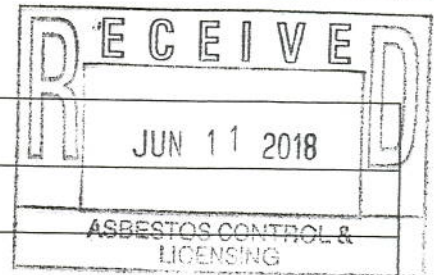


PAID

CLIP

Print Form

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



Date of Notification (1) 06/05/2018		Name of Building Owner/Operator (2) VINCE GARRETY INC.							
Agencies Notified	Type Notification	Street Address 171 W PARK AVE.							
<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 PEARL RIVER, NY. 10965							
		Name of Contact VINCE	Telephone Number 845 721 4328						
<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) HOBOKEN NJ 07030		Square Feet 1,102 SF.	# of Floors 2						
County (6) HUDSON		County Code (7) (STATE USE ONLY)	Bldg. Age 98						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) N/A							
ASCN No.		Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.							
Street Address		Street Address 1126 51 ST.							
City, State, Zip Code		City, State, Zip Code NORTH BERGEN NJ. 07047							
Project Manager for Monitoring Firm		Telephone No. 201 776 0642	License No. 01300						
Start Date (10) 06/06/2018	Scheduled Completion Date (11) 06/07/2018	Name of OSHA Monitor EMSL ANALYTICAL INC.							
Occupancy Status During Abatement (Check Only One)		Street Address 307 W 38 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 NEW YORK NY.							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	100 LF.	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.		Disposal Date TBD		City, State WAYNESBURG, OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 			Date 06/05/2018			



Ch 1222

# PAID

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

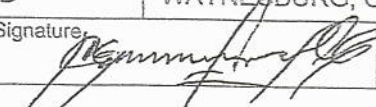
Print Form

RECEIVED
JUN 11 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/06/2018		Name of Building Owner/Operator (2) JOSEPH AND LAURA TOOMEY	
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 MONMOUTH BEACH NJ. 07750	
		Name of Contact ED PAHLER	Telephone Number [REDACTED]

FACILITY INFORMATION			
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) MONMOUTH BEACH NJ. 07750		Square Feet 3,000	# of Floors 1
County (6) MONMOUTH		Bldg. Age 30	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) YES	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.
Street Address		Street Address 1126 -51 STREET.	
City, State, Zip Code		City, State, Zip Code NORTH BERGEN NJ. 07047	
Project Manager for Monitoring Firm N/A		Telephone No. 201- 776 - 0642	License No. 01300
Start Date (10) 06/07/2018	Scheduled Completion Date (11) 06/09/2018	Name of OSHA Monitor ENVIRO PROBE INC.	
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. 08840	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition			
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1ST AND 2ND FLOOR		X		Joint Compound and	2,055. LF	X			
				Flat Seams					

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 06/06/2018



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

CHECK # 25258

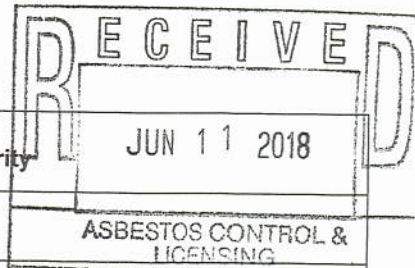
Date of Notification (1) 06-06-18		Name of Building Owner/Operator (2) Bergen County Dept. of Public Works	
Agencies Notified	Type Notification	Street Address 1 Bergen County Plaza, 4th Floor	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input checked="" 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 Hackensack, NJ 07601	
		Name of Contact John Terreri	Telephone Number (201) 366-6828

**RECEIVED**  
JUN 11 2018  
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Conklin Youth Center		Type of Facility (4)							
Street Address 125 Essex Street		<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) Hackensack, NJ 07601		Square Feet 7,500	# of Floors 3						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Age 32 yrs.						
Name of Monitoring Firm Hired by Building Owner (8) Omega		ASCM No. 00120	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 280 Huyler Street		Street Address 200 Broad Street							
City, State, Zip Code So. Hackensack, NJ 07606		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Maria Guerra		Telephone No. (201) 489-8700	License No. 00756						
Start Date (10) 06-07-18(1)Project Postponed	Scheduled Completion Date (11) 08-07-18	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 10-59 Jackson 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 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"/> Intact Removal <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Floors 1-3			x	Pipe Insulation	30LF	x			
Floors 2-3			x	Pipe Fittings	4LF	x			
Floor 2			x	Transite Wall Panels	1,700SF	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 John A. Tancredi		Title Project Manager		Signature		Date 06-06-18			



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 5:16)



CH 3253

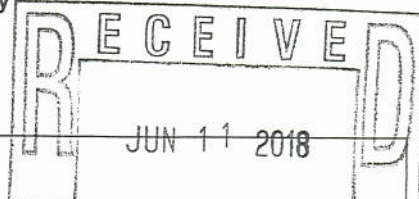
Date of Notification (1) 5 / 31 / 17		Name of Building Owner/Operator (2) New Jersey Economic Development Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 36 West State Street, PO Box 990 City, State, Zip Code Trenton, NJ 08625 Name of Contact Tom Catapano Telephone Number 609-858-6651							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Myer Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Corput Drive Plaza		Square Feet 670,000							
City (5) Tinton Falls		# of Floors 5	Bldg. Age 63 Years						
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Offices							
Name of Monitoring Firm Hired by Building Owner (8) T&M Associates	ASCM No.	Name of Abatement Contractor (9) Tricon Enterprises, Inc.							
Street Address 40 Monmouth Park Highway, Suite 2		Street Address 322 Beers Street							
City, State, Zip Code West Long Branch, NJ 07764		City, State, Zip Code Keyport, NJ 07735							
Project Manager for Monitoring Firm Kevin Burns	Telephone No. 732-676-1725	Telephone No. 732-739-1200	License No. 1095						
Start Date (10) 6 / 11 / 18	Scheduled Completion Date (11) 8 / 31 / 18	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address City, State, Zip Code							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Olexion Rubbish Hauling, Inc.	NJDEP Waste Hauler ID No. 14042	Cubic Yards of Waste 1,000	Name of Registered Landfill Waste Management, Fairless						
City, State South Plainfield, NJ		Disposal Date 7/31/2018	City, State Morrisville, PA 19067						
Completed By (Print or Type) Thomas Camarda	Title Sr. Project Manager	Signature 	Date 5/31/18						



## NOTIFICATION OF ASBESTOS ABATEMENT

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

## Continuation Sheet



Name of Facility Where Abatement is Taking Place (3)  
Former Myer Center - Quad 2

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)	ASBESTOS CONTROL & ABATEMENT LICENSE Amount (Specify SF or LF)				Abatement Type			
	Yes	No	N/A		Removal	Repair	Encapsulate	Enclosure				
O&A-Boiler Room; associated with all metal exterior window assemblies			X	Window glazing compound	160 sf							
O&A-Boiler Room; associated with two large boiler units (assumed)			X	Interior boiler refractory, packing, gasketing and/or insulation	20 cy							
O&A-O&A Section 5, Stairwell 13			X	Brown layered wafer, grey corrugated aircell and/or white matrix block pipe insulation and associated pipe fitting insulation	35 lf							
O&A-Catwalk spaces and potentially concealed in pipe chase spaces servicing Restrooms, Radiators and Unit Ventilators and above plaster ceilings not accessible from the Catwalk spaces (assumed)			X	Brown layered wafer, grey corrugated aircell and/or white matrix block pipe insulation and associated pipe fitting insulation	250 lf							
FL 1-MR13			X	Duct Insulation	100 sf							
FL 1-MR13			X	Pipe Insulation	40 lf							
FL 1-MR13			X	Flex Connector (duct coupler)	5 sf							
FL 1-Room adjacent to Stairwell 4, IB307, IB312 to IB316, IB318 and Front Office Area (half below ACM beige with red stripe 12"x12" "self-stick" floor tile)			X	Various colored and styled 9"x9" floor tile and associated black asphaltic mastic	6,500 sf							
FL 1-IB308/IB210 (present below carpeting)			X	Beige with red stripe 12"x12" "self-stick" floor tile	5,500 sf							
FL 1-Column at IB114 and near Men's Restroom/Shower			X	"Transite" Wall Panels	425 sf							
FL 1-Near IB318 and IB313			X	Pipe Insulation	7 lf							
FL 1-Mezzanine above IB318 (present under carpeting)			X	Various colored and styled 9"x9" floor tile and associated black asphaltic mastic	2,500 sf							
FL 1-Mezanine aboe IB318			X	"Transite" Wall Panels	610 sf							
FL 1-Catwalk spaces and potentially concealed in pipe chase spaces servicing Restrooms, Radiators and Unit Ventilators (assumed)			X	Brown layered wafer, grey corrugated aircell and/or white matrix block pipe insulation and associated pipe fitting insulation	250 lf							
FL 1-Catwalk spaces			X	Duct Insulation	2,000 sf							
FL 1-Upper Boiler Room Office and Hallway and Loading Dock (patches)			X	Various colored and styled 9"x9" floor tile and associated black asphaltic mastic	500 sf							



Name of Facility Where Abatement is Taking Place (3)  
**Former Myer Center - Quad 2**

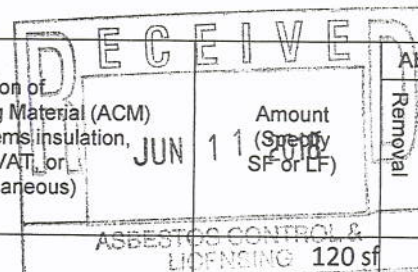
RECEIVED		Abatement Type			
		Amount (Specify SF or LF)	Removal	Repair	Encapsulate
ASBESTOS CONTROL & LICENSING		11	0	0	0

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)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						
FL 1-First Floor; Section 5			X	Panel Insulation	80 sf				
FL 1-Incinerator Room			X	Pipe Insulation	5 lf				
FL 1-Hallway walls along IB324 and across from the Boiler Room spaces and Mezzanine spaces above IB324			X	"Transite" Wall Panels	1,000 sf				
FL 1-IB324 and Office spaces across from Boiler Room spaces (present below carpeting)			X	Black asphaltic mastic associated with beige 12"x12" floor tile	7,200 sf				
FL 1-Custodial Office			X	Black asphaltic mastic associated with beige 12"x12" floor tile	200 sf				
FL 1-Office off Main Entrance			X	Black asphaltic mastic associated with beige 12"x12" floor tile	560 sf				
FL 1-Mezzanine above IB324 (present below carpeting and new 12"x12" blue "selfstick" floor tile)			X	Various colored and styled 9"x9" floor tile and associated black asphaltic mastic	3,600 sf				
FL 1-Catwalk spaces and potentially concealed in pipe chase spaces servicing Restrooms, Radiators and Unit Ventilators (assumed)			X	Brown layered wafer, grey corrugated aircell and/or white matrix block pipe insulation and associated pipe fitting insulation	250 lf				
FL 2-Throughout various Outer Office spaces and Central Core spaces (present below carpeting, raised flooring systems, beige with red stripe 12"x12" floor tile and exposed)			X	Various colored and styled 9"x9" floor tile and associated black asphaltic mastic	10,700 sf				
FL 2-2D313A/2D313/2D311 and 2D309 (present below carpeting and exposed)			X	Black asphaltic mastic associated with beige 12"x12" floor tile	2,000 sf				
FL 2-2C312/2C310A and 2D304 (present below carpeting and exposed)			X	Beige with red stripe 12"x12" "self-stick" floor tile	1,500 sf				
FL 2-2C311/2C313A/2D310 and 2D308			X	"Transite" panels, table tops and fume hoods	450 sf				
FL 2-2C307/2D306			X	"Transite" panels, table tops and fume hoods	800 sf				
FL 2-Catwalk spaces and potentially concealed in pipe chase spaces servicing Restrooms, Radiators and Unit Ventilators (assumed)			X	Brown layered wafer, grey corrugated aircell and/or white matrix block pipe insulation and associated pipe fitting insulation	100 lf				
FL 2-Throughout Outer Office spaces and Central Core spaces (present below carpeting, raised flooring systems, beige with red stripe 12"x12" floor tile and exposed)			X	Various colored and styled 9"x9" floor tile and associated black asphaltic mastic	12,300 sf				



Name of Facility Where Abatement is Taking Place (3)  
**Former Myer Center - Quad 2**

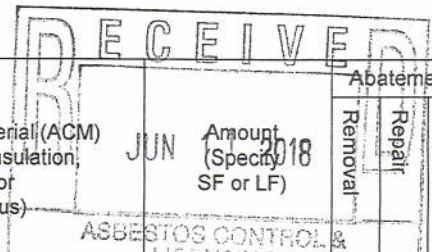
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or CF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
FL 2-2D324			X	"Transite" panels	120 sf				
FL 3-Throughout Outer Office spaces, Central Core space and Women's and Men's Restroom Alcoves (present below carpeting, raised flooring systems, 12"x12" floor tile and exposed)			X	Various colored and styled 9"x9" floor tile and associated black asphaltic mastic	17,600 sf				
FL 3-Catwalk spaces and potentially concealed in pipe chase spaces servicing Restrooms, Radiators and Unit Ventilators (assumed)			X	Brown layered wafer, grey corrugated aircell and/or white matrix block pipe insulation and associated pipe fitting insulation	50 lf				
FL 3-Throughout Outer Office spaces, Central Core spaces (present below carpeting, raised flooring systems, 12"x12" floor tile and exposed)			X	Various colored and styled 9"x9" floor tile and associated black asphaltic mastic	11,400 sf				
FL 3-3D323A/3D325/3D327 and 3D333			X	Beige with red stripe 12"x12" "self-stick" floor tile	1,600 sf				
FL 3-Catwalk spaces and potentially concealed in pipe chase spaces servicing Restrooms, Radiators and Unit Ventilators (assumed)			X	Brown layered wafer, grey corrugated aircell and/or white matrix block pipe insulation and associated pipe fitting insulation	200 lf				
FL 4-Throughout various Outer Office spaces and 4C321/4D320A (present below carpeting, 12"x12" floor tile and exposed)			X	Various colored and styled 9"x9" floor tile and associated black asphaltic mastic	6,000 sf				
FL 4-4D305 (present below carpeting and exposed)			X	Black asphaltic mastic associated with beige 12"x12" floor tile	220 sf				
FL 4-4D313/4D311/4D309/4D307/4C306 and majority of Central Core spaces (present below carpeting and exposed)			X	Beige with red stripe 12"x12" "self-stick" floor tile	8,850 sf				
FL 4-Catwalk spaces			X	Mastic on cork insulation	300 sf				
FL 4-Potentially concealed in pipe chase spaces servicing Restrooms, Radiators and Unit Ventilators (assumed)			X	Brown layered wafer, grey corrugated aircell and/or white matrix block pipe insulation and associated pipe fitting insulation	100 lf				
FL 4-Throughout various Outer Office spaces and all Central Core spaces (present below carpeting, raised flooring, 12"x12" floor tile and exposed)			X	Various colored and styled 9"x9" floor tile and associated black asphaltic mastic	8,950 sf				
FL 4-4D324			X	Black asphaltic mastic associated with beige 12"x12" floor tile	100 sf				





Name of Facility Where Abatement is Taking Place (3)  
**Former Myer Center - Quad 2**

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
FL 4-Potentially concealed in pipe chase spaces servicing Restrooms, Radiators and Unit Ventilators (assumed)			X	Brown layered wafer, grey corrugated aircell and/or white matrix block pipe insulation and associated pipe fitting insulation	100 lf				
Stair-Stairwell #2; majority of landings from Roof landing to First Floor landing			X	Various colored and styled 9"x9" floor tile and associated black asphaltic mastic	1,299 sf				
Stair-Stairwell #5; Roof landing			X	Various colored and styled 9"x9" floor tile and associated black asphaltic mastic	120 sf				
Stair-Stairwell #11; landing to outside on First Floor and landing between First Floor and O&A level			X	Various colored and styled 9"x9" floor tile and associated black asphaltic mastic	230 sf				
Roof-Main Roof Level; Section 5			X	Black asphaltic coated fibrous glass duct insulation	500 sf				
Roof-Main Roof Level; Section 5			X	Grey cementitious "transite" wall panel	250 sf				
Roof-Main Roof Level; Section 4			X	Black asphaltic flashing/sealant compound on yellow painted ductwork (Main Roof)	20 sf				
Roof-Main Roof Level; selective Elevator and Stairwell window assemblies			X	Window glazing compound (PACM)	6 ea				
Roof-Upper Roof Level; associated with all perimeters, penetrations and parapets			X	Black asphaltic roofing flashing/sealant compound (Upper Roof)	450 sf				
Exterior-Associated with Exterior metal wall panels over entire Building; associated with all perimeter seams (O&A Level to Roof Level)			X	Grey exterior metal wall panel caulking compound	1 LS				
Roof-Main Roof Level; Section 1-7 and all Elevator and Stairwell Roof Levels associated with all perimeters, penetrations and parapets (below newer EPDM roofing membrane)			X	Black asphaltic and/or rubberized roofing flashing/sealant compound and vent pipe sealant compound (all applications and thicknesses)	3,125 sf				





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

Date of Notification (1)

6 / 7 /2018

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

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

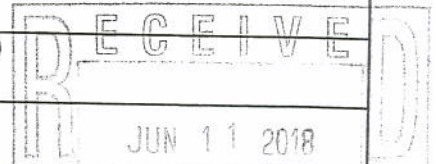
Name of Building Owner/Operator (2)  
THE VALLEY HOSPITAL

Street Address  
223 NORTH VAN DIEN AVENUE

City, State, Zip Code  
RIDGEWOOD, NEW JERSEY 07652

Name of Contact  
GEORGE GANCOS

Telephone Number  
201-447-8141



ASBESTOS CONTROL &

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

VALLEY HOSPITAL

Type of Facility (4)

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

Street Address  
670 WINTER AVENUE

Square Feet  
50,000

# of Floors  
1

Bldg. Age  
40+

City (5)

PARAMUS

County (6)

BERGEN

County Code (7)  
(STATE USE ONLY)

Current Use (Prior if being demolished)  
ABANDONED

Name of Monitoring Firm Hired by Building Owner (8)

COLDEN CORPORATION

ASCM No.

