b>		Telephone No. <b>267-784-4693</b>	Telephone No. <b>267-784-4694</b>	License No. <b>01276</b>
Start Date (10) <b>6-6-19</b>	Scheduled Completion Date (11) <b>6-6-19</b>		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"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

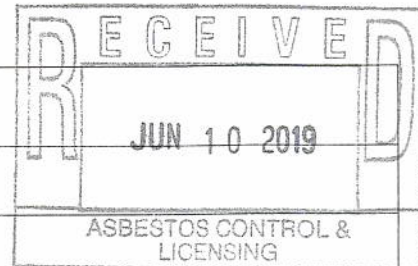
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement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

Name of Registered Waste Hauler <b>FRYMAR CONSTRUCTION</b>		NJDEP Waste Hauler ID No. <b>0036759</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>WESTERN BERKS</b>	
City, State <b>PHILA PA</b>		Disposal Date <b>6-6-19</b>	City, State <b>BIRDSBORO PA</b>		
Completed by <b>EFRAIM DUA</b>	Title <b>V. PRES</b>	Signature <i>[Signature]</i>	Date <b>6-5-19</b>		



Invoice # 11730  
Check # 5777

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



Date of Notification (1) 06 / 05 / 19		Name of Building Owner/Operator (2) Pennsauken Public Schools	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1695 Hylton Road City, State, Zip Code Pennsauken, NJ 08110	
		Name of Contact Jack Killion	Telephone Number 856-662-8505 x 6519

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Baldwin Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 3901 Sharon Terrace			
City (5) Pennsauken	County (6) Camden	Square Feet 67,000	# of Floors 2
County Code (7) (STATE USE ONLY) 08110		Bldg. Age 80	
Name of Monitoring Firm Hired by Building Owner (8) Arcadis U.S., Inc.		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 10 Friends Lane, Suite 100		Street Address 623 Cutler Avenue	
City, State, Zip Code Newtown, PA 18940		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm David Hilinski	Telephone No. 908-635-4069	Telephone No. 856-755-0099	License No. 00842
Start Date (10) 06 / 26 / 19	Scheduled Completion Date (11) 07 / 19 / 19	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

- ☒ ≥3 sf or ≥3 lf  
☒ ≥160 sf or ≥260 lf  
☒ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☒ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulking	2,370 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30	Name of Registered Landfill Fairless Landfill
City, State Freehold, NJ		Disposal Date 07/19/2019	City, State Morrisville, PA
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 	Date 6/5/19

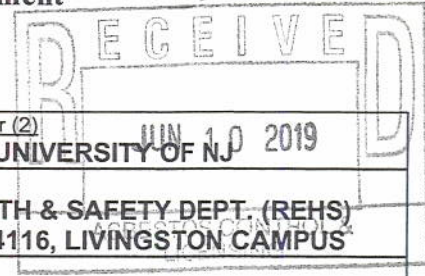


**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Chart # 1354

GAC Project # 060-19

Invoice # 11731



Date of Notification (1) <b>May 31, 2019</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 - New Start & Completion Dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>DOUGLASS CAMPUS</b>		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS)          74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>	
City (5) <b>NEW BRUNSWICK</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
County (6) <b>MIDDLESEX</b>		Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>	
County Code (7) <b>08901</b>		Telephone Number <b>848-445-2550</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>NICHOLAS HALL, BLDG# 8330</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>DOUGLASS CAMPUS</b>		Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>60+ years</b>	
City (5) <b>NEW BRUNSWICK</b>		Current Use (prior if being demolished): <b>ACADEMIC</b>	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
ASCM No. <b>00098</b>		Street Address <b>511 MAIN STREET</b>	
Street Address <b>3 TERRI LANE</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Telephone Number <b>973-492-0477</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		License Number <b>00840</b>	
Telephone Number <b>609-386-8800</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Scheduled Start Date (10) <b>06/07/2019</b>		Scheduled Completion Date (11) <b>06/10/19</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 4PM - 5AM (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Scope of Work (Check all that apply)			
<input 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"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>B022</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>Boiler Gasketing</b>	Amount (Specify SF or LF) <b>&lt;25 SF</b> Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>10 CY</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date <b>6/10/2019</b>	
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> <b>215-736-1700</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>May 31, 2019</b>

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



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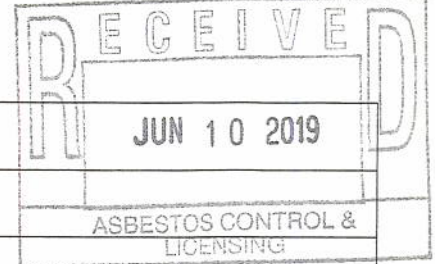
JUN 10 2019

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



Invoice # 11734

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



Date of Notification (1) 06.05.2019		Name of Building Owner/Operator (2) John Fleck							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> 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 West Caldwell, NJ 07006  Name of Contact John Fleck							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) West Caldwell, NJ 07006		Square Feet 1248	# of Floors 2						
County (6) Essex		County Code (7) (STATE USE ONLY)	Bldg. Age 1930						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Spes Contracting LLC						
Street Address		Street Address 164 Meriline Ave Unit C							
City, State, Zip Code		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-807-6330						
Start Date (10) 06.14.2019		Scheduled Completion Date (11) 06.16.2019	License No. 01383						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Spes Contracting LLC							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 164 Meriline Ave							
		City, State, Zip Code Woodland Park, NJ 07424							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic			X	Vermiculite Insulation	500 SF	X			
Name of Registered Waste Hauler Spes Contracting LLC		NJDEP Waste Hauler ID No. 0038075	Cubic Yards of Waste 2	Name of Registered Landfill Fearless Landfill					
City, State Woodland Park, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Branislav Pavlov		Title project manager	Signature	Date 06.05.2019					



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

check # 1354

Invoice # 11732

GAC Project # 060-19

Date of Notification (1) <b>May 31, 2019</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification # 1 - New work area, Additional Phases, Additional Quantity, & Completion Date <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>	
		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	Telephone Number <b>848-445-2550</b>
		Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>SCHOOL OF DENTAL MEDICINE, BLDG# 7253</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>RBHS NEWARK CAMPUS</b>		Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>60+ years</b>	
City (5) <b>NEWARK</b>	County (6) <b>ESSEX</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>ACADEMIC</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Street Address <b>511 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		Telephone Number <b>609-386-8800</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>05/24/2019</b>	Scheduled Completion Date (11) <b>06/06/2019</b>	Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5PM - 5AM (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 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"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) <b>5200 SF</b>
<b>D-LEVEL 721 SUITE</b>	<input checked="" type="checkbox"/>	<b>VAT</b>	<input checked="" type="checkbox"/>
<b>C-LEVEL 730</b>	<input checked="" type="checkbox"/>	<b>VAT</b>	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>	NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>80 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>06/06/2019</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>May 31, 2019</b>