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

131 VARICK STREET, SUITE 1022

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

NEW YORK, NEW YORK 10013

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

JIM MIADES

Telephone Number

347-435-3561

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

6 / 7 /18  
Month Day Year

Sched. Completion Date (11)

3 30 /19  
Month Day Year

Name of OSHA Monitor  
EMSL #11506

Occupancy Status During Abatement (Check only one)

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

Street Address

307 WEST 38TH STREET

City, State, Zip Code

NEW YORK, NEW YORK

Scope of Work (Check all that apply)

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

☒ Renovation

☒ Full Containment  
☒ 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
1ST FLOOR THROUGHOUT			X	JOINT COMPOUND	25,000 SF	X			
1ST FLOOR ROOMS 100 & 101			X	CEILING TILES	1,500 SF	X			
1ST FLOOR ROOMS 101 & 102			X	VAT & MASTIC	1,450 SF	X			
1ST FLOOR ROOM 182			X	BOILER INSULATION	100 SF	X			
1ST FLOOR ROOM 182			X	BOILER BREECHING	80 SF	X			
1ST FLOOR ROOM 180			X	ROOF HATCH TAR	2 SF	X			

Name of Registered Waste Hauler

NEWARK CARTING  
369 RAYMOND BLVD

City, State

NEWARK, NEW JERSEY

Completed by (Print or Type)

BENJAMIN SANCHEZ

NJDEP Waste

Hauler ID No.  
913

Cubic Yards of Waste  
100

Name of Registered Landfill

GRAND CENTRAL SANITARY LANDFILL

Disposal Date

6/07/18 - 12/30/18

City, State

PLAINFIELD TOWNSHIP, PA

Signature

Date

6/7/18



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

**32150**  
**RECEIVED**  
JUN 11 2018  
ASBESTOS CONTROL

Date of Notification (1)

5 / 109 /2018

Name of Building Owner/Operator (2)

THE VALLEY HOSPITAL

Street Address

223 NORTH VAN DIEN AVENUE

City, State, Zip Code

RIDGEWOOD, NEW JERSEY 07652

Name of Contact

GEORGE GANCOS

Telephone Number

201-447-8141

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

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

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

VALLEY HOSPITAL

Type of Facility (4)

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

Street Address

670 WINTER AVENUE

City (5)

PARAMUS

County (6)

BERGEN

County Code (7)  
(STATE USE ONLY)

Square Feet

50,000

# of Floors

1

Bldg. Age

40+

Current Use (Prior if being demolished)

ABANDONED

Name of Monitoring Firm Hired by Building Owner (8)

COLDEN CORPORATION

ASCM No.

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

131 VARICK STREET, SUITE 1022

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

NEW YORK, NEW YORK 10013

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

JIM MIADES

Telephone Number

347-435-3561

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

6 / 7 /18  
Month Day Year

Sched. Completion Date (11)

3 30 /19  
Month Day Year

Name of OSHA Monitor

EMSL #11506

Occupancy Status During Abatement (Check only one)

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

Street Address

307 WEST 38TH STREET


City, State, Zip Code

NEW YORK, NEW YORK

Scope of Work (Check all that apply)

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

☒ Full Containment  
☒ 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
1ST FLOOR THROUGHOUT			X	JOINT COMPOUND	25,000 SF	X			
1ST FLOOR ROOMS 100 & 101			X	CEILING TILES	1,500 SF	X			
1ST FLOOR ROOMS 101 & 102			X	VAT & MASTIC	1,450 SF	X			
1ST FLOOR ROOM 182			X	BOILER INSULATION	100 SF	X			
1ST FLOOR ROOM 182			X	BOILER BREECHING	80 SF	X			
1ST FLOOR ROOM 180			X	ROOF HATCH TAR	2 SF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill			
NEWARK CARTING		369 RAYMOND BLVD		100		GRAND CENTRAL SANITARY LANDFILL			
City, State				Disposal Date		City, State			
NEWARK, NEW JERSEY				6/07/18 - 12/30/18		PLAINFIELD TOWNSHIP, PA			
Completed by (Print or Type)		Title		Signature		Date			
BENJAMIN SANCHEZ		DIRECTOR OF OPERATIONS				5/9/18			



RECEIVED  
JUN 11 2018  
ASBESTOS CONTROL & LICENSING

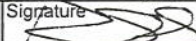
Telephone Number 973-761-9000 EXT. 5283

	Initial Notification	
x	Amended Notification	#6
	Cancellation	
	On Hold	
	EMERGENCY NOTIFICATION	

## Date \_\_\_\_\_



RECEIVED  
JUN 11 2018  
ASBESTOS CONTROL & LICENSING  
Phone Number 9000 EXT 5283

Date of Notification (1) 6 / 1 /18				Name of Building Owner/Operator (2) SETON HALL UNIVERSITY				<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUN 11 2018 ASBESTOS CONTROL &amp; LICENSING </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				400 SOUTH ORANGE AVENUE  City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079											
Type Notification				Name of Contact				Telephone Number							
<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				VICTORIA PIVOVARNICK				973-761-9000 EXT. 5283							
FACILITY INFORMATION															
Name of Facility Where Abatement is Taking Place (3)  SETON HALL UNIVERSITY								Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)							
Street Address 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER								Square Feet 99,300		# of Floors 3		Bldg. Age 40+			
City (5) SOUTH ORANGE				County (6) ESSEX		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) UNIVERSITY							
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL INC.						ASCM No. 3		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION							
Street Address 1253 NORTH CHURCH STREET								Street Address 313 SPOOK ROCK ROAD							
City, State, Zip Code MOORESTOWN, NEW JERSEY 08057								City, State, Zip Code SUFFERN, NEW YORK 10901							
Project Manager for Monitoring Firm JIM GUILARDI						Telephone Number 856-840-8800		Telephone Number 845-369-7500		License Number 1101					
EXPECTED START DATE (10): (RESTART) 5 / 23 /18				Sched. Completion Date (11) 7 / 30 /18				Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Monday -Saturday 3:30 pm - 11:30 pm Sunday - 7AM-3:30PM								Street Address 1376 ROUTE 9							
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF								<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure							
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)			Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)			Abatement Type			
			Yes    No    N/A									REMOVAL    REPAIR    ENCAPSUL    ENCLOSUR			
1ST FLOOR SERVER BAY I			X			SPRAY ON FIREPROOFING			760 SF			X          COMPLETE			
1ST FLOOR SERVER BAY I			X			PIPE FITTING / INSULATION			15 LF			X          COMPLETE			
1ST FLOOR SERVER BAY II			X			PIPE FITTING / INSULATION			15 LF			X          COMPLETE			
HALLWAY OF SERVER BAY			X			PIPE FITTING			15 LF			X          COMPLETE			
1ST FLOOR SERVER BAY 1			X			VAT & MASTIC			760 SF			X          COMPLETE			
ADDITION TO SCOPE:															
1ST FLOOR SERVER BAY II AND HALLWAY			X			VAT & MASTIC			3,300 SF			X			
Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD.				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 01/02/18-07/30/18		City, State PLAINFIELD TOWNSHIP, PA							
Completed by (Print or Type) BENJAMIN SANCHEZ						Title DIRECTOR OF OPERATIONS		Signature 		Date 6/11/18					



RECEIVED  
JUN 11 2018  
phone Number 61-9000 EXT. 5283  
ASBESTOS CONTROL & LICENSING

<b>Date of Notification (1)</b> 5 / 31 /18		<b>Name of Building Owner/Operator (2)</b> SETON HALL UNIVERSITY							
<b>Agencies Notified</b>		<b>Street Address</b> 400 SOUTH ORANGE AVENUE							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>City, State, Zip Code</b> SOUTH ORANGE, NEW JERSEY 07079							
<b>Type Notification</b>		<b>Name of Contact</b> VICTORIA PIVOVARNICK							
<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #4 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		<b>Telephone Number</b> 973-761-9000 EXT. 5283							
<b>FACILITY INFORMATION</b>									
<b>Name of Facility Where Abatement is Taking Place (3)</b>  SETON HALL UNIVERSITY		<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> 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER		<b>Square Feet</b> 99,300	<b># of Floors</b> 3						
<b>City (5)</b> SOUTH ORANGE		<b>Bldg. Age</b> 40+							
<b>County (6)</b> ESSEX		<b>Current Use (Prior if being demolished)</b> UNIVERSITY							
<b>County Code (7) (STATE USE ONLY)</b>									
<b>Name of Monitoring Firm hired by Building Owner (8)</b> TTI ENVIRONMENTAL INC.		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION							
<b>ASCM No.</b> 3									
<b>Street Address</b> 1253 NORTH CHURCH STREET		<b>Street Address</b> 313 SPOOK ROCK ROAD							
<b>City, State, Zip Code</b> MOORESTOWN, NEW JERSEY 08057		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901							
<b>Project Manager for Monitoring Firm</b> JIM GUILARDI		<b>Telephone Number</b> 856-840-8800	<b>License Number</b> 1101						
<b>EXPECTED START DATE (10): (RESTART)</b> 5 / 23 /18		<b>Sched. Completion Date (11)</b> 7 / 30 /18							
<b>Month Day Year</b>		<b>Month Day Year</b>							
<b>Occupancy Status During Abatement (Check only one)</b>		<b>Name of OSHA Monitor</b> QUALITY ENVIRONMENTAL SOLUTIONS & TECH.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Monday -Saturday 3:30 pm - 11:30 pm		<b>Street Address</b> 1376 ROUTE 9							
<b>Scope of Work (Check all that apply)</b>		<b>City, State, Zip Code</b> WAPPINGERS FALLS, NY 12590							
<input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enco , <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure							
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1ST FLOOR SERVER BAY I			X	SPRAY ON FIREPROOFING	760 SF	X			COMPLETE
1ST FLOOR SERVER BAY I			X	PIPE FITTING / INSULATION	15 LF	X			COMPLETE
1ST FLOOR SERVER BAY II			X	PIPE FITTING / INSULATION	15 LF	X			COMPLETE
HALLWAY OF SERVER BAY			X	PIPE FITTING	15 LF	X			COMPLETE
1ST FLOOR SERVER BAY 1			X	VAT & MASTIC	760 SF	X			COMPLETE
ADDITION TO SCOPE:									
1ST FLOOR SERVER BAY II AND HALLWAY			X	VAT & MASTIC	3,300 SF	X			
<b>Name of Registered Waste Hauler</b> NEWARK CARTING INC. 369 RAYMON BLVD.		<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>City, State</b> NEWARK, NEW JERSEY 07105		<b>Disposal Date</b> 01/02/18-07/30/18		<b>City, State</b> PLAINFIELD TOWNSHIP, PA		<b>Date</b> 5/31/18			
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS		<b>Signature</b>		<b>Date</b>			



CK 32197

[illegible]



OK # 32180  
DECEIVE  
JUN 11 2018  
Telephone Number 1-800-900-9000 EXT. 5283  
QUESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3)					FACILITY INFORMATION					
SETON HALL UNIVERSITY					Type of Facility (4)					
					<input type="checkbox"/> School (K-12)					
					<input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)					
Street Address					Other (ie. private & commcl. bldgs., homes, etc.)					
400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER					Square Feet		# of Floors		Bldg. Age	
				99,300		3		40+		
City (5)		County (6)		County Code (7)		Current Use (Prior if being demolished)				
SOUTH ORANGE		ESSEX		(STATE USE ONLY)		UNIVERSITY				
Name of Monitoring Firm Hired by Building Owner (8)					ASCM No.		Name of Abatement Contractor (9)			
TTI ENVIRONMENTAL INC.					3		PAR ENVIRONMENTAL CORPORATION			
Street Address					Street Address					
1253 NORTH CHURCH STREET					313 SPOOK ROCK ROAD					
City, State, Zip Code					City, State, Zip Code					
MOORESTOWN, NEW JERSEY 08057					SUFFERN, NEW YORK 10901					
Project Manager for Monitoring Firm				Telephone Number		Telephone Number		License Number		
JIM GUILARDI				856-840-8800		845-369-7500		1101		
EXPECTED START DATE (10): (RESTART)				Sched. Completion Date (11)		Name of OSHA Monitor				
5 / 23 /18				7 / 30/ /18		QUALITY ENVIRONMENTAL SOLUTIONS & TECH.				
Month Day Year				Month Day Year						
Occupancy Status During Abatement (Check only one)						Street Address				
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement						1376 ROUTE 9				
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:										
<input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-12AM						City, State, Zip Code				
						WAPPINGERS FALLS, NY 12590				
Scope of Work (Check all that apply)						<input checked="" type="checkbox"/> Full Containment with Negative Pressure				
<input type="checkbox"/> Demolition						<input checked="" type="checkbox"/> Mini-Enclo ,				
<input type="checkbox"/> >3SF OR LF						<input checked="" type="checkbox"/> Glovebag Procedure				
<input checked="" type="checkbox"/> >160 SF OR 260 LF						<input type="checkbox"/> Non-Friable Procedure				
<input checked="" type="checkbox"/> Renovation										

[illegible]



RECEIVED  
JUN 11 2018  
ASBESTOS CONTROL & LICENSING

[illegible]



CR # 31626  
RECEIVED  
JUN 11 2018  
ASBESTOS CONTROL & LICENSING  
Phone Number  
61-9000-EXT-5283

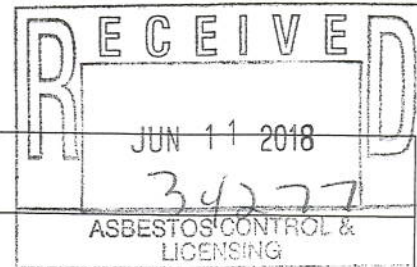
City/State  
PLAINFIELD TOWNSHIP, PA

Date 12/11/17



CK 34277

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 8:26.1)



Date of Notification (1) 06 / 07 / 18		Name of Building Owner/Operator (2) All American Environmental	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 136 Edison Road City, State, Zip Code Lake Hopatcong, NJ 07849	
		Name of Contact Andrew Smith	Telephone Number 973-663-1680

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Montclair	Square Feet 2000 sf	# of Floors 2	Bldg. Age 80
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Restaurant	
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone No. 732-349-9932	Telephone No. 732-349-9932	License No. 00624
Start Date (10) 06 / 19 / 18	Scheduled Completion Date (11) 06 / 21 / 18	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

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

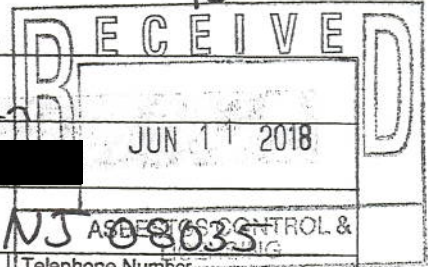
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 06/21/18	City, State Tullytown, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 6/7/18