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



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

**RECEIVED**  
JUN 10 2019

GAC Project # 060-19

<b>Date of Notification (1)</b> May 13, 2019		<b>Name of Building Owner/Operator (2)</b> RUTGERS, THE STATE UNIVERSITY OF NJ	
<b>Agencies Notified</b>  <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	<b>Notification Type</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		<b>Street Address</b> ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS
			<b>City, State, Zip Code</b> PISCATAWAY, NJ 08854
		<b>Name of Contact</b> MICHAEL F. SMITH, ENV. HEALTH & SAFETY	<b>Telephone Number</b> 848-445-2550
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> SCHOOL OF DENTAL MEDICINE, BLDG# 7253		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
<b>Street Address</b> RBHS NEWARK CAMPUS		<b>Sq. Feet:</b> N/A <b># of Floors:</b> 4 <b>Bldg. Age:</b> 60+ years	
<b>City (5)</b> NEWARK	<b>County (6)</b> ESSEX	<b>County Code (7)</b> (State Use Only)	
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> ATC		<b>ASCM No.</b> 00098	
<b>Street Address</b> 3 TERRI LANE		<b>Name of Contractor (9)</b> GREENWOOD ABATEMENT CONSULTANTS, INC.	
<b>City, State, Zip Code</b> BURLINGTON, NJ 08016		<b>Street Address</b> 511 MAIN STREET	
<b>Project Manager for Monitoring Firm</b> BRIAN R. KEARNEY		<b>Telephone Number</b> 609-386-8800	<b>License Number</b> 00840
<b>Scheduled Start Date (10)</b> 05.24/2019		<b>Scheduled Completion Date (11)</b> 06/03/2019	
<b>Name of OSHA Monitor</b> ENVIROVISION, INC.		<b>Street Address</b> 20-21 WARGARAW ROAD, BLDG# 35E	
<b>Occupancy Status During Abatement (Check only one)</b> <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: Schedule: 5PM – 5AM (24 HOURS & WEEKENDS AS NEEDED)		<b>City, State, Zip Code</b> FAIRLAWN, NJ 07410	
<b>Scope of Work (Check all that apply)</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or &gt;3 lf  <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glove bag Procedure / Wrap &amp; Cut  <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>			
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b> D-LEVEL 721 SUITE	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES    NO    NA <input checked="" type="checkbox"/>	<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b> VAT	<b>Amount (Specify SF or LF)</b> 5200 SF <input checked="" type="checkbox"/>
<b>Abatement Type</b> Remove    Repair    Encap    Enclose			
<b>Name of Reg. Waste Hauler</b> See Hauler Below #1 & 2		<b>NJDEP Waste Hauler ID #</b> See Below	<b>Cubic Yards of Waste:</b> 80 CY
<b>Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405</b> NJDEP # 12561		<b>Name of Registered Landfill</b> G.R.O.W.S. North Landfill	
<b>Hauler #2) Newark Carting, Inc., Newark, NJ 04509</b> NJ DEP # 4509		<b>Disposal Date</b> 06/03/2019	<b>City, State</b> 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
<b>Completed by (Print or Type)</b> RAYMOND C. PEDALINO	<b>Title</b> SENIOR PROJECT MANAGER	<b>Signature</b> <i>Raymond C. Pedalino</i>	<b>Date</b> May 13, 2019

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



Invoice # 11738

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

Check # 10706

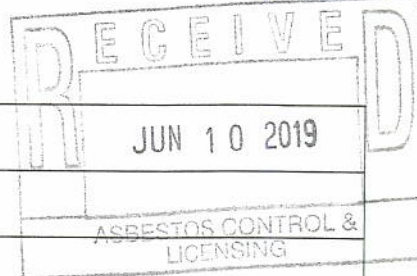
Date of Notification (1) 6-5-19		Name of Building Owner/Operator (2) Vaughan Comfort Services							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 212 Barrett AVE City, State, Zip Code Magnolia NJ 08049							
		Name of Contact Mike	Telephone Number 856-322-8015						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Joy Community Fellowship		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 1701 Sycamore Street		Square Feet	# of Floors 1						
City (5) Haddon Heights NJ 08035		Bldg. Age 65+-							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 6-7-19	Scheduled Completion Date (11) 7-12-19	Name of OSHA Monitor EPC Technologies Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Boiler rm	X			Pipe Insulation	70 LF	X			
under Metal Jacket				Inspect Insulation	100 SF	X			
Boiler Fire box				Inspect Fire Box	4 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 2	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date by 7-12-19		City, State Morrisville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 6-5-19			

Open Time Frame



Invoice# 11740  
Check# 1475808114

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



Date of Notification (1) 05/31/2019		Name of Building Owner/Operator (2) Cheryl McNally	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Summit, NJ 07901	
		Name of Contact Cheryl McNally	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Summit, NJ 07901		Square Feet N/A	# of Floors N/A
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No. 9733458685	License No. 01311
Start Date (10) 06/11/2019	Scheduled Completion Date (11) 06/12/2019	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: occupied		City, State, Zip Code Totowa, NJ 07512	

## Scope of Work (Check All That Apply)

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

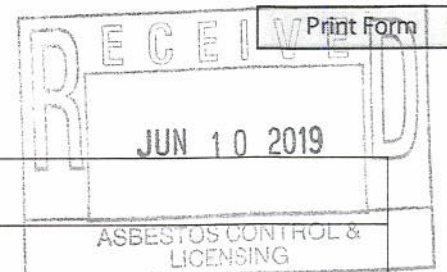
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage		X		Duct Insulation	90 SF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.	NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill
City, State Totowa, NJ		Disposal Date TBD	City, State Morrisville, PA
Completed by Ned Joksimovic	Title Project Manager	Signature 	Date 05/31/2019



Invoice #11521  
Check # 2119

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

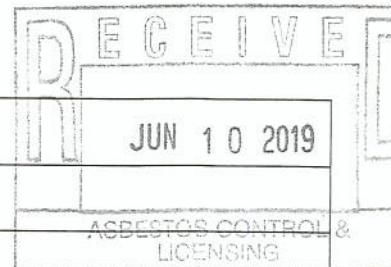


Date of Notification (1) 05/31/2019		Name of Building Owner/Operator (2) Marjorie Yaffee							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Tenaflly, NJ 07670							
		Name of Contact Marjorie Yaffee							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Tenaflly		Square Feet N/A	# of Floors N/A						
County (6) Bergen		Bldg. Age N/A							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____							
Street Address		Name of Abatement Contractor (9) D&S Abatement, Inc.							
City, State, Zip Code		Street Address 11 Rosengren Avenue							
Project Manager for Monitoring Firm		City, State, Zip Code Totowa, NJ 07512							
Telephone No. _____		Telephone No. 9733458685	License No. 01311						
Start Date (10) 06/11/2019	Scheduled Completion Date (11) 06/12/2019	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input 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
Boiler room		X		Transit Panel	50SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill				
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 			Date 05/31/2019		



Invoice# 11749

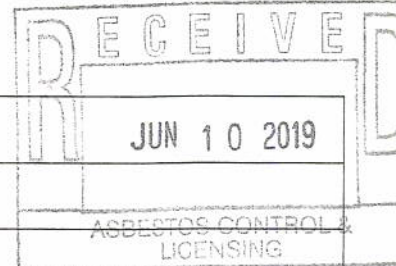
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 05/31/2019		Name of Building Owner/Operator (2) Ray Warrell							
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 Westfield, NJ 07090							
		Name of Contact Ray Warrell							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Westfield		Square Feet N/A	# of Floors N/A						
		Bldg. Age N/A							
County (6) Union	County Code (7) (STATE USE ONLY) 07090	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 9733458685						
			License No. 01311						
Start Date (10) 06/13/2019	Scheduled Completion Date (11) 06/14/2019	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: occupied		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage		X		Duct Insulation	50 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 			Date 05/31/2019		



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



Date of Notification (1) 05/31/2019		Name of Building Owner/Operator (2) Russ Ferrara	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston, NJ 07039	
		Name of Contact Russ Ferrara	Telephone Number /