# PAID

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

Check # 10395



Date of Notification (1) <b>6-8-18</b>		Name of Building Owner/Operator (2) <b>Alexandra Eisman</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 [REDACTED]		City, State, Zip Code <b>Haddon Heights, NJ 08035</b>	
Name of Contact <b>Alexandra Eisman</b>		Telephone Number [REDACTED]	
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>1</b>	
City (5) <b>Haddon Heights NJ 08035</b>		# of Floors <b>1</b>	
County (6) <b>Camden</b>		Bldg. Age <b>60+-</b>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
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>6-21-18</b>		License No. <b>00394</b>	
Scheduled Completion Date (11) <b>6-22-18</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>	
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>New Egypt NJ 08533</b>	
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		Removal	
Repair		Encapsulate	
Enclosure			
<b>Garage</b>		<b>X</b>	
<b>Basement</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>6-22-18</b>	
City, State <b>Morrisville PA</b>		Signature <b>Steve Schenker</b>	
Completed by <b>Steve Schenker</b>		Title <b>President</b>	
Date <b>6-8-18</b>			

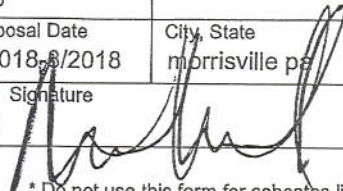


CH 5364

# PAID

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

RECEIVED	Print Form
JUN 11 2018	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 6/5/18		Name of Building Owner/Operator (2) Lincoln Equities Group							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address One Meadowlands Plaza Suite 803		City, State, Zip Code East Rutherford NJ 07073							
Name of Contact Ray Hendry		Telephone Number 303-807-4421							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 5 Ports America Bayonne Terminal		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 51 Port Terminal Blvd		Square Feet 180000+							
City (5) Bayonne		# of Floors 1							
County (6) Hudson		Bldg. Age 50+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EMCA		ASCM No.							
Street Address 17 Meredith Pl		Name of Abatement Contractor (9) SCE Environmental Group							
City, State, Zip Code Piscataway NJ 08854		Street Address 1380 Mt Cobb Rd							
Project Manager for Monitoring Firm		City, State, Zip Code Lake Ariel PA 18436							
Telephone No.		Telephone No. 5703834151							
Start Date (10) 6/15/2018		License No. 610104							
Scheduled Completion Date (11) 09/30/2018		Name of OSHA Monitor SCE Environmental Group							
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 1380 Mt Cobb Rd							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Lake Ariel PA 18436							
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
Please see attached			x	to long to list see attached		x			
Name of Registered Waste Hauler Cardella Waste		NJDEP Waste Hauler ID No. 01191		Cubic Yards of Waste 100		Name of Registered Landfill Fairless Hills			
City, State north bergen nj		Disposal Date 6/2018-8/2018		City, State morrisville pa					
Completed by mariah wheeler		Title PM		Signature 		Date 6/5/18			





ENVIRONMENTAL GROUP  
MAKING A BETTER WORLD A BETTER PLACE

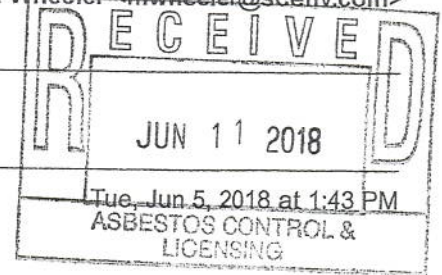
Mariah Wheeler <mwheeler@scenv.com>

**Re: Bayonne**

1 message

Jeff Ezulike <jezulike@scenv.com>

To: Mariah Wheeler <mwheeler@scenv.com>



See below;

- Building #74
  - 4,935 LF of Pipe Insulation
  - 2,000 SF of Drywall
  - 1,620 SF of Floor Tile
  - 1,620 SF of Mastic
  - 528 SF of Caulking
  - 13,500 SF of Transite Panels
  - 20 days of support for demolition of roof
- Building #44C
  - 60 LF of Pipe Insulation
  - 3,500 SF of Exterior Boiler Insulation
  - 60 CY of Boiler Insulation, fire bricks, paste, gasketing from interior of boilers
  - 525 SF of Floor Tile
  - 300 SF of Mastic
  - 3,000 LF of Caulking
  - 420 SF of Flashing and Sealant Compound
  - 9,000 SF of Transite Panels
- Underground piping
  - 3000 lft of underground ductbank with two ACM insulated pipes (maximum 10 inch and 5 inch pipe)

*Respectfully,*

*Jeff Ezulike, P.E.*

*Project Manager*

*SCE Environmental Group, Inc.*

Visit our 1st Quarter 2017 Newsletter @ 1st Quarter Newsletter

Watch our New Company Video @ SCE Company Video

1380 Mt. Cobb Road

Lake Ariel, PA 18436

Cell - (646)-837-1675

Fax - (570) 687-9524

www.scenv.com; jezulike@scenv.com

NOTICE: This e-mail and any attachments contain confidential information that may be legally privileged. If you are not the intended recipient, you must not review, retransmit, print, copy, use or disseminate it. Please immediately notify us by return e-mail and delete it. If this e-mail contains a forwarded e-mail or is a reply to a prior email, the contents may not have been produced by the sender and therefore we are not responsible for its contents.

This notice is automatically appended to each e-mail. It is the recipient's responsibility to take measures to ensure that this e-mail is virus free, and no responsibility is accepted by SCE or its related companies for any loss or damage arising in any way from its use.

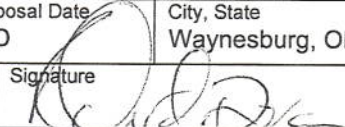
On Tue, Jun 5, 2018 at 1:22 PM, Mariah Wheeler <mwheeler@scenv.com> wrote:



# PAID

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

CHECK # 25017/25072/25087/25180/5992/5995

Date of Notification (1) 06-06-18		Name of Building Owner/Operator (2) Riverside Square LTD. c/o Simon Property Group							
Agencies Notified	Type Notification	Street Address PO Box 6120							
<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 # 5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Indianapolis, IN 46206							
		Name of Contact Sam Fattah							
		Telephone Number 317-640-2272							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) One Riverside Square		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hackensack		Square Feet 859111	# of Floors 2						
County (6) Bergen		Bldg. Age 32 yrs.							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) TRC Solutions, Inc.		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 1430 Broadway, 10th Floor		Street Address 200 Broad Street							
City, State, Zip Code New York, NY 10018		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Arnel Javal		Telephone No. (212) 221-7822	Telephone No. 201-939-6565						
License No. 00756									
Start Date (10) (2)03-13-18	Scheduled Completion Date (11) 03-05-19	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 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: Restroom			x	Caulking	4SF	x			
1st Floor: Restroom			x	Caulking	12SF	x			
Roof: Entrance Canopy Roof			x	Flashing	360SF	x			
1st & 2nd Floors			x	Wall Tar	6,220SF	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 06-06-18					



**Title Of Project: One Riverside Square**  
**Additional Materials / Floors**

Pg. 2

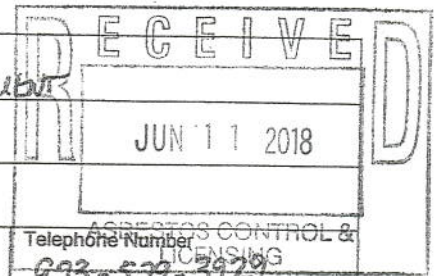
[illegible]



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

CHECK #: 1092

PAID



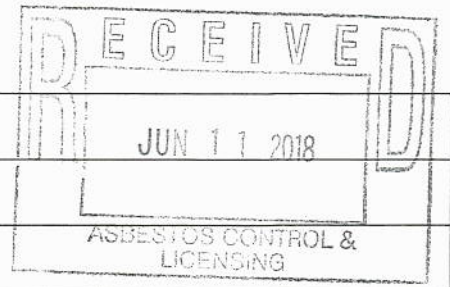
Date of Notification (1) 6/07/18		Name of Building Owner/Operator (2) LEN FAM. MANAGEMENT								
Agencies Notified	Type Notification	Street Address 1534 RT 23 NORTH								
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" 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 WAYNE, N.J. 08876								
		Name of Contact J.J. RICH	Telephone Number 993-577-3929							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) COMMERCIAL BLDG		Type of Facility (4)								
Street Address 79 RT 206 NORTH		<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) SOMERVILLE		Square Feet 6500	# of Floors 2							
County (6)		Bldg. Age 150								
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial								
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) A.MAC Contracting Inc.								
Street Address		Street Address 185 Midland Ave								
City, State, Zip Code		City, State, Zip Code Midland Park, NJ 07432								
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00156							
Start Date (10) 6/16/18	Scheduled Completion Date (11) 6/30/18	Name of OSHA Monitor Omega Environmental Services Inc								
Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler Street								
<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 Hackensack, NJ 07606								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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			/	ROOFING / TAL	3,825 SF	/				
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 20	Name of Registered Landfill Grand Central Sanitary Landfill						
City, State Newark, NJ 07105		Disposal Date 6/16/18 ON		City, State Pen Argyl, PA 08702						
Completed by Joseph Vocaturo		Title Vice President		Signature J. Vocaturo				Date 6/16/18		



CK 3878

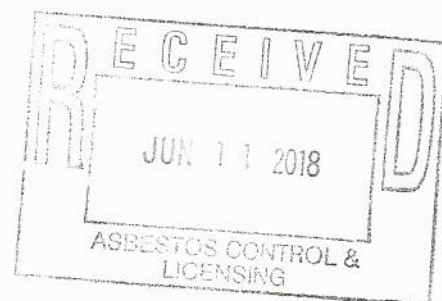
PAID

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



Date of Notification (1) 6/8/2018		Name of Building Owner/Operator (2) Bed, Bath and Beyond							
Agencies Notified	Type Notification	Street Address 650 Liberty Avenue							
<input 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 Union, NJ 07083							
		Name of Contact Mike Chinnici	Telephone Number 908-528-1197						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vacant Office/ Garage		Type of Facility (4)							
Street Address 1200 Springfield Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Union, NJ 07083		Square Feet 18,500	# of Floors 1						
		Bldg. Age 50 Years							
County (6) Union County		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant						
Name of Monitoring Firm Hired by Building Owner (8) Hillman Consulting		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address 1600 Route 22 East, Suite 107		Street Address 135 Kinnelon Rd.							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm Michael Nelson		Telephone No. 908-688-7800	License No. 01228						
Start Date (10) June 25, 2018	Scheduled Completion Date (11) July 31, 2018	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Rd.							
<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 Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached survey									
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 129 cu yd	Name of Registered Landfill IESI					
City, State Kinnelon, NJ		Disposal Date		City, State Bethlehem, PA					
Completed by Charles Imbimbo		Title Project Manager		Signature 		Date 6/8/2018			

Mastic, Ceiling Tile  
 Mastic, Ceramic Wall Tile  
 Mastic, Cove Base  
 Shingles  
 Tar  
 Textured Surfacing, Exterior  
 Transite  
 Wallboard



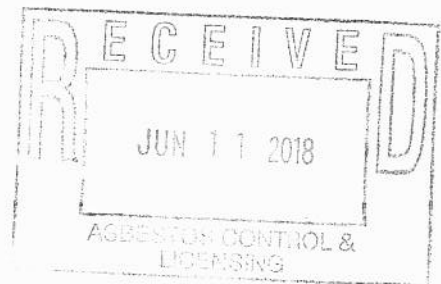
### 3.4 Results Summary Table

The following is a summary of the observed condition of the homogeneous materials sampled that tested positive for asbestos. All quantities are approximate and are subject to field verification.

Sample ID	Location	Material	Total Quantity	Friable (F/NF)	Cond. (G/F/P)
MM081314-11, 12, 13, 14	Main Floor, Storage Room, Heater Room, Employee Lobby and Offices	Floor Tile, White with Brown, Top Layer and Mastic*	4800 SF	NF	Good
MM081314-15, 16, 17, 18	Main Floor, Heater Room, Front Lobby, Conference Room and Offices	Floor Tile, Reddish Brown, Bottom Layer and Mastic	Included Above	NF	Poor
MM081314-23, 24	Main Floor, Front Lobby, Reception Area and Conference Room	Caulk, Glass Block	60 LF	NF	Fair
MM081314-55, 56, 57	Boiler Room, MER, Restrooms, Front Office above Ceiling	Pipe Insulation	350 LF	F	Fair
MM081314-58, 59	Boiler Room, MER	Pipe Fitting Insulation	10 LF	F	Fair
MM081314-60, 61	Main Floor, Employee Lounge and Adjacent Corridors	Floor Tile, White	900 SF	NF	Fair
MM081314-62, 63	Boiler Room, on West Wall	Insulation, Boiler Flue	2 SF	F	Fair
MM081314-64, 65	Boiler Room, Exterior Door	Caulk	17 LF	NF	Fair
MM081414-1, 2	Front Roof, Main Entrance	Glue, Membrane	96 SF	NF	Fair
MM081414-3, 4	Front Roof, Main Entrance, on Coping Stones	Cement, Flashing	60 SF	NF	Fair
MM081414-5, 6	Front Roof, Main Entrance, Ductwork	Tar	44 SF	NF	Fair
MM081414-7, 8	Front Roof, along West Wall, North and Parapet Wall under Coping Stones	Flashing, Black	54 SF	NF	Fair
MM081414-9, 10	Front Roof, on Metal Coping Stones	Caulk	38 SF	NF	Fair
MM081414-11, 12	Front Roof, Main Entrance, on Parapet	Felt, Black	210 SF	NF	Fair



Sample ID	Location	Material	Total Quantity	Friable (F/NF)	Cond. (G/F/P)
MM081414-13, 14, 15, 82, 83, 84, 85, 86	Exterior of Garage and Office Building	Textured Surfacing on Exterior Walls	8500 SF	F	Fair
MM081414-16, 17	Pitched Roof, North and South Sides	Shingles, Black	4500 SF	NF	Good
MM081414-18, 19	Front Roof, on Wall behind AHU, Parapet Wall	Asphalt	70 SF	NF	Good
MM081414-20, 21	Pitched Roof, Overlap of EPDM and Shingles	Tar, Black	180 SF	NF	Good
MM081414-23, 24	Pitched Roof, on Edge of Roof	Cement, Flashing (Ice Shield)	540 SF	NF	Good
MM081414-37, 38	Pitched Roof, Skylight Window Frame	Tar, Black	30 SF	NF	Poor
MM081414-41, 42	Front Roof, on Coping Stone Joints	Tar, Black	40 SF	NF	Fair
MM081414-43, 44, 45, 46	Garage Roof, North & South Sides	Built up Roofing with underlying Tar	8400 SF	NF	Fair
MM081414-49, 50	Garage Roof, on Vent Caps	Tar, Black	12 SF	NF	Poor
MM081414-58, 59	Exterior, Overhang	Transite	1300 SF	F	Fair
MM081414-64, 65, 66, 67, 68, 69, 72, 73, 74, 75	Main Entrance, Front, Bottom and Side Windows	Caulk	205 LF	NF	F
MM081414-70, 71	Split between Transite and Flat Roof	Caulk, Gray	75 LF	F	Poor



## 1.0 EXECUTIVE SUMMARY

On August 13 and 14, 2014, Mr. Marvin J. Machado and Mr. Vojislav Tesic, of Hillmann Consulting, LLC (Hillmann), performed a pre-demolition asbestos inspection of the interior, exterior and roof of the building located at 1200 Springfield Road, Union, NJ, in order to identify and quantify asbestos-containing materials (ACM) that may be disturbed by the planned demolition project. Mr. Machado and Mr. Tesic are both EPA AHERA Certified Asbestos Inspectors.

A summary of the findings and conclusions of the asbestos inspection are provided below for your convenience. This summary alone does not constitute the complete inspection. The report is intended to be read in its entirety.

### 1.1 Findings

The following is a summary of the observed condition of the homogeneous materials sampled that tested positive for asbestos. All quantities are approximate and are subject to field verification.

Location	Material	Total Quantity
Main Floor, Storage Room, Heater Room, Employee Lobby and Offices	Floor Tile, White with Brown, Top Layer and Mastic*	4800 SF
Main Floor, Heater Room, Front Lobby, Conference Room and Offices	Floor Tile, Reddish Brown, Bottom Layer and Mastic	Included Above
Main Floor, Front Lobby, Reception Area and Conference Room	Caulk, Glass Block	60 LF
Boiler Room, MER, Restrooms, Front Office above Ceiling	Pipe Insulation	350 LF
Boiler Room, MER	Pipe Fitting Insulation	10 LF
Main Floor, Employee Lounge and Adjacent Corridors	Floor Tile, White	900 SF
Boiler Room, on West Wall	Insulation, Boiler Flue	2 SF
Boiler Room, Exterior Door	Caulk	17 LF
Front Roof, Main Entrance	Glue, Membrane	96 SF
Front Roof, Main Entrance, on Coping Stones	Cement, Flashing	60 SF
Front Roof, Main Entrance, Ductwork	Tar	44 SF
Front Roof, along West Wall, North and Parapet Wall under Coping Stones	Flashing, Black	54 SF
Front Roof, on Metal Coping Stones	Caulk	38 SF
Front Roof, Main Entrance, on Parapet	Felt, Black	210 SF
Exterior of Garage and Office Building	Textured Surfacing on Exterior Walls	8500 SF
Pitched Roof, North and South Sides	Shingles, Black	4500 SF
Front Roof, on Wall behind AHU, Parapet Wall	Asphalt	70 SF
Pitched Roof, Overlap of EPDM and Shingles	Tar, Black	180 SF
Pitched Roof, on Edge of Roof	Cement, Flashing (Ice Shield)	540 SF
Pitched Roof, Skylight Window Frame	Tar, Black	30 SF



Location	Material	Total Quantity
Front Roof, on Coping Stone Joints	Tar, Black	40 SF
Garage Roof, North & South Sides	Built up Roofing with underlying Tar	8400 SF
Garage Roof, on Vent Caps	Tar, Black	12 SF
Exterior, Overhang	Transite	1300 SF
Main Entrance, Front, Bottom and Side Windows	Caulk	205 LF
Split between Transite and Flat Roof	Caulk, Gray	75 LF

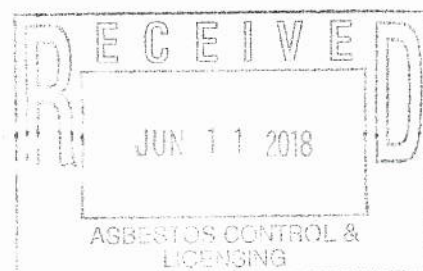
## 1.2 Recommendations

Based on the asbestos inspection conducted of the interior, exterior and roof of the building located at 1200 Springfield Road, Union, NJ, the following recommendations are made:

- Removal of asbestos-containing materials must be performed by a New Jersey licensed asbestos abatement contractor and according to all federal, state and local laws governing asbestos.

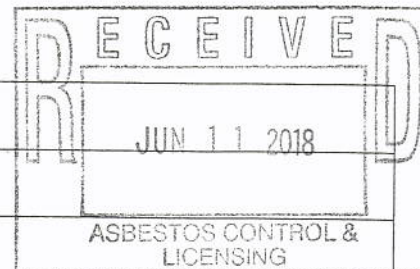
Although it is not required, Hillmann recommends the collection of air samples during the abatement if the building is occupied. Post-abatement samples are required.

- Non-intrusive methods were utilized during the inspection of the premises for suspect ACM. Therefore, suspect materials may exist within the inspected areas of the building that were not accessible during the inspection. Such areas typically include, but may not necessarily be limited to, enclosed wall cavities, ceiling plenums, sealed pipe chases and risers, the interior of HVAC equipment and ductwork.
- If any previously unidentified building materials are encountered during activities that may disturb ACM, all work must stop. The unidentified materials must be assumed to contain asbestos until laboratory analysis either refutes or confirms that assumption.



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

PAID



Date of Notification (1) 06/08/2018		Name of Building Owner/Operator (2) Glenwood Apartments							
Agencies Notified	Type Notification	Street Address 1 Cherry Hill Ln							
<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 Old Bridge, NJ 08857							
		Name of Contact Eric Prieto	Telephone Number 732-727-1414						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Glenwood Apartment		Type of Facility (4)							
Street Address 3-7 Apple Tree Ln		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Old Bridge, NJ		Square Feet 2,000	# of Floors 2						
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age 60+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) DIA General Construction, Inc.						
Street Address		Street Address 1360 Clifton Avenue, PMB Suite 218							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 06/22/18		Scheduled Completion Date (11) 06/28/18	Name of OSHA Monitor DIA General Construction, Inc.						
Occupancy Status During Abatement (Check Only One)		Street Address 1360 Clifton Avenue, PMB Suite 218							
<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 Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
3 A-D Apple Tree Ln	x			Pipe/Elbow Insulation	160 LF	x			
5 A-D Apple Tree Ln	x			Pipe/Elbow Insulation	155 LF	X			
7 A-D Apple Tree Ln	x			Pipe/Elbow Insulation	160 LF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 12 CY	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE 19720		Disposal Date 06/28/18		City, State Waynesburg, OH 44688					
Completed by Milan Njezic		Title Vice President		Signature 		Date 06/08/2018			



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

*chk # 3383*

Date of Notification (1) <b>6 / 6 / 18</b>		Name of Building Owner/Operator (2) <b>Bank of America</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  JUN 11 2018  DEPT. OF ENVIRONMENTAL CONTROL &amp; LICENSING </div>					
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 <b>1090 Route 202 South</b>							
		City, State, Zip Code <b>Branchburg, NJ 08876</b>							
		Name of Contact <b>Dino Nappi</b>							
<div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) <b>Bank of America</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>904 River Road</b>									
City (5) <b>New Milford</b>			Square Feet -	# of Floors -	Bldg. Age -				
County (6) <b>Bergen</b>		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Exterior</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Testing Consultants, LLC</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>413 North Black Horse Pike</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Runnemede, NJ 08078</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Howard Zenobi</b>		Telephone No. <b>856-482-1311</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>					
Start Date (10) <b>6 / 16 / 18</b>		Scheduled Completion Date (11) <b>6 / 17 / 18</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, 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 - Describe Time of Abatement: <b>AM-1:00PM/11:59PM-AM</b>			Street Address <b>1123 BEAVER STREET</b>						
			City, State, Zip Code <b>BRISTOL, PA 19007</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) <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
SD Viewing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sheetrock	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lobby	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sheetrock	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teller Line	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sheetrock	20 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 <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>8 Cu Yds</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>6/17/18</b>		City, State <b>Waynesburg, OH 44688</b>					
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Estimator</b>		Signature <i>Gino Pizzigoni</i>		Date <b>6-6-18</b>			



B &amp; G proj. #: 2018-124

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

Check # 9007

Date of Notification (1) 10/16/10/17/11/18		Name of Building Owner/Operator (2) Atlantic Health System	
Agencies Notified	Type Notification	Street Address 100 Madison Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Morristown, NJ 07960	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Peter Palmer	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number (973)971-4194	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Morristown Medical Center / Deskovick C			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 100 Madison Avenue			Square Feet		
City (5) Morristown			County (6) Morris	County Code (7) (State use only)	# of Floors
Name of Monitoring Firm Hired by Bldg. Owner (8) T&M Associates			ASCM No. 0145	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 11 Tindall Road			Street Address 105 Ryerson Road		
City, State, Zip Code Middletown, NJ 07748			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Burns			Phone Number 732-676-4000	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 06/18/2018			Sched. Completion Date (11) 09/28/2018		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: work shift 4:00 pm - 12:30 am					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

## Scope of Work (check all that apply)

- ☐ Demolition  
☒ >3 sf or >3 lf  
☒ Renovation  
☐ ≥160 sf or ≥260 lf  
☐ Full Containment w/negative pressure  
☒ Mini-enclosure  
☒ Glovebag procedure  
☐ 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						
Morgue Freezer AREA			<input checked="" type="checkbox"/>	Pipe Insulation	145 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"/>

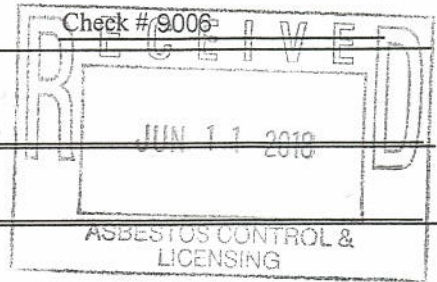
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 09/30/2018	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 06/07/2018



**PAID**  
B & G proj. #:

2018-122

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



Date of Notification (1) 06/10/17/11/18		Name of Building Owner/Operator (2) Linda Clark	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Fanwood, NJ 07023	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Linda Clark	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Linda Clark			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Fanwood, NJ 07023	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)		ASCM No. n/a	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) 06/18/2018		Sched. Completion Date (11) 06/19/2018			
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:					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

Scope of Work (check all that apply)

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

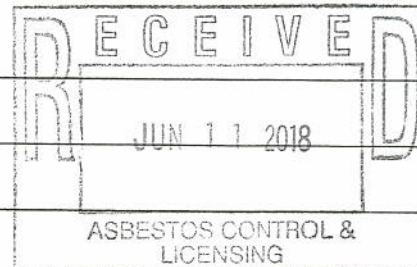
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement ( 5 locations)			<input checked="" type="checkbox"/>	thin duct insulation	5 sf	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement ( 5 locations)			<input checked="" type="checkbox"/>	duct backer board	3 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill
City, State Lincoln Park, NJ	Disposal Date 06/19/2018	City, State Morrisville, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 06/07/2018



PAID

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



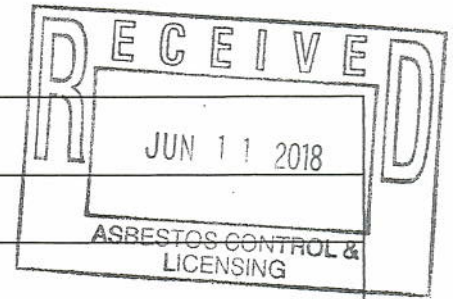
Date of Notification (1) 6/7/18		Name of Building Owner/Operator (2) Jeff Stewart							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Oradell, NJ 07649							
		Name of Contact Jeff Stewart							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Oradell		Square Feet 4100	# of Floors 3						
County (6) Bergen		Bldg. Age 75+/-							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 6/8/18	Scheduled Completion Date (11) 6/13/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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	661 SF	x			
1st Fl/Living Room		x		Plaster	126 SF	x			
2nd Fl/Bedroom		x		Plaster	276 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 15 yd	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President		Signature 			Date 6/7/18		



OK 2360

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

PAID



Date of Notification (1) 06 / 05 / 18		Name of Building Owner/Operator (2) Borough of Wharton							
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 10 Robert Street							
		City, State, Zip Code Wharton, NJ 07885							
		Name of Contact Scott Hutchens	Telephone Number 973-479-8777						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Wharton		Bldg. Age							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) 06 / 14 / 18	Scheduled Completion Date (11) 06 / 28 / 18	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input 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- Sun Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Roofing Material	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 ATC / Century Waste, LLC		NJDEP Waste Hauler ID No. SW-24310/989	Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises/ G.R.O.W.S North Landfill/ Fairless Landfill					
City, State Shirley, NY / Elizabeth, NJ			Disposal Date TBD	City, State Waynesburg, OH / Morrisville, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature Allen Monchik			Date 6/5/18		

CK# 1094

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



noek

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



Date of Notification (1) 06/06/18		Name of Building Owner/Operator (2) New Jersey State Police							
Agencies Notified	Type Notification	Street Address P.O. Box 7068							
<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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Trenton, NJ 08628							
		Name of Contact Mike Genco	Telephone Number 609-882-2000						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) New Jersey State Police		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 1040 River Road		Square Feet	# of Floors 3						
City (5) Ewing Township		Bldg. Age 50							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office Buildings							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management INC		ASCM No. 00112	Name of Abatement Contractor (9) Advanced Specialty Contractors						
Street Address 344 West State Street		Street Address 2400 Main St. Extension Suite 10							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Sayreville, NJ 08872							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-656-8101	Telephone No. 732-525-0100						
Start Date (10) 04/30/2018		Scheduled Completion Date (11) 06/13/2018	License No. 00750						
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 checked="" type="checkbox"/> Other - Describe: All abatement will take place outdoors.		Name of OSHA Monitor Environmental Tactics, Inc.							
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		Street Address 64 Broad Street							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Matawan, NJ 07747							
<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
Buildings 1,5,7,8,9,10,12		x		Window Caulking	1000 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 60	Name of Registered Landfill Grows Landfill					
City, State Freehold, NJ		Disposal Date 06/13/2018		City, State Morrisville, PA					
Completed by Kurt Nale		Title Branch Manager	Signature 			Date 06/06/18			

# Advanced SPECIALTY CONTRACTORS

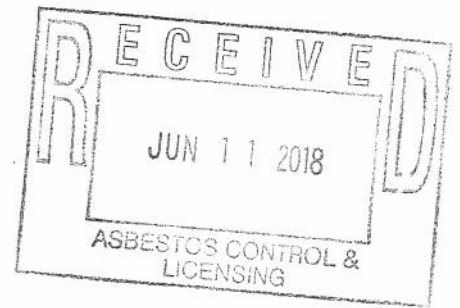
2400 Main Street Extension – Suite 10 - Sayreville, NJ 08872 - Phone: (732) 525-0100 - Fax: (732) 525-0044

June 6, 2018

Kyle Crespo

Advanced Specialty Contractors

NJ State Police Asbestos Abatement



To Whom It May Concern,

This amendment switches the working shift hours from 7:00am-3:00pm to 4:00pm-12:00am.



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

**PAID**

CK# 1095

Date of Notification (1) 06/08/2018		Name of Building Owner/Operator (2) Khalid Chak	
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 Paramus, NJ 07652	
		Name of Contact Khalid	Telephone Number [REDACTED]

**RECEIVED**  
JUN 11 2018

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) Paramus	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)		ASCM No.	Name of Abatement Contractor (9) Removal Safety LLC
Street Address		Street Address 8 Crosby Ave	
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07502	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-400-8711
			License No. 01332
Start Date (10) 06/18/2018	Scheduled Completion Date (11) 06/21/2018	Name of OSHA Monitor Same as (9)	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00am - 5:00pm		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Living Room Floor			x	Linoleum flooring	450 SF	x		x	

Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 2	Name of Registered Landfill GROWS North	
City, State Paterson, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Lasko Veskov		Title President	Signature 		Date 06/08/2018

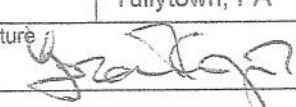
OK4374

Print Form

PAID

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

<b>RECEIVED</b>	
JUN 11 2018	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 06/07/18		Name of Building Owner/Operator (2) NJ Department of Corrections							
Agencies Notified	Type Notification	Street Address 31 Petticoat Lane							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Annandale, NJ 08801							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Alan. J Cieslik	Telephone Number 908 638 7652						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mountainview Youth Correctional Facility / Administration 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 31 Petticoat Lane		Square Feet 8,000	# of Floors 2						
City (5) Annandale		Bldg. Age 50+							
County (6) Hunterdon	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Administration Building							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASCM No.	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.						
Street Address 344 West State Street		Street Address 265 Route 46 Ste 3D							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm William Weisgarber, Jr.		Telephone No. 609 656 8101	Telephone No. 973 256 7010						
Start Date (10) 06/22/18		Scheduled Completion Date (11) 06/23/18	License No. 00666						
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: FRI 5PM-12 AM / SAT 9AM - 5PM		Name of OSHA Monitor Bako Construction & Restoration, Inc.							
Street Address 265 Route 46 Ste 3D		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		WRAP AND CUT							
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	90 LF	x			
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste TBD	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Goran Kojic		Title Project Manager		Signature 		Date 06/07/18			

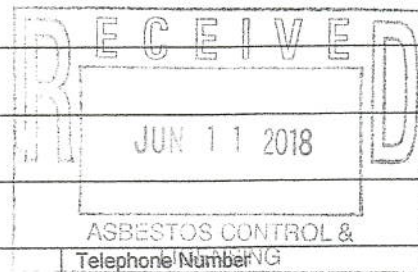


OK4380

Print Form

PAID

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

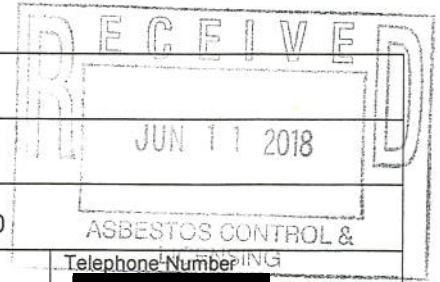


Date of Notification (1) 06/07/18		Name of Building Owner/Operator (2) NJ Department of Corrections							
Agencies Notified	Type Notification	Street Address 31 Petticoat Lane							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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 Annandale, NJ 08801							
		Name of Contact Alan. J Cieslik	Telephone Number 908 638 7652						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mountainview Youth Correctional Facility / Mess Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 31 Petticoat Lane		Square Feet 4,000	# of Floors 2						
City (5) Annandale		Bldg. Age 50+							
County (6) Hunterdon	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Mess Hall							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.						
Street Address 344 West State Street		Street Address 265 Route 46 Ste 3D							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm William Weisgarber, Jr.		Telephone No. 609 656 8101	License No. 00666						
Start Date (10) 06/22/18	Scheduled Completion Date (11) 06/23/18	Name of OSHA Monitor Bako Construction & Restoration, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: FRI 5PM-12 AM / SAT 9AM - 5PM		Street Address 265 Route 46 Ste 3D							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Stairway		x		Pipe Insulation	20 LF	x			
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste TBD	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Goran Kojic		Title Project Manager		Signature 			Date 06/07/18		