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Livingston		Square Feet N/A	# of Floors N/A
County (6) Essex		County Code (7) (STATE USE ONLY) 07039	Bldg. Age N/A
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) D&S Abatement, Inc.	
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No. 9733458685	License No. 01311
Start Date (10) 06/12/2019	Scheduled Completion Date (11) 06/13/2019	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: occupied		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	

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

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

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill	
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, PA	
Completed by Ned Joksimovic		Title Project Manager	Signature 	Date 05/31/2019	



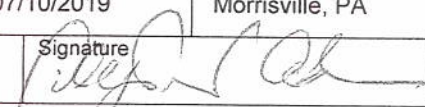
Invoice# 11752  
Check# 1513

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

Date of Notification (1) 06/05/2019		Name of Building Owner/Operator (2) Union Congregation Church		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>CHECK# 1513</b>  <b>JUN 10 2019</b>  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>	
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 176 Cooper Avenue			
		City, State, Zip Code Montclair, New Jersey 07043			
		Name of Contact Ann Ayre		Telephone Number 973-744-7424	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Union Congregation Church			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 176 Cooper Avenue			Square Feet 30,000	# of Floors 1	Bldg. Age 50+
City (5) Montclair, New Jersey 07043					
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Church		
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates Inc		ASCM No. _____	Name of Abatement Contractor (9) Lilich Corporation		
Street Address 560 Sylvan Avenue, Suite 3065		Street Address 246 Union Boulevard			
City, State, Zip Code Englewood, New Jersey 07632		City, State, Zip Code Totowa, New Jersey 07512			
Project Manager for Monitoring Firm Anthony Valentine		Telephone No 201-569-6708	Telephone No. 973-225-8400	License No. 01104	
Start Date (10) 07/01/2019	Scheduled Completion Date (11) 07/10/19		Name of OSHA Monitor Iris Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check Only One)  <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 2333 Route 22 West		
			City, State, Zip Code Union, NJ 07083		
Scope of Work (Check All That Apply)  <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure / Limited Containment Tent <input type="checkbox"/> Non-Exempted and Non-Friable Procedure					

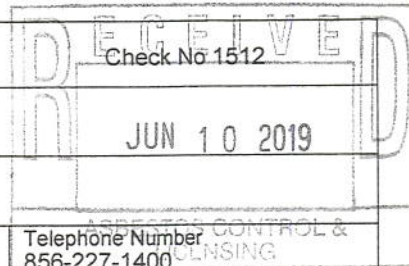
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Boiler Insulation	300 SF	X			
Breeching	X			Surface Insulation Material	75 SF	X			
Boiler Room	X			Pipe Insulation	300 LF	X			

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill	
City, State Totowa, New Jersey		Disposal Date 07/10/2019		City, State Morrisville, PA	
Completed by Adriana Olejarova		Title President	Signature 		Date 06/05/2019



Invoice# 11751  
Check# 1512

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



Date of Notification (1) 06/05/2019		Name of Building Owner/Operator (2) Gloucester Township Public Schools	
Agencies Notified	Type Notification	Street Address 17 Erial Road	Telephone Number 856-227-1400
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u>	City, State, Zip Code Blackwood, New Jersey 08012	
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact John Bilodeau	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Blackwood Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 260 Blenheim Erial Road		Square Feet 20,000	# of Floors 1
City (5) Blackwood, New Jersey 08012		Bldg. Age 50+	
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Elementary School	
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		ASCM No. 00102	Name of Abatement Contractor (9) Lilich Corporation
Street Address 515 Grove Street, Suite 1B		Street Address 246 Union Boulevard	
City, State, Zip Code Haddon Heights, New Jersey 08035		City, State, Zip Code Totowa, New Jersey 07512	
Project Manager for Monitoring Firm Thomas Leisse		Telephone No. 856-547-0505	License No. 01104
Start Date (10) 06/18/2019	Scheduled Completion Date (11) 06/28/2019	Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		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 or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent
		<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
Boiler Room	X			Boiler 1, Interior Insulation	6'x4'x5'	X			
Boiler Room	X			Boiler 2, Interior Insulation	6'x4'x5'	X			
Boiler Room	X			Breeching	100 SF	X			
Boiler Room	X			Flue patching on brick chimney	4 SF	X			
Boiler Room	X			Fitting assoc w/fiberglass pipe insulation	25 ea	X			

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill	
City, State Totowa, New Jersey		Disposal Date 06/28/2019		City, State Morrisville, PA	
Completed by Adriana Olejarova	Title President	Signature 			Date 06/05/2019



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

Date of Notification (1) 06/03/2019		Name of Building Owner/Operator (2) Gloucester Township Public Schools		Check No 1509					
Agencies Notified		Type Notification		Street Address 17 Erial Road					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input 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 Blackwood, New Jersey 08012					
				Name of Contact John Bilodeau					
				Telephone Number 856-227-1400					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Blackwood Elementary School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 260 Blenheim Erial Road				Square Feet 20,000					
City (5) Blackwood, New Jersey 08012				# of Floors 1					
County (6) Gloucester				Bldg. Age 50+					
County Code (7) (STATE USE ONLY) _____				Current Use (Prior if being demolished) Elementary School					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni			ASCM No. 00057		Name of Abatement Contractor (9) Lilich Corporation				
Street Address 515 Grove Street, Suite 1B				Street Address 246 Union Boulevard					
City, State, Zip Code Haddon Heights, New Jersey 08035				City, State, Zip Code Totowa, New Jersey 07512					
Project Manager for Monitoring Firm Thomas Leisse			Telephone No. 856-547-0505		Telephone No. 973-225-8400				
					License No. 01104				
Start Date (10) 06/17/2019		Scheduled Completion Date (11) 06/28/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>				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 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"/> Glove Bag Procedure / Limited Containment & Tent <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 of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Boiler 1, Interior Insulation	6'x4'x5'	X			
Boiler Room	X			Boiler 2, Interior Insulation	6'x4'x5'	X			
Boiler Room	X			Breeching	100 SF	X			
Boiler Room	X			Flue patching on brick chimney	4 SF	X			
Boiler Room	X			Fitting assoc w/fiberglass pipe insulation	25 ea	X			
Name of Registered Waste Hauler Lilich Corporation			NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill			
City, State Totowa, New Jersey					Disposal Date 06/28/2019	City, State Merrisville, PA			
Completed by Adriana Olejarova			Title President		Signature 	Date 06/03/2019			



Invoice # 11753

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

Check #10705

RECEIVED

Date of Notification (1) 6-5-19		Name of Building Owner/Operator (2) Summit Ventures							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 701 Cooper Road City, State, Zip Code Voorhees NJ 08043							
		Name of Contact AKos Nagy	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Old Vancant Farm Residen		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 81 Rainy Road		Square Feet	# of Floors 2						
City (5) Woolwich NJ 08085		Bldg. Age 100+							
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Old Farm							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 6-15-19	Scheduled Completion Date (11) 6-30-19	Name of OSHA Monitor EPC Technologies Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Farm Help House			X	Siding Shingles	400 SF	X			
Barn Shed			X	Siding Shingles	1000 SF	X			
Large + Small Chicken coops			X	Corrugated Transite Panels	2500 SF	X			
Garage/Shed			X	Corrugated Transite Panels	2500 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 24	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date Various Dates		City, State Morrisville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 6-5-19			



31.05.2019 08:07 AM A. Mac Contracting

2012620321

PAGE. 2 / 3

**Invoice # 11524**

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

**CH# 1256**

**DOL - 10 DAY**

**JUN 10 2019**

**ASBESTOS CONTROL & LICENSING**

**WAIVER APPROVED**

**RECEIVE**

**DATE OF NOTIFICATION (1)**  
5/31/19

**NAME OF BUILDING OWNER/OPERATOR (2)**  
Sonia Vora

**AGENCIES NOTIFIED**  
☐ EPA  
☒ DEP  
☒ DOL  
☐ DOH  
☐ DCA

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

**STREET ADDRESS**  
[REDACTED]

**CITY, STATE, ZIP CODE**  
Montclair, NJ 07042

**NAME OF CONTACT**  
Cody Ogden

**NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE (3)**  
Residence

**STREET ADDRESS**  
[REDACTED]

**CITY (5)**  
Montclair, NJ 07042

**COUNTY (6)**  
Essex

**COUNTY CODE (7) (STATE USE ONLY)**

**TYPE OF FACILITY (4)**  
☐ School (K-12)  
☐ Subchapter S (Other than K-12)  
☒ Other (i.e. private & commercial buildings, homes, etc.)