PAID

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

Check # 25605



Date of Notification (1) 6/8/2018		Name of Building Owner/Operator (2) Smith							
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 Princeton, NJ 08540							
		Name of Contact Terry Smith	Telephone Number [REDACTED]						
<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) Princeton, NJ 08540		Square Feet 2200	# of Floors 2						
County (6) Mercer		County Code (7) (STATE USE ONLY) _____	Bldg. Age 60+/-						
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) 6/19/2018	Scheduled Completion Date (11) 6/22/2018	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 am to 4 pm		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Furnace Room	x			Transite Board	140 sf	x			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 6/22/2018	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature 			Date 6/8/18		



PAID

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

CHECK #: 1094

Date of Notification (1) <b>6/08/18</b>		Name of Building Owner/Operator (2) <b>NICHOLAS BONANNO</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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code <b>UNION CITY, N.J. 07087</b>	
Name of Contact <b>NICHOLAS BONANNO</b>		Telephone Number [REDACTED]	

**RECEIVED**  
JUN 11 2018  
ASBESTOS CONTROL & LICENSING

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>2300</b>			
City (5) <b>UNION CITY.</b>				# of Floors <b>2</b>		Bldg. Age <b>+50</b>	
County (6) <b>HUDSON</b>		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <b>RESIDENTIAL</b>			
Name of Monitoring Firm Hired by Building Owner (8)				ASCM No.		Name of Abatement Contractor (9) <b>A.MAC Contracting Inc.</b>	
Street Address				Street Address <b>185 Midland Ave</b>			
City, State, Zip Code				City, State, Zip Code <b>Midland Park, NJ 07432</b>			
Project Manager for Monitoring Firm				Telephone No.		License No.	
				<b>201-262-5841</b>		<b>00156</b>	
Start Date (10) <b>6/21/18</b>		Scheduled Completion Date (11) <b>7/15/18</b>		Name of OSHA Monitor <b>Omega Environmental Services Inc</b>			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address <b>280 Huyler Street</b>			
				City, State, Zip Code <b>Hackensack, NJ 07606</b>			
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf							
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>ATTIC SPACE ONLY</b>			/	<b>VERMICULITE</b>	<b>540SF</b>	/			

Name of Registered Waste Hauler <b>Newark Carting Inc.</b>		NJDEP Waste Hauler ID No. <b>04509</b>		Cubic Yards of Waste <b>3</b>		Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>	
City, State <b>Newark, NJ 07105</b>				Disposal Date <b>6/21/18 ON</b>		City, State <b>Pen Argyl, PA 08702</b>	
Completed by <b>Joseph Vocaturo</b>		Title <b>Vice President</b>		Signature <b>J. Vocaturo</b>		Date <b>6/08/18</b>	

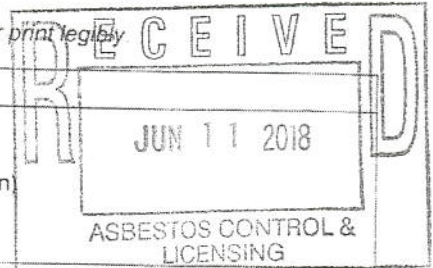
New Jersey Department of  
Consumer, Environmental and Occupational Affairs  
PO Box 369  
Trenton, NJ 08625-0369  
Telephone: 609-826-4950 Fax: 609-826-4975

**APPROVED**

By Cynthia Mitchell at 2:51 pm, Jun 06, 2018

## NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

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



### I. NOTIFICATION INFORMATION

Date of Notification: 06 / 05 / 2018

☒ Initial ☐ Amended ☐ Cancellation ☒ Emergency (must include justification)

Type of Work: ☐ Demolition ☒ Renovation

### II. BUILDING INFORMATION

Name of Building Owner/Operator: Jeremy McCann  
Street Address: [REDACTED] City: Cherry Hill State: NJ Zip: 08034  
Name of Contact: Jeremy McCann Telephone No.: [REDACTED]

### III. FACILITY INFORMATION

Name of Facility Where Work Activity is to Take Place: McCann Residence  
Describe Facility Use: Residence  
Street Address: [REDACTED] City: Cherry Hill State: NJ Zip: 08034  
County Name: Camden County Code (State Use Only):  
Scheduled Start Date: 06 / 06 / 2018 Scheduled Completion Date: 06 / 09 / 2018

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: 508 SF Percentage Asbestos:        %  
☒ Mastic Square Footage: 508 SF Percentage Asbestos:        %

### IV. CONTRACTOR INFORMATION

Company Name: Shade Environmental, LLC Telephone No.: 856-755-0099  
Street Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052  
New Jersey Asbestos License Number (if applicable): 00842  
Monitoring Firm (if applicable): Mgmt. & Enviro. Consulting Services Telephone No.: 609-298-4070

### V. SIGNATURE

Completed By  
(type or print legibly): Christina Lynch Title: Vice President of Operations  
Signature: [Signature] Date: June 5, 2018




PAID

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

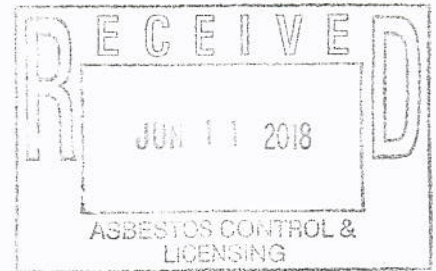
Date of Notification (1) 5/31/18		Name of Building Owner/Operator (2) Lyndhurst Board of Education		<div style="text-align: right;">             1100 &amp; 1101  <b>RECEIVED</b>              JUN 11 2018              ASBESTOS CONTROL &amp; LICENSING           </div>	
Agencies Notified	Type Notification	Street Address 420 Fern Lane			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lyndhurst, NJ 07071			
		Name of Contact Scott Bisig			
				Telephone Number 201-438-5683	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Lyndhurst High School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)		
Street Address 400 Weart Avenue					
City (5) Lyndhurst			Square Feet 100,000+	# of Floors 2+	Bldg. Age 70+
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) High School		
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, L.L.C.		ASCM No. 00118	Name of Abatement Contractor (9) Unicorn Contracting Corp.		
Street Address 464 Valley Brook Ave			Street Address 32 Willow Way		
City, State, Zip Code Lyndhurst, NJ 07071			City, State, Zip Code Woodland Park, NJ 07424		
Project Manager from Monitoring Firm John Chiaviello		Telephone No. 201-438-4839	Telephone No. 973-333-9176		License No. 01331
Start Date (10) 6/21/18		Scheduled Completion Date (11) 6/29/18	Name of OSHA Monitor Envirovision Consultants, Inc.		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Sub 8 Occupied			Street Address 20-21 Wagaraw Rd., Bldg. 35-E		
			City, State, Zip Code Fair Lawn, NJ 07410		
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 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
				SEE ATTACHED		X			

Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 12	Name of Registered Landfill Fairless Hills Landfill	
City, State Woodland Park, New Jersey				Disposal Date TBD	City, State Morrisville, PA	
Completed by Dimo Golcev		Title General Manager		Signature 		Date 5/31/18

State of New Jersey  
Notification of Asbestos Abatement  
Continuation Sheet



Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff: (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Library Office - Inwalls and Floors & Above Ceiling		X		Pipe Insulation	100 LF	X			
Library Office		X		Sink Undercoating	1 sink	X			
Rooms, 149, 150, 219, 220, 228, 228 A, 228 F, & 228 G		X		9" Floor Tiles & Mastic with plywood & carpet	6,200 SF	X			
Rooms, 149, 150, 219 & 220		X		Presumed Chalk/ Cork Board Mastic	800 SF	X			
Basement for Plumbing Connections	X			Pipe Insulation	3 LF	X			
Room 150, 233 & 235		X		3 Floor Core Locations in Floor Materials - 2" Diameter holes	1 SF	X			
Room 219, 220, & 228		X		3 Roof/ Ceiling Core Location - Roof/ Deck Materials - 2' x 2' each	12 SF	X			

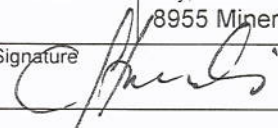


OK/leef

Print Form

**PAIL**

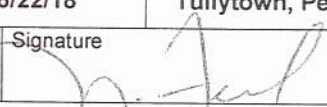
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 5/25/2018		Name of Building Owner/Operator (2) Macerich		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 11 2018 ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified	Type Notification	Street Address 1750 Deptford Center Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Deptford, NJ 08096							
		Name of Contact Sam Rinaldo							
		Telephone Number 585-249-4468							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Deptford Mall Unit #1160				Type of Facility (4)					
Street Address 1750 Deptford Center Road				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Deptford				Square Feet 2453	# of Floors 1				
County (6) Gloucester				County Code (7) (STATE USE ONLY) _____	Bldg. Age 1975				
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting LLC				Current Use (Prior if being demolished) Retail					
ASCM No.		Name of Abatement Contractor (9) DSA Services Inc							
Street Address 304 Harper Drive, Suite 207		Street Address 1215 Harris Ave							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Union Beach NJ 07735							
Project Manager for Monitoring Firm Craig Downs		Telephone No. 908-721-2302	Telephone No. 908-925-5855	License No. 00843					
Start Date (10) 6-11-2018	Scheduled Completion Date (11) 6-1-2019		Name of OSHA Monitor DSA Services Inc						
Occupancy Status During Abatement (Check Only One)			Street Address 1215 Harris Ave						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Union Beach, NJ 07735						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Space-Unit # 1160			x	Joint Compound (Demising Walls)	3950 SF	x			
Name of Registered Waste Hauler DSA Services Inc		NJDEP Waste Hauler ID No. 26990	Cubic Yards of Waste 30	Name of Registered Landfill Minerva Enterprise					
City, State 1215 Harris Ave, Union Beach, NJ 07735			Disposal Date	City, State 8955 Minerva Rd. Waynesburg, OH 446					
Completed by Carlo Frassetto		Title Project Manager	Signature 	Date 5-24-18					

034240

PAID

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

Date of Notification (1) <div style="display: flex; justify-content: space-around;"><span>06</span><span>/</span><span>06</span><span>/</span><span>18</span></div>		Name of Building Owner/Operator (2) <b>Miz Construction, Inc.</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>  <div style="font-size: 2em; margin: 5px;">34244</div>  JUN 11 2018  <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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>212 2<sup>nd</sup> Street, Suite 302</b>							
		City, State, Zip Code <b>Lakewood, NJ 08701</b>							
		Name of Contact <b>Moe Kassofer</b>							
				Telephone Number <b>347-388-7021</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) <b>Lakewood</b>				Square Feet <b>2000 sf</b>	# of Floors <b>2</b>				
				Bldg. Age <b>80</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>Guardian Contracting, Inc.</b>		ASCM No.		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>					
Street Address <b>1889 Rte. 9, Unit 61</b>				Street Address <b>1889 Route 9, Unit 61</b>					
City, State, Zip Code <b>Toms River, New Jersey 08755</b>				City, State, Zip Code <b>Toms River, New Jersey 08755</b>					
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>		Telephone No. <b>732-349-9932</b>		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>				
Start Date (10) <div style="display: flex; justify-content: space-around;"><span>06</span><span>/</span><span>18</span><span>/</span><span>18</span></div>		Scheduled Completion Date (11) <div style="display: flex; justify-content: space-around;"><span>06</span><span>/</span><span>22</span><span>/</span><span>18</span></div>		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 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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1450 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> floor/ side entrance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile	312 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>06/22/18</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 		Date <b>6/6/18</b>			



06/05/2018 11:08AM 18562248799

ASSURED SERVICES

PAGE 03/04

**PAID**

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

CHECK# 11746

Date of Notification (1) 06/05/2018		Name of Building Owner/Operator (2) JOE BERNETICH		<b>RECEIVED</b> JUN 11 2018 CONTROL & LICENSING					
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 type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HADDONFIELD NJ 08033 Name of Contact JOE							
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENTIAL</b> Street Address City (5) HADDONFIELD County (6) CAMDEN County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) RESIDENTIAL				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 2,360 # of Floors 1.5 Bldg. Age 82					
Name of Monitoring Firm Hired by Building Owner (8) ADER ASSOC.		ASCM No.		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.					
Street Address 1012 INDUSTRIAL DRIVE		City, State, Zip Code WEST BERLIN NJ 08091		Street Address 570 CLEMENS RUN City, State, Zip Code MULLICA HILL NJ 08062					
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202		Telephone No. 610-304-4576 License No. 01145					
Start Date (10) 06/06/2018		Scheduled Completion Date (11) 06/07/2018		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One)				Street Address 200 RT. 100 NORTH City, State, Zip Code CINNAMILISON NJ 08077					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: WORK AREA VACANT DURING ABATEMENT				<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Min. Enclosure <input checked="" type="checkbox"/> Glo bag Procedure <input type="checkbox"/> Not Exempted (*) and Non-Friable Procedure					
Scopes of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2100 sf or 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
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	Encapsulation	Enclosure
BASEMENT			X	DUCT PAPER	7 SF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034695		Cubic Yards of Waste 5		Name of Registered Landfill M NERVA LANDFILL			
City, State MULLICA HILL NJ		Disposal Date 06/07/2018		City, State WAYNESBURG, OH					
Completed by RON SWANSON		Title GENERAL MANAGER		Signature <i>Ron Swanson</i>		Date 06/05/2018			

A88-41 (R-08-08)

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

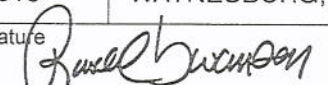


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

CHECK# 1746

Date of Notification (1) 06/05/2018		Name of Building Owner/Operator (2) JOE BERNETICH		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   JUN 11 2018   HOL &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 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 HADDONFIELD NJ 08033  Name of Contact JOE			
		Telephone Number			

FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL			Type of Facility (4)						
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) HADDONFIELD			Square Feet 2,369	# of Floors 1.5	Bldg. Age 82				
County (6) CAMDEN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL						
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN							
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202	Telephone No. 610-304-4676	License No. 01145					
Start Date (10) 06/06/2018	Scheduled Completion Date (11) 06/07/2018		Name of OSHA Monitor EMSL						
Occupancy Status During Abatement (Check Only One)			Street Address 200 RT. 130 NORTH						
<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>WORK AREA VACANT DURING ABATEMENT</u>			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 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	DUCT PAPER	7 SF	X			


Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 5	Name of Registered Landfill MINERVA LANDFILL	
City, State MULLICA HILL NJ			Disposal Date 06/07/2018	City, State WAYNESBURG, OH	
Completed by RON SWANSON		Title GENERAL MANAGER	Signature 	Date 06/05/2018	



PAID

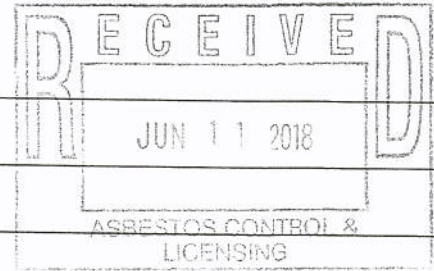
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

check 17717

Date of Notification (1) 6/6/18		Name of Building Owner/Operator (2) Anatoly Kuklov							
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 checked="" type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Long Branch, NJ 07744							
		Name of Contact Anatoly	Telephone Number [REDACTED] 11 2018						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		ASBESTOS CONTROL & LICENSING							
City (5) Long Branch		Square Feet 2000	# of Floors 2						
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____	Bldg. Age 68						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) home							
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) 6/18/18	Scheduled Completion Date (11) 7/1/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ 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
throughout apartment			x	acoustical ceiling	1,200 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 17787	Cubic Yards of Waste TBD	Name of Registered Landfill Grows/Fairless Landfill					
City, State Freehold. NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by A. Scott Higgins		Title President		Signature 			Date 6/6/18		