**SQUARE FEET**  
2500

**# OF FLOORS**  
2

**Bldg. Age**  
25

**CURRENT USE (Prior if being demolished)**  
RES

**NAME OF MONITORING FIRM HIRED BY BUILDING OWNER (8)**  
ASCM No.

**NAME OF ABATEMENT CONTRACTOR (9)**  
A. Mac Contracting Inc

**STREET ADDRESS**  
185 Vreeland Ave

**CITY, STATE, ZIP CODE**  
Midland Park, NJ 07432

**PROJECT MANAGER FOR MONITORING FIRM**  
Telephone No.

**TELEPHONE NO.**  
201-262-5841

**LICENSE NO.**  
00156

**START DATE (10)**  
5/31/19

**SCHEDULED COMPLETION DATE (11)**  
6/7/19

**NAME OF OSHA MONITOR**  
Omega Environmental Services Inc.

**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**  
280 Huyler Street

**CITY, STATE, ZIP CODE**  
Hackensack, NJ 07608

**SCOPE OF WORK (Check All That Apply)**  
☒ 23 sf or less  
☐ 250 sf or 260 sf  
☒ Renovation  
☐ Demolition  
☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Basement			X	Pipe Insulation	32 LF	X			

**NAME OF REGISTERED WASTE HAULER**  
Newark Carting Inc.

**NJ DEP Waste Hauler ID No.**  
04509

**CUBIC YARDS OF WASTE**  
1

**NAME OF REGISTERED LANDFILL**  
Grand Central Sanitary Landfill

**CITY, STATE**  
Newark, NJ 07105

**DISPOSAL DATE**  
5/31/19

**CITY, STATE**  
Pen Argyl, PA 08702

**COMPLETED BY**  
Randall McDonald

**TITLE**  
President

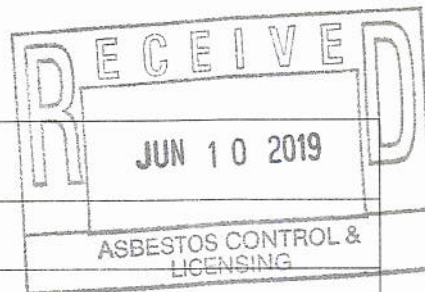
**SIGNATURE**  
R. M. S. [Signature]

**DATE**  
5/31/19



Invoice # 11764  
Check # 5776

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

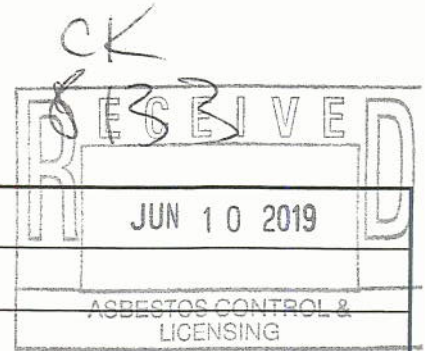


Date of Notification (1) 06 / 04 / 19		Name of Building Owner/Operator (2) Greg Angstman							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Pennsauken, NJ 08109							
		Name of Contact Greg Angstman	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Angstman Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Pennsauken	County (6) Camden	County Code (7) (STATE USE ONLY) 08109	Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	Telephone No. 856-755-0099						
License No. 00842									
Start Date (10) 06 / 13 / 19	Scheduled Completion Date (11) 06 / 14 / 19	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Wrap	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 06/14/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 6/4/19			



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

Invoice # 11767  
Check # 8133



Date of Notification 6/1/19 Type Notification		Name of Building Owner / Operator (2) <b>Aimee Lariviere</b>	
Agencies Notified	Emergency Notification	Street Address	
EPA	<input checked="" type="checkbox"/> Initial Notification	[REDACTED]	
<input checked="" type="checkbox"/> DEP	Amended Notification	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	Cancellation	<b>Highland Park, NJ 08904</b>	
<input checked="" type="checkbox"/> DOH		Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DCA		<b>Aimee Lariviere</b>	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <b>2,500</b>	# of Floors <b>2</b>
City (5) <b>Highland Park</b>	County (6) <b>Middlesex</b>	Bldg. Age <b>70+</b>	
County Code (7) <b>08904</b>		Current Use (Prior if being demolished) <b>Residential</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc.</b>		Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>	
Street Address <b>64 Broad Street</b>		Street Address <b>443 Schoolhouse Road</b>	
City, State & Zip Code <b>Matawan, NJ 07016</b>		City, State & Zip Code <b>Monroe Township, NJ 08831</b>	
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	License Number <b>00714</b>
Scheduled Start Date (10) <b>6/14/19</b>	Scheduled Completion Date (11) <b>6/15/19</b>	Name of OSHA Monitor <b>Global Abatement Services, LLC</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:		Street Address <b>443 Schoolhouse Road</b>	
		City, State & Zip Code <b>Monroe Township, NJ 08831</b>	
Scope of Work (Check all that apply)			
Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/>		Full Containment with Negative Pressure	
Large Project <input type="checkbox"/>		Mini-Enclosure	
<input checked="" type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM		<input checked="" type="checkbox"/> Glove-bag Procedure	
Quantity is $\geq 160$ SF or $\geq 260$ LF ACM		Other: <b>Non-friable</b>	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
<b>Basement</b>	<b>N/A</b>	<b>TSI pipe</b>	<b>80 LF</b>	<b>Removal</b>

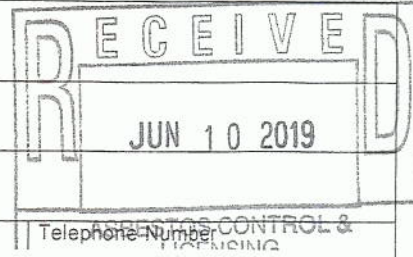
Name of Registered Waste Hauler <b>Freehold Carting</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>5</b>	Name of Registered Landfill <b>Fairless Landfill</b>
City, State <b>Trenton, NJ</b>		Disposal Date <b>6/17/19</b>	City, State <b>Fairless Hills, PA</b>	
Completed By (Print or Type) <b>Dominick Tringali</b>	Title <b>Manager</b>	Signature <i>Dominick Tringali</i>		Date <b>6/1/19</b>