PAID

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



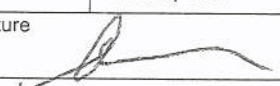
Date of Notification (1) Tuesday -5-2018 check #0057		Name of Building Owner/Operator (2) Alexander and nievalyn keel							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Montclair NJ 07042							
		Name of Contact nievalyn keel	Telephone Number 1						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Montclair		Square Feet	# of Floors Bldg. Age						
County (6) exsess	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) all solutions contracting inc						
Street Address		Street Address 24 church st							
City, State, Zip Code		City, State, Zip Code Elmwood park nj 07407							
Project Manager for Monitoring Firm		Telephone No. 201-873 9418	License No. 01301						
Start Date (10) 06-08-2018	Scheduled Completion Date (11) 06-09-2018	Name of OSHA Monitor all solutions contracting inc							
Occupancy Status During Abatement (Check Only One)		Street Address 24 church st							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: family home		City, State, Zip Code Elmwood park NJ 07407							
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 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
kitchen area	x			20 lineal feet pipe insulation	lf	x			
Name of Registered Waste Hauler Atlantic carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill grand central					
City, State pen argyl		Disposal Date TDB		City, State pen argyl PA 18072					
Completed by Luis arcila		Title president		Signature [Signature]		Date 06/05/2018			



PAID

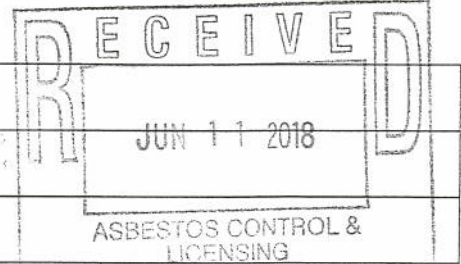
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Check 1774

Date of Notification (1) 6/6/18		Name of Building Owner/Operator (2) The Dagit Group							
Agencies Notified	Type Notification	Street Address 15 E Uwchlan Avenue, Suite 404							
<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 Exton PA 19341							
		Name of Contact Rob Cooper	Telephone Number 610-425-7133						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) McDonalds		Type of Facility (4)							
Street Address 4057 Route 130		<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) Delran		Square Feet 2500	# of Floors 1						
County (6) <i>Burlington</i>		County Code (7) (STATE USE ONLY) _____	Bldg. Age 65						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) restaurant							
Street Address		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 6/9/18	Scheduled Completion Date (11) 6/16/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ground floor			x	ceiling tile glue dots	600 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 Exton, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 6/6/18			

CK # 9003 PAID

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

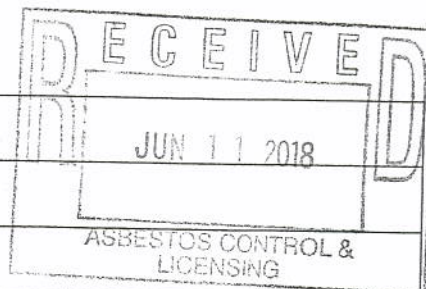


Date of Notification (1) <b>6/8/18</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G</b>							
Agencies Notified	Type Notification	Street Address <b>4000 HADLEY ROAD</b>							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b>							
		Name of Contact <b>JOHN BRADLEY</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE &amp; G</b>		Type of Facility (4)							
Street Address <b>982 SPRINGFIELD AVE.</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>IRVINGTON</b>		Square Feet <b>12,000</b>	# of Floors <b>2</b>						
County (6) <b>ESSEX</b>		Bldg. Age <b>Appx 100yrs</b>							
County Code (7) <b>ESSEX</b>		Current Use (Prior if being demolished) <b>SUBSTATION</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA INC</b>							
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-290-2217</b>	License No. <b>01111</b>						
Start Date (10) <b>6/20/18</b>	Scheduled Completion Date (11) <b>6/25/18</b>	Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA INC.</b>							
Occupancy Status During Abatement (Check Only One)		Street Address <b>396 WHITEHEAD AVE.</b>							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>NECESSARY OPERATORS ONLY</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</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 type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>LOADING DOCK</b>		<b>X</b>		<b>TRANSITE PANELS</b>	<b>145 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>APPX 4</b>	Name of Registered Landfill <b>FAIRLESS</b>					
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>MORRISVILLE, PA</b>					
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>		Signature <i>Carol Raimo</i>			Date <b>6/8/18</b>		



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

PAID

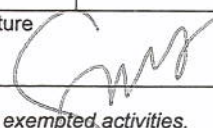


Date of Notification (1) 5-31-2018		Name of Building Owner/Operator (2) Intution Partners							
Agencies Notified	Type Notification	Street Address 90 Benchmark Road Suite 201							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Avon Co.81620							
		Name of Contact Tom Deforest	Telephone Number 203-727-4231						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Abandoned House		Type of Facility (4)							
Street Address 114 Elm Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Princeton		Square Feet 3200	# of Floors 2						
County (6) Mercer		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address		Street Address 135 Kinnelon Rd.							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 6-11-2018		Scheduled Completion Date (11) 6-29-2018	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.						
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Rd.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached survey			X	Sheet Rock	5,500 SF	X			
2nd Floor			X	Gray Caulk	6,000 LF	X			
Windows									
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 40	Name of Registered Landfill Conestoga Landfill					
City, State Kinnelon, NJ		Disposal Date 6-21-2018		City, State Reading PA					
Completed by John Mucha		Title Senior Project Manger		Signature		Date 5-31-2018			



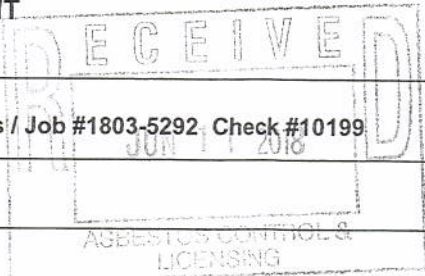
PAID

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

Date of Notification (1) 6 / 8 / 18			Name of Building Owner/Operator (2) Federal Bureau of Prisons/ Job #1804-5296 Check #10203						
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>5756 Hartford &amp; Pointville Rd.</b> City, State, Zip Code <b>Joint Base MDL, NJ 08064</b> Name of Contact <b>Bill Williams</b> Telephone Number <b>908-310-8080</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Fort Dix Correctional</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>5756 Hartford &amp; Pointville Rd.</b>				Square Feet					
City (5) <b>Joint Base MDL, NJ 08064</b>				# of Floors		Bldg. Age			
County (6) <b>Burlington</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Military</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Quality Environmental Concepts</b>		ASCM No.		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>					
Street Address <b>1053 Tuckahoe Road</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Williamstown, NJ 08094</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Ed Knorr</b>		Telephone No. <b>856-304-6402</b>		Telephone No. <b>609-265-2107</b>		License No. <b>00529</b>			
Start Date (10) 6 / 21 / 18		Scheduled Completion Date (11) 7 / 11 / 18		Name of OSHA Monitor <b>EMSL Analytical</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 - Describe Time of Abatement: <b>6:30AM-2:3-PM/</b> 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 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
Open Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	8,000 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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>7/11/18</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 			Date <b>6/8/18</b>		



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

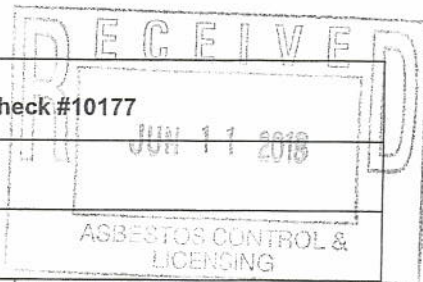


Date of Notification (1) 6 / 7 / 18		Name of Building Owner/Operator (2) Camden County Technical Schools / Job #1803-5292 Check #10199							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> 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 343 Berlin Cross Keys Road							
		City, State, Zip Code Sicklerville, NJ 08081							
		Name of Contact Business Administration	Telephone Number 856-767-7000						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Camden County Technical School Bldg. #10		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 343 Berlin Cross Keys Road									
City (5) Sicklerville, NJ		Square Feet	# of Floors Bldg. Age						
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) Health & Safety Services	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm James Proctor	Telephone No. 609-704-8850	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 6 / 19 / 18	Scheduled Completion Date (11) 6 / 19 / 18	Name of OSHA Monitor EMSL Analytical							
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 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 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
Classroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chalkboard & Mastic	20 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 6	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 6/19/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 6/17/18		



PAID

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

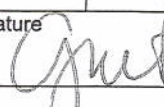


Date of Notification (1) 6 / 5 / 18		Name of Building Owner/Operator (2) East Brunswick BOE / Job #1805-5312 Check #10177							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 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 760 NJ-18 City, State, Zip Code East Brunswick, NJ 08816 Name of Contact Ryan Applegate Telephone Number 732-744-7774							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Irwin ES		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 75 Racetrack Road		Square Feet	# of Floors						
City (5) East Brunswick		Bldg. Age							
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design, Inc.	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 5434 King Avenue		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Tom Pruno	Telephone No. 609-744-7462	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 6 / 26 / 18	Scheduled Completion Date (11) 7 / 10 / 18	Name of OSHA Monitor EMSL Analytical							
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 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 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
Multi-Purpose Room & Kitchen Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	875 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 7/10/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>Gwendolyn Trumbetti</i>			Date 6/15/18				



PAID

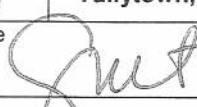
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)**

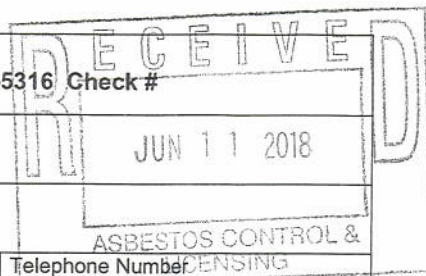
Date of Notification (1) <div style="text-align: center;">6 / 8 / 18</div>		Name of Building Owner/Operator (2) <b>Robert Wood Johnson Hospital / Job #1802- 5265 Checks#10201 &amp; 10202</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>One Robert Wood Johnson Place</b>							
		City, State, Zip Code <b>New Brunswick, NJ 08901</b>							
		Name of Contact <b>Kristen Bell</b>	Telephone Number <b>732-937-8701</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Robert Wood Johnson Hospital</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>One Robert Wood Johnson Place</b>									
City (5) <b>New Brunswick</b>		Square Feet	# of Floors Bldg. Age						
County (6) <b>Middlesex</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Hospital</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Omega Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>280 Huyler Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>South Hackensack, NJ 07606</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Geiser Fajardo</b>		Telephone No. <b>201-489-8700</b>	Telephone No. <b>609-265-2107</b>						
Start Date (10) <div style="text-align: center;">4 / 30 / 18</div>		License No. <b>00529</b>							
Scheduled Completion Date (11) <div style="text-align: center;">11 / 27 / 18</div>		Name of OSHA Monitor <b>EMSL Analytical</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 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 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
<b>Exterior 2<sup>nd</sup> Floor 58 Building</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Window Caulk/glazing</b>	<b>300 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3<sup>rd</sup> Floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Window Caulk/glazing</b>	<b>390 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4<sup>th</sup> Floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Window Caulk/glazing</b>	<b>930 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>11/27/18</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 			Date <b>6/8/18</b>		



work

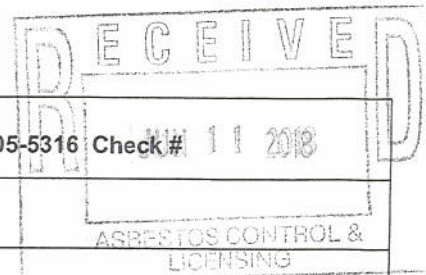
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)**

Date of Notification (1) <div style="text-align: center;">6 / 8 / 18</div>		Name of Building Owner/Operator (2) <b>JCP&amp;L/FirstEnergy Company / Job #1805-5316 Check #</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 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>10 Legion Place- Building A</b>	
		City, State, Zip Code <b>Morristown, NJ 07960</b>	
		Name of Contact <b>John Greco</b>	Telephone Number <b>201-602-1499</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>JCP&amp;L</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>Corner of Overlook Drive &amp; North Main Street</b>		Square Feet	# of Floors
City (5) <b>Wharton, NJ</b>		Bldg. Age	
County (6) <b>Monmouth</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Substation</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>1 Source Safety &amp; health, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>
Street Address <b>140 S. Village Ave. Suite 130</b>		Street Address <b>30 Maple Ave. PO Box 25</b>	
City, State, Zip Code <b>Exton, PA 19341</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Brian Hovendon</b>		Telephone No. <b>610-524-5525</b>	License No. <b>00529</b>
Start Date (10) <div style="text-align: center;">6 / 4 / 18</div>	Scheduled Completion Date (11) <div style="text-align: center;">6 / 20 / 18</div>	Name of OSHA Monitor <b>EMSL Analytical</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 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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" 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 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)
	Yes	No	
(2) Exterior Poles	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>2</b>
City, State <b>Lumberton, NJ</b>		Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>	
Disposal Date <b>6/20/18</b>		City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature 	Date <b>6/8/18</b>





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



Date of Notification (1) <div style="text-align: center;">6 / 5 / 18</div>		Name of Building Owner/Operator (2) <b>JCP&amp;L/FirstEnergy Company / Job #1805-5316 Check # 11 2018</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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>10 Legion Place- Building A</b>							
		City, State, Zip Code <b>Morristown, NJ 07960</b>							
		Name of Contact <b>John Greco</b>	Telephone Number <b>201-602-1499</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>JCP&amp;L</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>Corner of Overlook Drive &amp; North Main Street</b>									
City (5) <b>Wharton, NJ</b>		Square Feet	# of Floors Bldg. Age						
County (6) <b>Monmouth</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Substation</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>1 Source Safety &amp; health, Inc.</b>	ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>140 S. Village Ave. Suite 130</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Exton, PA 19341</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Brian Hovendon</b>	Telephone No. <b>610-524-5525</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>						
Start Date (10) <div style="text-align: center;">6 / 4 / 18</div>	Scheduled Completion Date (11) <div style="text-align: center;">6 / 8 / 18</div>	Name of OSHA Monitor <b>EMSL Analytical</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 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 type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
(2) Exterior Poles	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos containing transite conduit	32 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>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>6/8/18</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>6/5/18</b>			



## State of New Jersey - Notification of Asbestos Abatement

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

GAC Project # 060-18

**PAID**

Date of Notification (1) <b>June 5, 2018</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> 2018	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>WRIGHT REIMAN CHEMISTRY, BLDG# 3556</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>BUSCH CAMPUS</b>		Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>60+ years</b>	
City (5) <b>PISCATAWAY</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</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>06/05/18</b>	Scheduled Completion Date (11) <b>06/18/18</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: 3PM - 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 type="checkbox"/> > 3 sf or >3 lf <input checked="" 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 126</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>300 SF</b>
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>15 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>06/18/2018</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>June 5, 2018</b>



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

*Check # 3131*

**GAC Project # 060-18**

<b>Date of Notification (1)</b> <b>June 5, 2018</b>		<b>Name of Building Owner/Operator (2)</b> <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
<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> <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS)</b>		<b>City, State, Zip Code</b> <b>PISCATAWAY, NJ 08854</b>	
<b>Name of Contact</b> <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>		<b>Telephone Number</b> <b>848-445-2550</b>	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> <b>STANLEY BERGEN, BLDG# 7252</b>		<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> <b>RBHS NEWARK CAMPUS</b>		<b>Sq. Feet: N/A # of Floors: 12 Bldg. Age: 80+ years</b>	
<b>City (5)</b> <b>NEWARK</b>	<b>County (6)</b> <b>ESSEX</b>	<b>County Code (7) (State Use Only)</b>	<b>Current Use (prior if being demolished): ACADEMIC</b>
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> <b>ATC</b>		<b>ASCM No.</b> <b>00098</b>	<b>Name of Contractor (9)</b> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
<b>Street Address</b> <b>3 TERRI LANE</b>		<b>Street Address</b> <b>511 MAIN STREET</b>	
<b>City, State, Zip Code</b> <b>BURLINGTON, NJ 08016</b>		<b>City, State, Zip Code</b> <b>BUTLER, NJ 07405</b>	
<b>Project Manager for Monitoring Firm</b> <b>BRIAN R. KEARNEY</b>	<b>Telephone Number</b> <b>609-386-8800</b>	<b>Telephone Number</b> <b>973-492-0477</b>	<b>License Number</b> <b>00840</b>
<b>Scheduled Start Date (10)</b> <b>06/05/18</b>	<b>Scheduled Completion Date (11)</b> <b>06/18/18</b>	<b>Name of OSHA Monitor</b> <b>ENVIROVISION, INC.</b>	
<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: <b>Schedule: 3PM - 5AM Daily (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		<b>Street Address</b> <b>20-21 WARGARAW ROAD, BLDG# 35E</b>  <b>City, State, Zip Code</b> <b>FAIRLAWN, NJ 07410</b>	
<b>Scope of Work (Check all that apply)</b> <input checked="" type="checkbox"/> $\geq 3$ sf or $>3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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			
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES NO NA	<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b>	<b>Amount (Specify SF or LF)</b>
<b>Room GB 71</b>	<input checked="" type="checkbox"/>	<b>VAT</b>	<b>150 SF</b>
<b>Name of Reg. Waste Hauler</b> <b>See Hauler Below #1 &amp; 2</b>		<b>NJDEP Waste Hauler ID #</b> <b>See Below</b>	<b>Cubic Yards of Waste:</b> <b>10 CY</b>
<b>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> NJDEP # 12561		<b>Disposal Date</b> <b>06/18/2018</b>	<b>Name of Registered Landfill</b> <b>G.R.O.W.S. North Landfill</b>
<b>Hauler #2) Newark Carting, Inc., Newark, NJ 04509</b> NJ DEP # 4509		<b>City, State</b> <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> <b>215-736-1700</b>	
<b>Completed by (Print or Type)</b> <b>RAYMOND C. PEDALINO</b>	<b>Title</b> <b>SENIOR PROJECT MANAGER</b>	<b>Signature</b> <i>Raymond C. Pedalino</i>	<b>Date</b> <b>June 5, 2018</b>

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

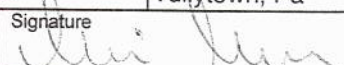


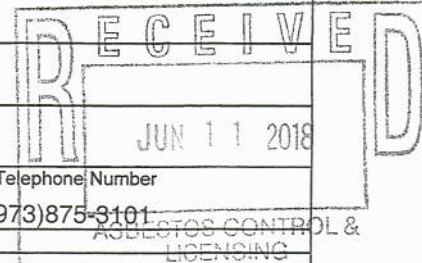
PAID

Project #

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

Check # 4335

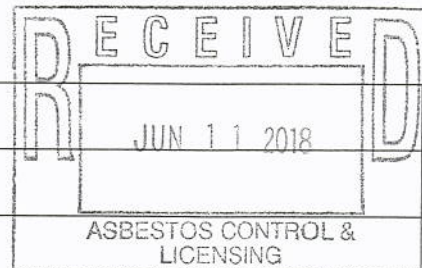
Date of Notification (1) 06/06/2018		Name of Building Owner/Operator (2) High Point regional School District						
Agencies Notified	Type Notification	Street Address 299 Pigeon Rd						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Sussex, NJ 07461						
		Name of Contact Michael Parigi	Telephone Number (973)875-3101					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) High Point Regional School		Type of Facility (4)						
Street Address 299 Pidgeon Hill Rd		<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) Sussex, NJ		Square Feet	# of Floors					
County (6) Sussex		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		ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC					
Street Address 275 Rt 10 East		Street Address 72 Brookside Rd						
City, State, Zip Code Succassuna, NJ 07876		City, State, Zip Code Randolph, NJ 07869						
Project Manager for Monitoring Firm Michael Berta		Telephone No. 973-920-9061	License No. 01358					
Start Date (10) 06/16/2018		Scheduled Completion Date (11) 06/18/2018						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor J& S Environmental						
<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 Rt 22 West						
		City, State, Zip Code Union, NJ 07083						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> 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
2nd floor		X	Transite materials	120 SF	X			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 0033782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S				
City, State Randolph, NJ		Disposal Date TBD		City, State Tullytown, Pa				
Completed by Nikica Mrda		Title President	Signature 		Date 06/06/2018			





CK361

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

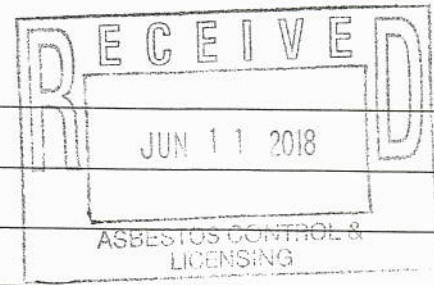


Date of Notification (1) 6/04/2018		Check #3191		Name of Building Owner/Operator (2) St Francis de Sales Church					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 125 Union Street City, State, Zip Code Lodi, NJ 07644 Name of Contact Rev. Francisco Rodriguez Telephone Number 973-249-0995					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) South Bergen Jointure Commission				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 123 Union Street				Square Feet 15,000	# of Floors 1				
City (5) Lodi				Bldg. Age 50+					
County (6) BERGEN		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) EA Services Corporation					
Street Address				Street Address 426 69th St					
City, State, Zip Code				City, State, Zip Code Guttenberg, NJ 07093					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-295-1700	License No. 01074				
Start Date (10) 6/28 / 2018		Scheduled Completion Date (11) 6/29 / 2018		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input checked="" type="checkbox"/> Glovebag Procedure					
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room		x		Pipe Insulation	9 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				
City, State Bronx, NY				Disposal Date tbd	City, State Waynesburg, OH				
Completed by Gina Betances		Title Office Manager		Signature 		Date June /4 / 2018			



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

PAID

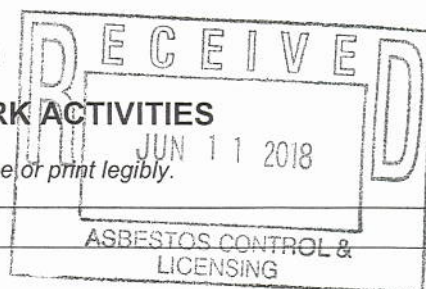


Date of Notification (1) 06-06-2018		Name of Building Owner / Operator (2) Kennedy University Hospital							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 2201 Chapel Hill Campus City, State & Zip Code Cherry Hill, NJ 08002 Name of Contact Mr. Jeff Alber						
			Telephone Number 609-314-5584						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Kennedy University Hospital-Radiology Office Street Address 2201 Chapel Hill Campus City (5) Cherry Hill, NJ County (6) Camden County Code (7)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 250,000 # of Floors 2 Bldg. Age 52 Current Use (Prior if being demolished) Hospital						
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories Street Address 3370 Progress Drive, Suite J City, State & Zip Code Bensalem, PA, 19020 Project Manager for Monitoring Firm Mr. Ian Forster Telephone Number 215-244-1300		ASCM No. Name of Abatement Contractor (9) Resource Management Group, LLC Street Address 2115 Hamilton Ave, Suite 202 City, State & Zip Code Trenton, NJ 08619 Telephone Number 609-914-4279 License Number 01185							
Scheduled Start Date (10) 06-20-2018 Scheduled Completion Date (11) 06-27-2018		Name of OSHA Monitor J&S Environmental Laboratories, Inc Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours: 2 <sup>nd</sup> shift 4:30pm to 12:30am Describe: <input type="checkbox"/> Facility Occupied During Abatement									
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf  <input type="checkbox"/> ≥160 sf ≥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 Procedures  <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 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
Radiology Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Ceiling	64 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 City, State Trenton, NJ		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill Disposal Date TBD City, State Morrisville, PA					
Completed By (Print or Type) Mr. Brian J. Haney		Title President	Signature 			Date 06/06/2018			



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

Date of Notification (1) 06/05/18		Name of Building Owner/Operator (2) South Plainfield School District							
Agencies Notified	Type Notification	Street Address 125 Jackson Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield, NJ 07080							
		Name of Contact Thomas Wiggins	Telephone Number 908-754-4620						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) South Plainfield High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 200 Lake St.		Square Feet	# of Floors						
City (5) South Plainfield		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services, Inc.		ASCM No. 00120	Name of Abatement Contractor (9) Academy Construction Inc						
Street Address 280 Huyler St.		Street Address 205 Route 46 Suite 14							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 201-489-8700	License No. 01155						
Start Date (10) 06/16/18	Scheduled Completion Date (11) 06/23/18	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <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 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
First floor custodial closet			X	Pipe fittings	12 LF	X		X	
Second floor custodial closet			X	Pipe fittings	12 LF	X		X	
Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 0034422	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Totowa NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by John Geleski		Title PM	Signature 			Date 06/05/18			



## NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

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

### I. NOTIFICATION INFORMATION

Date of Notification: 06 / 05 / 2018

☒ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must include justification)

Type of Work: ☐ Demolition ☒ Renovation

### II. BUILDING INFORMATION

Name of Building Owner/Operator: Rutgers University; Health & Safety Office

Street Address: 74 St 1603 City: Piscataway State: NJ Zip: 08854

Name of Contact: Michael F Smith HSS Telephone No.: 848-445-2550

### III. FACILITY INFORMATION

Name of Facility Where Work Activity is to Take Place: Rutgers University; Camden Campus Science Building

Describe Facility Use: Academic

Street Address: 315 Penn Street City: Camden State: NJ Zip: 08102

County Name: Camden County Code (State Use Only): \_\_\_\_\_

Scheduled Start Date: 06 / 15 / 2018 Scheduled Completion Date: 06 / 18 / 2018

Occupancy Status During Activity (check only one):

☐ Facility Closed/Vacated During Entire Activity

☒ Activity Performed Outside Normal Facility Hours—Describe: 5pm-5am

☐ Other—Describe: \_\_\_\_\_

Scope of Work (check all that apply):

☐ Floor Tile Square Footage: \_\_\_\_\_ Percentage Asbestos: \_\_\_\_\_ %

☒ Mastic Square Footage: 288 SF Percentage Asbestos: 6.5%

### IV. CONTRACTOR INFORMATION

Company Name: Shade Environmental, LLC Telephone No.: 856-755-0099

Street Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052

New Jersey Asbestos License Number (if applicable): 00842

Monitoring Firm (if applicable): ATC Associates, Inc. Telephone No.: 609-479-8513

### V. SIGNATURE

Completed By  
(type or print legibly): Christina Lynch Title: Vice President of Operations

Signature:  Date: June 5, 2018

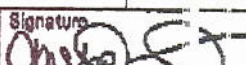


2018-06-05 11:41

Shade Environmental 1 &gt;&gt; 609 633 0664

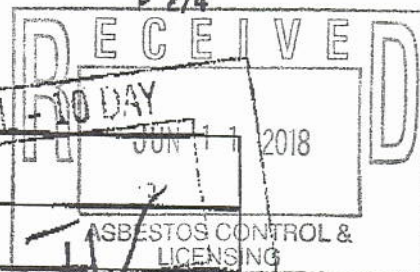
P 2/4

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

Date of Notification (1) 06 / 05 / 18		Name of Building Owner/Operator (2) Greenwich Township Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-3)	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 839 Ye Greate Street City, State, Zip Code Greenwich, NJ 08323 Name of Contact William Gross - W.J. Gross, Inc.							
		Telephone Number 855-415-1712							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Morris Goodwin School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 839 Ye Greate Street		Squares / Lot 70,000							
City (5) Greenwich		# of Floors 2							
County (6) Cumberland		Bldg. Age 70							
County Code (7) (STATE USE ONLY)		Current Use (8) (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (9) Eple Environmental Services, LLC		ASCM No.							
Street Address 1930 Brown Road		Name of Abatement Contractor (9) Shade Environmental LLC							
City, State, Zip Code Nowfield, NJ 08344		Street Address 623 Cutler Avenue							
Project Manager for Monitoring Firm Jim Eberts		City, State, Zip Code Maple Shade, NJ 08052							
Telephone No. 856-206-1077		Telephone No. 856-755-0099							
License No. 00842									
Start Date (10) 06 / 08 / 18		Scheduled Completion Date (11) 06 / 11 / 18							
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 EMSL Analytical, Inc.							
		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08047							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥150 sf or ≥250 lf <input 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
Exterior All-Purpose Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulking & Glazing	200 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 2	Name of Registered Landfill Fairless Landfill				
City, State Freehold, NJ		Disposal Date 06/11/2018		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 6/5/18			

ASB-41  
 JAN 13

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





State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:12-1.7) <b>EMERGENCY</b>		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">           Check # 8005            10/10/2018            ASBESTOS CONTROL &amp; LICENSING            WAIVER APPROVED            Telephone Number            973-919-4279         </div>	
B & G Proj. #: <u>2018-121</u>			
Date of Notification (1) <u>10/16/2018</u>		Name of Building Owner/Operator (2) <u>Springfield Board Of Education</u>	
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"/> Amendment <input type="checkbox"/> Cancellation	Street Address <u>139 Mountain Avenue</u> City, State, Zip Code <u>Springfield, NJ 07081</u> Name of Contact <u>William Knorr</u>	
FACILITY INFORMATION			
Name of facility where abatement is taking place (3) <u>Jonathan Dayton Springfield High School</u> Street Address <u>139 Mountain Avenue</u> City (5) <u>Springfield, NJ 07081</u>		County (6) <u>Union</u> County Code (7) (State use only)	Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 2 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished) <u>NON-SUB 2</u>
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>EnviroVision Consultants</u> Street Address <u>20-21 Wagaraw Road - Bldg. 35E</u> City, State, Zip Code <u>Fair Lawn, New Jersey 07410</u> Project Manager for Monitoring Firm <u>Guillermo Morales</u> Phone Number <u>(973) 635-9145</u>		Name of Abatement Contractor (9) <u>B &amp; G Restoration, Inc.</u> Street Address <u>105 Ryerson Road</u> City, State, Zip Code <u>Lincoln Park, NJ 07035</u> Telephone Number <u>(973) 696-3869</u> License Number <u>00378</u> Name of OSHA Monitor <u>B &amp; G Restoration, Inc.</u> Street Address <u>105 Ryerson Road</u> City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	
Scheduled Start Date (10) <u>08/08/2018</u> Sched. Completion Date (11) <u>08/11/2018</u>			
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>Start 4:00 pm</u>			
Scope of Work (check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> ≥180 sf or ≥280 lf			
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)	
Room 14 & closet Room G1 - closet Room G2 Room G2 closet Room G2 Registered Waste Hauler <u>B &amp; G Restoration, Inc.</u> City, State <u>Lincoln Park, NJ</u>		Yes No N/A <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Amount (Specify SF or LF) <u>1620 sf &amp; 270 sf</u> <u>160 sf</u> <u>1500 sf</u> <u>150 sf</u> <u>8 sf</u> NJDEP Hauler ID# <u>18563</u> Cubic Yards of Waste <u>40</u> Name of Registered Landfill <u>Grand Central Landfill</u> City, State <u>Pen Argil, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>		Signature <u>Gordana Luna</u>	
Title <u>Secretary/Treasurer</u>		Date <u>08/08/2018</u>	



B &amp; G proj. #: 2018-121

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

\*\*\* EMERGENCY \*\*\*

Check # 9005

Date of Notification (1) <u>06/10/18</u>		Name of Building Owner/Operator (2) Springfield Board Of Education		<div style="border: 2px solid black; padding: 10px; font-size: 24px; font-weight: bold; margin: 0 auto; width: 150px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; font-size: 16px; font-weight: bold; margin: 5px auto; width: 150px;">JUN 11 2018</div> <div style="border: 1px solid black; padding: 5px; font-size: 12px; font-weight: bold; margin: 5px auto; width: 150px;">ASBESTOS CONTROL &amp; LICENSING</div>
Agencies Notified	Type Notification	Street Address 139 Mountain Avenue		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Springfield, NJ 07081		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact William Knorr		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number 973-919-4279		
<input checked="" type="checkbox"/> DOH				
<input type="checkbox"/> DCA				

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Jonathan Dayton Springfield High School			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 139 Mountain Avenue			Square Feet   # of Floors   Bldg. Age		
City (5) Springfield, NJ 07081	County (6) Union	County Code (7) (State use only)	Current Use (Prior if being demolished) NON-SUB 8		

Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 20-21 Wagaraw Road – Bldg. 35E			Street Address 105 Ryerson Road	
City, State, Zip Code Fair Lawn, New Jersey 07410			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm Guillermo Morales	Phone Number (973) 636-9145		Telephone Number (973) 696-6869	License Number 00378
Scheduled Start Date (10) 06/08/2018	Sched. Completion Date (11) 06/11/2018		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: <u>Start 4:00 pm</u>			Street Address 105 Ryerson Road	
			City, State, Zip Code Lincoln Park, NJ 07035	