Invoice# 11768

Check#3367

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

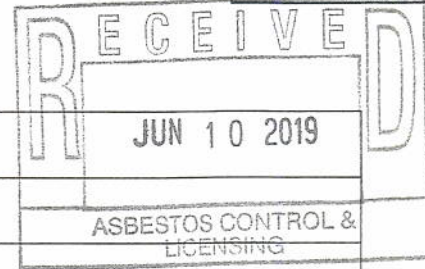


Date of Notification (1) 06 / 04 / 19		Name of Building Owner/Operator (2) Benjamin Lee							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Plainfield, NJ 07062							
Name of Contact Benjamin Lee		Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet    # of Floors    Bldg. Age							
City (5) Plainfield, NJ 07062		County Code (7) (STATE USE ONLY) Union							
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC							
Street Address [REDACTED]		Street Address 576 Valley Rd #283							
City, State, Zip Code [REDACTED]		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 06 / 13 / 19	Scheduled Completion Date (11) 06 / 16 / 19	Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vermiculite insulation	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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N.Jevtic</i>			Date 06/04/19			



Invoice# 11769  
Check# 1451

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



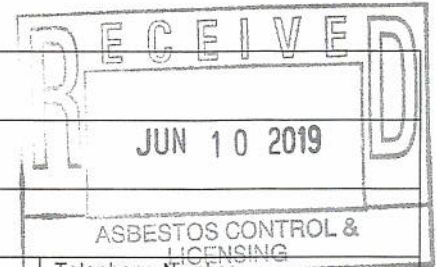
Date of Notification (1) 06/03/2019		Name of Building Owner/Operator (2) Steven Dai							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Demarest, NJ 07627							
		Name of Contact Steven Dai							
<div style="text-align: right;">Telephone Number</div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Demarest		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY) 07627	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) D&S Abatement, Inc.							
City, State, Zip Code		Street Address 11 Rosengren Avenue							
Project Manager for Monitoring Firm		City, State, Zip Code Totowa, NJ 07512							
Telephone No.		Telephone No. 9733458685	License No. 01311						
Start Date (10) 06/14/2019	Scheduled Completion Date (11) 06/18/2019	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement & Lower Level		X		VAT	1500 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NUDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 			Date 06/03/2019		



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

Check No. **5920**

**Invoice # 11573**



Date of Notification (1) <b>May 16, 2019</b>		Name of Building Owner/Operator (2) <b>New Jersey Transit Corporation</b>	
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10:27-4</small> <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>One Penn Plaza East</b> City, State, Zip Code <b>Newark, NJ 07105-2246</b> Name of Contact <b>William R. Goetchius</b> Telephone Number <b>973-491-8347</b>	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Hoboken Terminal - Pullman Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>1 Hudson Place</b>		Square Feet <b>8,645</b>	# of Floors <b>2</b>
City (5) <b>Hoboken, NJ 07030</b>		Bldg. Age <b>111</b>	
County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Train Station/Office</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>Iris Labs of Union NJ / TTI Environmental</b>		ASCM No. <b>00003 (TTI)</b>	Name of Abatement Contractor (9) <b>B&amp;N&amp;K Restoration Co., Inc.</b>	
Street Address <b>333 Highway 22 / 1253 North Church St</b>		Street Address <b>223 Randolph Avenue /</b>		
City, State, Zip Code <b>West Union, NJ 07083 / Moorestown, NJ 08057</b>		City, State, Zip Code <b>Clifton, NJ 07011</b>		
Project Manager for Monitoring Firm <b>Rick Eustaquio / Jim Guilardi</b>	Telephone No. <b>973-494-3762 / 856-840-8800</b>	Telephone No. <b>973-494-4681</b>	License No. <b>0120</b>	
Start Date (10) <b>May 29, 2019</b>	Scheduled Completion Date (11) <b>August 31, 2019</b>	Name of OSHA Monitor <b>Iris Labs of Union NJ</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>333 Highway 22</b> City, State, Zip Code <b>West Union, NJ 07083</b>		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor Rear RT Room & Locker Room		X		Floor Tiles & Mastic	1130 sq ft	X			
2nd Floor Middle Room		X		Linoleum Flooring	561 sq ft	X			
2nd Floor Middle Room		X		Debris Cleanup of collapsed wall	170 sq ft	X			
1st Floor Wall Plaster		X		wall plaster	500 sq. ft.	X			

Name of Registered Waste Hauler <b>B&amp;N&amp;K Restoration Co., Inc. / Jimmy Byrne Trucking</b>		NJDEP Waste Hauler ID No. <b>12695 / 19551</b>	Cubic Yards of Waste <b>15</b>	Name of Registered Landfill <b>Cumberland County Landfill / Minerva Enterprises, Inc.</b>	
City, State <b>Clifton, NJ 07011 / Bronx, NY</b>		Disposal Date <b>05/30/2019 to 08/31/2019</b>		City, State <b>Newburg / Waynesburg</b>	
Completed by <b>Aleksandar Kuridza</b>	Title <b>President</b>	Signature 			Date <b>6/3/2019</b>



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

Invoice # 11770

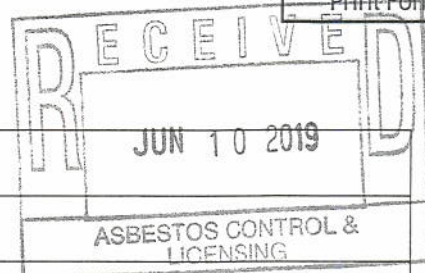
Check # 8407

Date of Notification (1) 06-03-2019		Name of Building Owner/Operator (2) Homestead Ventures LLC		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED  JUN 10 2019 </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address % 184 Carlisle Road			
City, State, Zip Code Audubon, New Jersey 08106		Name of Contact Mr. Brad Prader		Telephone Number 908-211-1111					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Dwelling			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]			Square Feet 1600						
City (5) Audubon			# of Floors 2						
County (6) Camden			Bldg. Age 68 yrs						
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Vacant - Flip home						
Name of Monitoring Firm Hired by Building Owner (8) Quality Environmental Concepts		ASCM No. None		Name of Abatement Contractor (9) Quality Environmental Concepts					
Street Address 1053 North Tuckahoe Road		Street Address 1053 North Tuckahoe Road		City, State, Zip Code Williamstown, New Jersey 08094					
City, State, Zip Code Williamstown, New Jersey 08094		Telephone No. 856-629-1166		License No. 01086					
Project Manager for Monitoring Firm Edward Knorr		Telephone No. 856-629-1166		Name of OSHA Monitor Quality Environmental Concepts					
Start Date (10) 06-13-2019		Scheduled Completion Date (11) 06-14-2019		Street Address 1053 North Tuckahoe Road					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Williamstown, New Jersey 08094							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Air Cell pipe insulation w/ Fittings (hard)	60LF	X			
Name of Registered Waste Hauler Quality Environmental Concepts		NJDEP Waste Hauler ID No. 19710		Cubic Yards of Waste 4cy 3cy		Name of Registered Landfill Salem County Solid Waste Complex			
City, State Williamstown, New Jersey		Disposal Date		City, State Alloway, NJ					
Completed by Edward Knorr		Title Vice President		Signature Edward Knorr		Date 6-3-2019			



Invoice #11427  
Check #3386

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

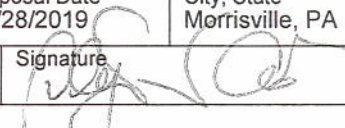


Date of Notification (1) 5/24/19		Ckeck#3386		Name of Building Owner/Operator (2) St Michael's Church					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 52 Smith Street City, State, Zip Code Elizabeth, NJ 07201 Name of Contact Nassar Shabo Telephone Number 973-497-4110					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Parish Hall: St Michael's Church				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 899 East Jersey Street				Square Feet 4,000					
City (5) Elizabeth				# of Floors 1					
County (6) UNION				Bldg. Age 50+					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) EA Services Corporation					
Street Address		Street Address 426 69th Street							
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-295-1700					
Start Date (10) 5/29/19		Scheduled Completion Date (11) 6/1/19		License No. 01074					
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: <u>3 PM</u>				Name of OSHA Monitor Same as above					
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				Street Address City, State, Zip Code					
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
Crawl Space #1		x		Pipe Insulation	400 LF	x			
Crawl Space #2		x		Pipe Insulation	200 LF	x			
Boiler Room		x		Pipe Insulation	220 LF	x			
Name of Registered Waste Hauler Tri-State Transfer Assoc		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprises Inc				
City, State Bronx, NY		Disposal Date tbd		City, State Waynesburg, OH					
Completed by Gina Betances		Title Office Manager		Signature <i>Chuas</i>		Date 5/29/19			

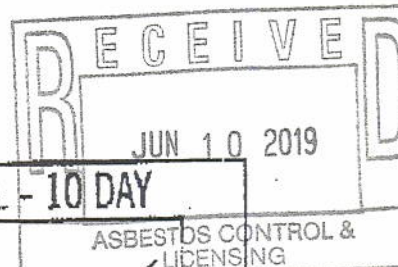


Invoice# 11776  
Check# 1509

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

Date of Notification (1) 06/03/2019		Name of Building Owner/Operator (2) Gloucester Township Public Schools		Check No 1509					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 17 Erial Road  City, State, Zip Code Blackwood, New Jersey 08012  Name of Contact John Bilodeau					
				Telephone Number 856-227-1400					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Blackwood Elementary School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 260 Blenheim Erial Road									
City (5) Blackwood, New Jersey 08012				Square Feet 20,000	# of Floors 1				
County (6) Gloucester		County Code (7) (STATE USE ONLY)		Bldg. Age 50+					
Current Use (Prior if being demolished) Elementary School									
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		ASCM No. 00057		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 515 Grove Street, Suite 1B				Street Address 246 Union Boulevard					
City, State, Zip Code Haddon Heights, New Jersey 08035				City, State, Zip Code Totowa, New Jersey 07512					
Project Manager for Monitoring Firm Thomas Leisse		Telephone No 856-547-0505		Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 06/17/2019		Scheduled Completion Date (11) 06/28/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>				Street Address 2333 Route 22 West					
				City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)  <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <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 of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Boiler 1, Interior Insulation	6'x4'x5'	X			
Boiler Room	X			Boiler 2, Interior Insulation	6'x4'x5'	X			
Boiler Room	X			Breeching	100 SF	X			
Boiler Room	X			Flue patching on brick chimney	4 SF	X			
Boiler Room	X			Fitting assoc w/fiberglass pipe insulation	25 ea	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill				
City, State Totowa, New Jersey				Disposal Date 06/28/2019	City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President		Signature 		Date 06/03/2019			





Invoice # 11555  
Check # 5772

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

Date of Notification (1) 06 / 03 / 19		Name of Building Owner/Operator (2) Hometown America Communities Berryman's Branch							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1616 Pennsylvania Avenue	WAVES APPROVED						
		City, State, Zip Code Vineland, NJ 08361							
		Name of Contact Crystal Bonnett	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House No. 8		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 1616 Pennsylvania Avenue		Square Feet 1,500	# of Floors 1						
City (5) Vineland		Bldg. Age 80							
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance, LLC		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 167		Street Address 623 Outler Avenue							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Cathy Lodon		Telephone No. 609-829-9312	Telephone No. 856-755-0088						
		License No. 00842							
Start Date (10) 06 / 04 / 19	Scheduled Completion Date (11) 06 / 06 / 19	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 280 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flashing	820 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 06/06/2019	City, State Morrisville, PA						
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations	Signature 			Date 6/3/19			

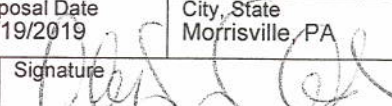
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\* Do not use this form for asbestos licensure exempted activities.



Invoice # 11778  
Check # 1510

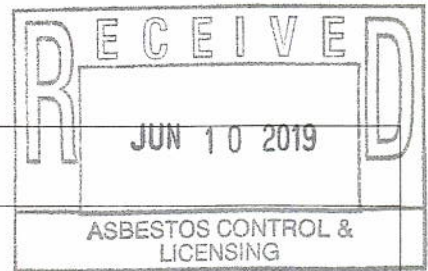
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 06/03/2019		Name of Building Owner/Operator (2) Gloucester Township Public Schools		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>          Check No 1510  <b>JUN 10 2019</b>          ASBESTOS CONTROL &amp; LICENSING       </div>					
Agencies Notified	Type Notification	Street Address 17 Erial Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Blackwood, New Jersey 08012							
		Name of Contact John Bilodeau							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Chews ELeMentary School			Type of Facility (4)						
Street Address 600 Elementary Landing/Somerdale Road			<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) Blackwood, New Jersey 08012			Square Feet 20,000	# of Floors 1	Bldg. Age 50+				
County (6) Gloucester	County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Elementary School						
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		ASCM No. 00057	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 515 Grove Street, Suite 1B			Street Address 246 Union Boulevard						
City, State, Zip Code Haddon Heights, New Jersey 08035			City, State, Zip Code Totowa, New Jersey 07512						
Project Manager for Monitoring Firm Thomas Leisse		Telephone No. 856-547-0505	Telephone No. 973-225-8400	License No. 01104					
Start Date (10) 07/08/2019		Scheduled Completion Date (11) 07/19/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>			City, State, Zip Code Union, NJ 07083						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <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 of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Boiler 1, Interior Insulation (brick platform 3 ft high)	16'x10'x10'	X			
Boiler Room	X			Boiler 2, Interior Insulation (brick platform 3 ft high)	16'x10'x10'	X			
Boiler Room	X			Breeching	380 SF	X			
Boiler Room	X			Transite Ceiling Mounted Above Ceiling	125 SF	X			
Boiler Room	X			Fitting assoc w/fiberglass pipe insulation	75 ea	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill				
City, State Totowa, New Jersey				Disposal Date 07/19/2019	City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President		Signature 		Date 06/03/2019			



Invoice # 11780  
Check # 5774

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



Date of Notification (1) <u>06</u> / <u>03</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>Arvin Sabillena</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <b>Paulsboro, NJ 08066</b>	ASBESTOS CONTROL & LICENSING
		Name of Contact <b>Arvin Sabillena</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) <b>Paulsboro</b>	County (6) <b>Gloucester</b>	County Code (7) (STATE USE ONLY) <b>08066</b>	Current Use (Prior if being demolished) <b>Residence</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>Management &amp; Enviro. Consulting Services</b>		ASCM No.	Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>
Street Address <b>PO Box 341</b>		Street Address <b>623 Cutler Avenue</b>	
City, State, Zip Code <b>Chesterfield, NJ 08515</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>	
Project Manager for Monitoring Firm <b>Bill Weisgarber</b>	Telephone No. <b>609-298-4070</b>	Telephone No. <b>856-755-0099</b>	License No. <b>00842</b>
Start Date (10) <u>06</u> / <u>14</u> / <u>19</u>	Scheduled Completion Date (11) <u>06</u> / <u>17</u> / <u>19</u>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	

Scope of Work (Check all that apply)