## Scope of Work (check all that apply)

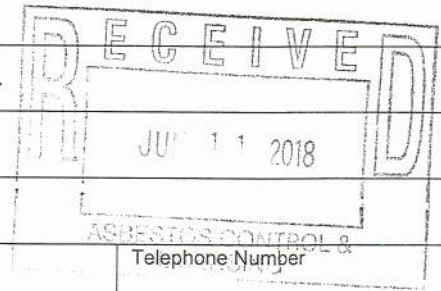
- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Demolition     | <input checked="" type="checkbox"/> Renovation         | <input type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure               |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure                       | <input checked="" 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						
Room 14 & closet			<input checked="" type="checkbox"/>	VAT & mastic	1620 sf & 270 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room G1 - closet			<input checked="" type="checkbox"/>	VAT & mastic	160 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room G2			<input checked="" type="checkbox"/>	VAT & mastic	1500 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room G2 closet			<input checked="" type="checkbox"/>	VAT & mastic	150 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room G2			<input checked="" type="checkbox"/>	Glue dots behind mirrors	8 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill				
City, State Lincoln Park, NJ		Disposal Date 06/11/2018		City, State Pen Argyle, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature <i>Gordana Luna</i>			Date 06/06/2018		



PAID

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

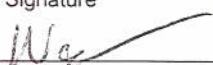


Date of Notification (1) 6/5/2018      Check # 3197		Name of Building Owner/Operator (2) Trinitas Regional Medical Center							
Agencies Notified	Type Notification	Street Address 225 Williamson Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth, NJ 07202							
		Name of Contact William Stranahan	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Trinitas Regional Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 225 Williamson Street		Square Feet 100,000	# of Floors 7						
City (5) Elizabeth		Bldg. Age 50+							
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) N/A		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. 201-295-1700	License No. 01074						
Start Date (10) 6/6/18	Scheduled Completion Date (11) 6/7/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Starting after 4 PM</u>		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 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
CTI Scan -Basement Const area		X		pipe insulation	16 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>Gina Betances</i>			Date 06/06/2018		



CK# 24517


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

Date of Notification (1) <div style="text-align: center;">06 / 06 / 18</div>		Name of Building Owner/Operator (2) <b>Miller Group Holdings</b>		<div style="border: 2px solid black; padding: 10px; margin: 0 auto; width: 150px;"> <b>RECEIVED</b>   JUN 11 2018   <b>ASBESTOS CONTROL &amp; REMEDIATION</b> </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <b>950 E. Main St. Suite 107</b>			
		City, State, Zip Code <b>Schuylkill Haven, PA 17972</b>				Name of Contact <b>David Booth</b>			
						Telephone Number <b>(570) 385-1662 x137</b>			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>House</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>1000</b>					
City (5) <b>Wenonah</b>				# of Floors <b>2</b>					
County (6) <b>Gloucester</b>				Bldg. Age <b>51+</b>					
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>House Residential</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Strategic Environmental Management, Inc</b>		ASCM No. <b>0030</b>		Name of Abatement Contractor (9) <b>Diamond Huntbach Construction Corporation</b>					
Street Address <b>1634 South Delaware Street</b>		Street Address <b>500 East Luzerne Street</b>							
City, State, Zip Code <b>Paulsboro, NJ 08066</b>		City, State, Zip Code <b>Philadelphia, PA 19124</b>							
Project Manager for Monitoring Firm <b>Edward Keegan</b>		Telephone No. <b>(856-423-5711</b>		Telephone No. <b>215-739-8166</b>					
				License No. <b>00646</b>					
Start Date (10) <div style="text-align: center;">06 / 07 / 18</div>		Scheduled Completion Date (11) <div style="text-align: center;">06 / 31 / 18</div>		Name of OSHA Monitor <b>SAME AS ABOVE</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-5PM</b> /____PM-____AM				Street Address					
				City, State, Zip Code					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input 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) <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
Northeast side of Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gray & Yellow Caulk	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IFront Porch Floor & Wall intersect	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gray & Yellow Caulk	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>Service Transport Group</b>		NJDEP Waste Hauler ID No. <b>A901#20990</b>		Cubic Yards of Waste		Name of Registered Landfill <b>Minerva Landfill</b>			
City, State <b>New Castle, DE</b>		Disposal Date <b>as needed</b>		City, State <b>Waynesburg, OH</b>					
Completed By (Print or Type) <b>Wayne Huntbach</b>		Title <b>Project Manager</b>		Signature 		Date <b>6-6-18</b>			

PAID

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

ck#1108

Date of Notification (1) 6/6/18		Name of Building Owner/Operator (2) East Windsor Regional School District							
Agencies Notified	Type Notification	Street Address 25A Leshin Lane							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hightstown, NJ 08520							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact Mike Aliano c/o Aliano Brothers General Contractors Inc.	Telephone Number 856-794-9490						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Hightstown High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)							
Street Address 25 A Leshin Lane									
City (5) Hightstown		Square Feet 100,000+	# of Floors 2+						
County (6) Mercer		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group, Inc.,		ASCM No.	Current Use (Prior if being demolished) High School						
Street Address PO Box 316		Name of Abatement Contractor (9) Unicorn Contracting Corp.							
City, State, Zip Code Thorofare, NJ 08086		Street Address 32 Willow Way							
Project Manager from Monitoring Firm Steve Flanigan		City, State, Zip Code Woodland Park, NJ 07424	Telephone No. 973-333-9176						
Telephone No. 856-848-0800		License No. 01331							
Start Date (10) 6/22/18		Scheduled Completion Date (11) 7/9/18	Name of OSHA Monitor Envirovision Consultants, Inc.						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Sub Chapter 8 - Occupied		Street Address 20-21 Wagaraw Rd., Bldg. 35-E							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Fair Lawn, NJ 07410							
		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Gym Storage Rm 413A, Girls Locker Rm Area 414, Boys Locker Rm Area 415		X		All Mudded or Hard Pipe Fitting Insulation	300 fittings	X			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste as needed	Name of Registered Landfill Fairless Hills Landfill				
City, State Woodland Park, New Jersey		Disposal Date TBD		City, State Morrisville, PA					
Completed by Dimo Golcev		Title General Manager		Signature 			Date 6/6/18		

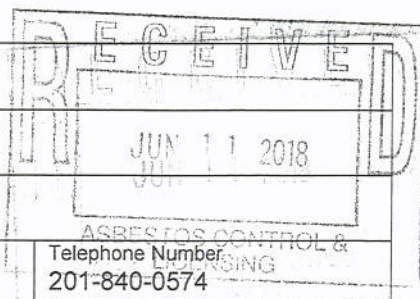


OK3296

Print Form

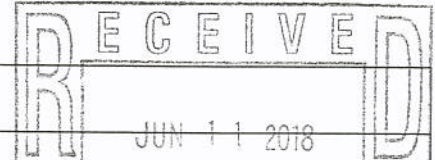
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

PAID



Date of Notification (1) 06/06/18		Check # 3196		Name of Building Owner/Operator (2) St. Matthew Parish	
Agencies Notified		Type Notification		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		555 Prospect Ave	
				City, State, Zip Code Ridgefield, NJ, 07657	
				Name of Contact Joy	
				Telephone Number 201-840-0574	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Rainbow School				Type of Facility (4)	
Street Address 501 Prospect Ave				<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) Ridgefield				Square Feet 15,000+	# of Floors 2
County (6) Bergen				County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+
Name of Monitoring Firm Hired by Building Owner (8) N/A				ASCM No. N/A	Name of Abatement Contractor (9) EA Services
Street Address N/A				Street Address 426 69th st	
City, State, Zip Code N/A				City, State, Zip Code Guttenberg, NJ, 07022	
Project Manager for Monitoring Firm N/A				Telephone No. N/A	License No. 01074
Start Date (10) 06/16/18		Scheduled Completion Date (11) 06/17/18		Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check Only One)				Street Address N/A	
<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: 8am				City, State, Zip Code N/A	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement All Purpose Room		X		Patch Ceiling	15 SF
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprise
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH	
Completed by Gina Betances		Title Office Manager		Signature 	Date 06/07/18

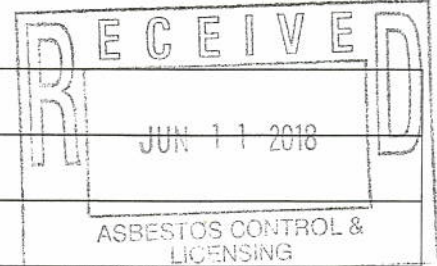
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06/05/18		Check # 3193		Name of Building Owner/Operator (2) Bergen Catholic High School					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1040 Oradell Ave City, State, Zip Code Oradell, NJ, 07649 Name of Contact John Telephone Number 201-295-7150					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Bergen Catholic High School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 1040 Oradell Ave				Square Feet 20,000+					
City (5) Oradell				# of Floors 3					
County (6) Bergen				Bldg. Age 50+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) EA Services					
Street Address N/A		Street Address 426 69th st							
City, State, Zip Code N/A		City, State, Zip Code Guttenberg, NJ, 07022							
Project Manager for Monitoring Firm N/A		Telephone No. N/A		License No. 01074					
Start Date (10) 06/20/18		Scheduled Completion Date (11) 06/22/18		Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: 12pm				Street Address N/A					
				City, State, Zip Code N/A					
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 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
HVAC Room		X		Seal open seams	3 SF		X		
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Enterprise			
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Gina Betances		Title Office Manager		Signature 		Date 06/05/18			



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

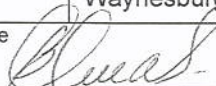


Date of Notification (1) 06/07/18		Check # 3194		Name of Building Owner/Operator (2) St. Stanislaus/Uncommon Schools					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 146 Irvine Turner Boulevard					
		City, State, Zip Code Newark NJ, 07103		ASBESTOS CONTROL & LICENSING					
		Name of Contact Ronaldo		Telephone Number 908-787-2052					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Uncommon Schools				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 146 Irvine Turner Boulevard				Square Feet 20,000+					
City (5) Newark				# of Floors 3					
County (6) Essex				Bldg. Age 50+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) EA Services					
Street Address N/A		Street Address 426 69th st							
City, State, Zip Code N/A		City, State, Zip Code Guttenberg, NJ, 07022							
Project Manager for Monitoring Firm N/A		Telephone No. N/A		License No. 01074					
Start Date (10) 06/18/18		Scheduled Completion Date (11) 06/19/18		Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 1pm				Street Address N/A					
				City, State, Zip Code N/A					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Room 102		X		Plaster Cieling	1.5		X		
1sr Floor Room 202		X		Plaster Cieling	1.5		X		
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Entreprise			
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Gina Betances		Title Office Manager		Signature <i>Quas</i>		Date 06/07/18			

OK 3192

Print Form

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

Date of Notification (1) 06/05/18		Check # 3192		Name of Building Owner/Operator (2) Hudson Catholic Regional High School					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 790 Bergen Ave City, State, Zip Code Jersey City, NJ, 07306 Name of Contact Victor Telephone Number 732-492-5827					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Hudson Catholic Regional High School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 790 Bergen Ave				Square Feet 20,000+ # of Floors 3 Bldg. Age 50+					
City (5) Jersey City		County (6) Hudson		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) EA Services					
Street Address N/A		Street Address 426 69th st							
City, State, Zip Code N/A		City, State, Zip Code Guttenberg, NJ, 07022							
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 201-295-1700 License No. 01074					
Start Date (10) 06/20/18		Scheduled Completion Date (11) 06/22/18		Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 9am				Street Address N/A City, State, Zip Code N/A					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room		X		Re-wrap asbestos pipe	3 LF		X		
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Enterprise			
City, State Bronx, NY				Disposal Date TBD		City, State Waynesburg, OH			
Completed by Gina Betances		Title Office Manager		Signature 		Date 06/04/18			



OK 1106

PAID

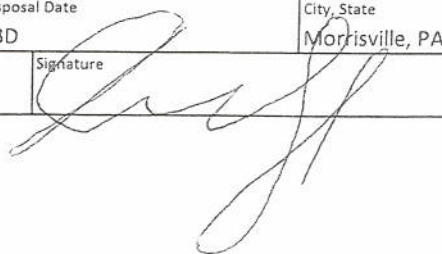
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 6/5/18		Name of Building Owner/Operator (2) Roselle Park School District	
Agencies Notified	Type Notification	Street Address 510 Chestnut Street	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Roselle Park, NJ 07204	
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact David Trinidad c/o Accurate Construction	Telephone Number 973-417-7946

RECEIVED  
JUN 11 2018  
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Roselle Park High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address 185 West Webster Avenue		Square Feet 100,000+	# of Floors 2+
City (5) Roselle Park, NJ		Bldg. Age 70+	
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) High School	
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental, Inc.		ASCM No. 00149	Name of Abatement Contractor (9) Unicorn Contracting Corp.
Street Address 56 East Bridge Street		Street Address 32 Willow Way	
City, State, Zip Code Morrisville, PA 19067		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager from Monitoring Firm Richard Beach		Telephone No. 609-203-3115	License No. 01331
Start Date (10) 6/25/18	Scheduled Completion Date (11) 7/15/18	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 <input type="checkbox"/> Other - Describe: _____		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
		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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

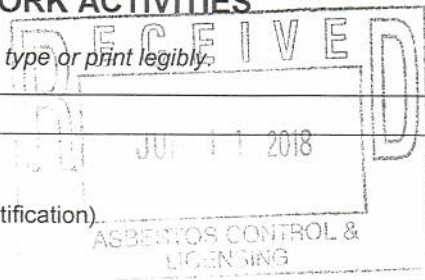
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Rooms 13A & 13B		X		Tar Vapor Barrier beneath Hardwood Flooring	1,674 SF	X			
Rooms 9, 11, 11A, 11 B, 13A, 13B & 13C		X		Cementitious Fitting Insulation off Cloth Covered Fiberglass Insulation	107 Fittings	X			

Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 30	Name of Registered Landfill Fairless Hills Landfill
City, State Woodland Park, New Jersey	Disposal Date TBD	City, State Morrisville, PA	
Completed by Dimo Golcev	Title General Manager	Signature 	Date 6/5/18

New Jersey Department of Health  
Consumer, Environmental and Occupational Health Service  
PO Box 369  
Trenton, NJ 08625-0369  
Telephone: 609-826-4950 Fax: 609-826-4975

**NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES**

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



**I. NOTIFICATION INFORMATION**

Date of Notification: 06 / 05 / 2018

☒ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must include justification)

Type of Work: ☐ Demolition ☒ Renovation

**II. BUILDING INFORMATION**

Name of Building Owner/Operator: Consuela Renner

Street Address: 31 Ithian Lane City: Aberdeen State: NJ Zip: 07747

Name of Contact: Anna Renner Telephone No.: 908-307-4267

**III. FACILITY INFORMATION**

Name of Facility Where Work Activity is to Take Place: Renner Residence

Describe Facility Use: Residence

Street Address: 31 Ithian Lane City: Aberdeen State: NJ Zip: 07747

County Name: Monmouth

County Code (State Use Only):

Scheduled Start Date: 06 / 16 / 2018

Scheduled Completion Date: 06 / 18 / 2018

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: 1,030 SF Percentage Asbestos:        %

☐ Mastic Square Footage:        Percentage Asbestos:        %

**IV. CONTRACTOR INFORMATION**

Company Name: Shade Environmental, LLC Telephone No.: 856-755-0099

Street Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052

New Jersey Asbestos License Number (if applicable): 00842

Monitoring Firm (if applicable): Mgmt. & Enviro. Consulting Services Telephone No.: 609-298-4070

**V. SIGNATURE**

Completed By  
(type or print legibly): Christina Lynch Title: Vice President of Operations

Signature:  Date: June 5, 2018



APPROVED BY: **PAID**  
 Tom Voorhees - 6/5/18  
 4pm

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

Ch # 3382

Date of Notification (1) 6 / 5 / 18		Name of Building Owner/Operator (2) Buckeye Partners, LP - Northeast District		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>    JUN 11 2018    ASBESTOS CONTROL &amp; LICENSING </div>					
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 750 Cliff Road							
		City, State, Zip Code Port Reading, NJ 07064							
		Name of Contact John Philbin							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Buckeye Partners, LP				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 123 Deraussee Ave. (River Road Terminal)									
City (5) Pennsauken				Square Feet -	# of Floors -				
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Exterior					
Name of Monitoring Firm Hired by Building Owner (8) Vertex Engineering		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 700 Turner Way				Street Address 1123 BEAVER STREET					
City, State, Zip Code Aston, PA 19014				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-558-8902		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) 6 / 7 / 18		Scheduled Completion Date (11) 6 / 8 / 18		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ _____ PM- _____ AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Pier Pipe Rack	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 1	Name of Registered Landfill Minerva Landfill				
City, State NEW CASTLE, DE 19720				Disposal Date	City, State Waynesburg, OH				
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature Gino Pizzigoni / GP		Date 6-5-18			