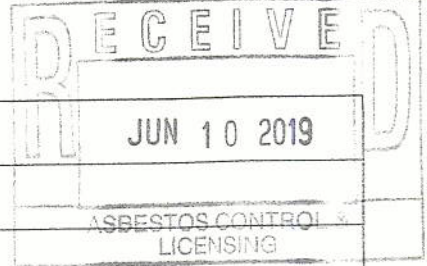
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawlspace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Freehold Cartage</b>	NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Fairless Landfill</b>
City, State <b>Freehold, NJ</b>	Disposal Date <b>06/17/2019</b>	City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Christina Lynch</b>	Title <b>Vice President of Operations</b>	Signature 	Date <b>6/13/19</b>



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



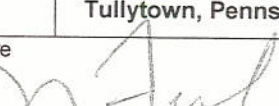
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**Invoice # 11782**

Date of Notification (1) 6/4/19		Name of Building Owner/Operator (2) Rskos Residence													
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation													
Street Address [REDACTED]		City, State, Zip Code Brick, New Jersey													
Name of Contact Tom															
<b>FACILITY INFORMATION</b>															
Name of Facility Where Abatement is Taking Place (3) Rskos Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)													
Street Address [REDACTED]		Square Feet 800													
City (5) Brick		# of Floors 1													
County (6) Ocean		Bldg. Age 55													
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence													
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.													
Street Address		Name of Abatement Contractor (9) Ace Insulation Co. Inc.													
City, State, Zip Code		Street Address 95 Montrose Rd													
Project Manager for Monitoring Firm		City, State, Zip Code Cohasset, N.J. 07722													
Telephone No.		Telephone No. (732) 294 1757													
Start Date (10) 6/13/19		License No. 00029													
Scheduled Completion Date (11) 10/19/19		Name of OSHA Monitor													
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM-7PM		Street Address													
		City, State, Zip Code													
Scope of Work (Check All That Apply) <input 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) exterior	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> <tr> <td></td> <td></td> <td>X</td> </tr> </table>			Yes	No	N/A			X	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) siding	Amount (Specify SF or LF) 800	Abatement Type			
	Yes	No	N/A												
		X													
<table border="1"> <tr> <th>Removal</th> <th>Repair</th> <th>Encapsulate</th> <th>Enclosure</th> </tr> <tr> <td>X</td> <td></td> <td></td> <td></td> </tr> </table>				Removal	Repair	Encapsulate	Enclosure	X							
Removal	Repair	Encapsulate	Enclosure												
X															
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12026		Cubic Yards of Waste 3		Name of Registered Landfill Chrys									
City, State Cohasset, NJ		Disposal Date 6/19/19		City, State Cotton, PA											
Completed by Bree McGure		Title Secretary Treasurer		Signature [Signature]		Date 6/4/19									



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

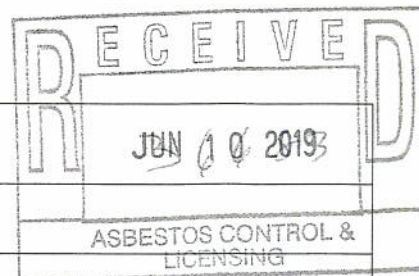
Invoice# 11578

Date of Notification (1) 06 / 04 / 19		Name of Building Owner/Operator (2) CSE Corp.		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>  36678  JUN 10 2019    <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 617 Union Avenue, Bldg. 3, Suite 3 City, State, Zip Code Brielle, NJ 08730 Name of Contact Chris Wilcox			
<b>FACILITY INFORMATION</b>						Telephone Number _____			
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>						Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)			
Street Address [REDACTED]		City (5) Wall Twp.		Square Feet 750 sf	# of Floors 1	Bldg. Age 65			
County (6) Monmouth		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.					
Street Address		Street Address 1889 Route 9, Unit 61		City, State, Zip Code Toms River, New Jersey 08755					
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-349-9932		License No. 00624			
Start Date (10) 06 / 04 / 19		Scheduled Completion Date (11) 06 / 05 / 19		Name of OSHA Monitor E.M.S.L. Analytical					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos roofing	400 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	window glazing	8 windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
interior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile	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 Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 06/05/19		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 6/4/19			



Invoice # 11784  
Check # 316683

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



Date of Notification (1) <u>06</u> / <u>04</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>Walters Residential</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <b>Barnegat, NJ 08005</b>	
		Name of Contact <b>Victor</b>	Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) <b>LB Twp.</b>	<b>08008</b>	Square Feet <b>1600 sf</b>	# of Floors <b>1</b> Bldg. Age <b>65</b>
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>	ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>	
Street Address		Street Address <b>1889 Route 9, Unit 61</b>	
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>
Start Date (10) <u>06</u> / <u>14</u> / <u>19</u>	Scheduled Completion Date (11) <u>06</u> / <u>17</u> / <u>19</u>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>1056 Stelton</b> City, State, Zip Code <b>Piscataway, New Jersey 08854</b>	

Scope of Work (Check all that apply)

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

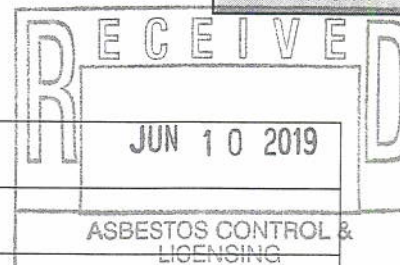
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior-house	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1550 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior-transite skirt	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	600 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>06/17/19</b>	City, State <b>Tullytown, Pennsylvania</b>
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>6/4/19</b>



Invoice # 11786  
Check # 8370

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



Date of Notification (1) 06/05/19		Name of Building Owner/Operator (2) Jumping Brook Apartments							
Agencies Notified	Type Notification	Street Address 3633 Highway 33							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Neptune City, NJ 07753							
		Name of Contact Jumping Brook Apartments	Telephone Number 732-922-2100						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 3633 Highway 33		Type of Facility (4)							
Street Address 3633 Highway 33		<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) Neptune		Square Feet	# of Floors						
County (6) Neptune		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Building							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS							
City, State, Zip Code		Street Address 6 WHITE DOVE COURT							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 06/16/19	Scheduled Completion Date (11) 06/18/19	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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
INTERIOR				CEMENT BOARD	150SF	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 06/18/19		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 06/05/19			



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

<b>RECEIVED</b>	JUN 10 2019
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/31/19		Name of Building Owner/Operator (2) Rene Rote	
Agencies Notified	Type Notification	Street Address 231 Park Ave	Telephone Number
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Oakhurst, New Jersey 07755	
Name of Contact Joe			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Rote Property		Type of Facility (4)	
Street Address 231 Park 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) Oakhurst	Square Feet 2000	# of Floors 2	Bldg. Age 75+
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Carriage house next property	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) 6/3/19		Scheduled Completion Date (11) 6/12/19	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM-7PM		Street Address	
		City, State, Zip Code	

**Scope of Work (Check All That Apply)**

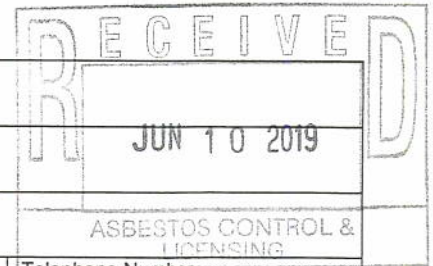
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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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
Site clean up									
windows			X	g/gze	30 windows	X			
interior			X	transite	400 lb	X			
interior			X	boiler cement	20 lb	X			
interior			X	pipe insulation	240 LF	X			
Name of Registered Waste Hauler Ace Insulation Co, Inc		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 10	Name of Registered Landfill FARUSS				
City, State Columbia, NJ		Disposal Date 6/12/19		City, State Eaton, PA					
Completed by Dreemore		Title Secretary/Treasurer		Signature T. B...		Date 5/31/19			



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

Check # 25842



Invoice # 11790

Date of Notification (1) 4/11/2019		Name of Building Owner/Operator (2) ETS	
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 checked="" 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	660 Rosedale Rd.	
City, State, Zip Code Princeton, NJ 08541		Name of Contact Eric Borrás	
		Telephone Number (609) 734-1005	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Conant Hall		Type of Facility (4)	
Street Address 660 Rosedale Rd.		<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 08541	Square Feet 20000	# of Floors 2	Bldg. Age 60 +/-
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		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.
Street Address PO Box 341		Street Address PO Box 322	
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	License No. 00493
Start Date (10) 4/13/2019	Scheduled Completion Date (11) 4/14/2019	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: _____		City, State, Zip Code Chesterfield, NJ 08515	

## Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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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
Lounge C		X		Thermal Duct Insulation	120 sf	X			
				(Wrap and Cut )					

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 4/15/2019	City, State Morrisville, PA	
Completed by Mahlon E. Stevens		Title Project Manager	Signature 	Date 4/11/2019	

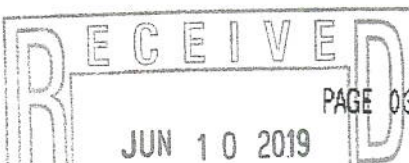


06/03/2019 09:27AM 9736381778

Invoice # 11791

Check # 3365

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:15)



Date of Notification (1) 06 / 03 / 19		Name of Building Owner/Operator (2) Minjie Song	ASBESTOS CONTROL TODAY LIBRARY TV WANTED APPROVED Telephone Number
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [Redacted]	
		City, State, Zip Code Glen Rock, NJ 07452	
		Name of Contact Minjie Song	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house Street Address [Redacted] City (5) Glen Rock, NJ 07452 County (6) Bergen		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code	ASCM No. Gr Tech LLC 576 Valley Rd #283 Wayne, NJ 07470	Name of Abatement Contractor (9) Street Address City, State, Zip Code Wayne, NJ 07470
Project Manager for Monitoring Firm	Telephone No. 973-638-1777	License No. 01127
Start Date (10) 06 / 04 / 19	Scheduled Completion Date (11) 06 / 06 / 19	Name of OSHA Monitor Envirovision Consultants, Inc.
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410

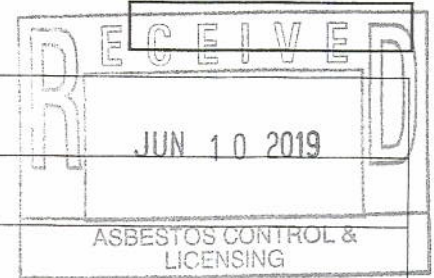
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >180 sf or >250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM)	Is Location Normally Used Solely by	Description of Asbestos Containing Material (ACM)	Amount	Abatement Type			
				20	21	22	23



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

Check#3365



Date of Notification (1) 06 / 03 / 19		Name of Building Owner/Operator (2) Minjie Song							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Glen Rock, NJ 07452 Name of Contact Minjie Song Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Glen Rock, NJ 07452		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470						
Project Manager for Monitoring Firm Telephone No.		Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 06 / 04 / 19	Scheduled Completion Date (11) 06 / 06 / 19	Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles	320 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 06/03/19			

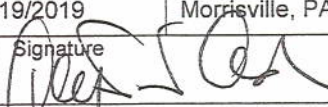


No check

on Check No. 1507  
RECEIVED  
JUN 10 2019  
Telephone Number  
609-530-5472  
MOTOR VEHICLE CONTROL & LICENSING



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

Date of Notification (1) 06/01/2019		Name of Building Owner/Operator (2) State of New Jersey Department of Transportation		Check No. <u>1507</u>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1035 Parkway Avenue  City, State, Zip Code Trenton, New Jersey 08625  Name of Contact Sheryl M Quatermas  Telephone Number 609-530-5472					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) NJ DOT Glassboro Maintenance Yard				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 126 Grove Street				Square Feet 10,000 # of Floors 1 Bldg. Age 50+					
City (5) Glassboro, New Jersey 08026		County (6) Gloucester		County Code (7) (STATE USE ONLY) _____					
Current Use (Prior if being demolished) Maintenance Yard		Name of Abatement Contractor (9) Lilich Corporation							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASCM No. 00057		Street Address 246 Union Boulevard					
Street Address 344 West State Street		City, State, Zip Code Totowa, New Jersey 07512							
City, State, Zip Code Trenton, New Jersey 08618		Telephone No. 609-392-4200		License No. 01104					
Project Manager for Monitoring Firm William Weisgarber, Jr.		Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Start Date (10) 06/12/2019		Scheduled Completion Date (11) 06/19/2019		Street Address 2333 Route 22 West					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <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
Entrance Room				Floor Tile (Non Friable)	769 SF	X			
Room attached to Entrance Room				Fitting/Joint Insulation (Wrap & Cut)	16 LF	X			
Mechanical Room				Debris (Clean & Decontaminate)	40 SF				
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 20		Name of Registered Landfill Fairless Landfill			
City, State Totowa, New Jersey		Disposal Date 06/19/2019		City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President		Signature 		Date 06/01/2019			



JUN 10 2019

## NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

ASBESTOS CONTROL &  
LICENSING

### I. NOTIFICATION INFORMATION

Date of Notification: 06 / 05 / 19 *As per conversation w/ Paul Horner 6/5*  
☒ Initial ☒ Amended ☐ Cancellation ☐ Emergency (must include justification)  
Type of Work: ☐ Demolition ☒ Renovation

### II. BUILDING INFORMATION

Name of Building Owner/Operator: State of New Jersey Department of Transportation  
Street Address: 1035 Parkway Avenue City: Trenton State: NJ Zip: 08625  
Name of Contact: Sheryl M Quantermas Telephone No.: 609-530-5472

### III. FACILITY INFORMATION

Name of Facility Where Work Activity is to Take Place: NJ DOT Glassboro Maintenance Yard  
Describe Facility Use: Maintenance Yard  
Street Address: 126 Grove Street City: Glassboro State: NJ Zip: 08026  
County Name: Gloucester County Code (State Use Only):  
Scheduled Start Date: 06 / 12 / 2019 Scheduled Completion Date: 06 / 19 / 19  
Occupancy Status During Activity (check only one):  
☒ Facility Closed/Vacated During Entire Activity  
☐ Activity Performed Outside Normal Facility Hours—Describe: \_\_\_\_\_  
☐ Other—Describe: \_\_\_\_\_  
Scope of Work (check all that apply):  
☒ Floor Tile Square Footage: 769 Percentage Asbestos: %  
☐ Mastic Square Footage: \_\_\_\_\_ Percentage Asbestos: %

### IV. CONTRACTOR INFORMATION

Company Name: Lilich Corporation Telephone No.: 973-225-8400  
Street Address: 246 Union Boulevard City: Totowa State: NJ Zip: 07512  
New Jersey Asbestos License Number (if applicable): 01104  
Monitoring Firm (if applicable): USA Environmental Management Inc Telephone No.: 609-656-8101

### V. SIGNATURE

Completed By (type or print legibly): Adriana Olejarova Title: President  
Signature: [Signature] Date: 06/05/2019