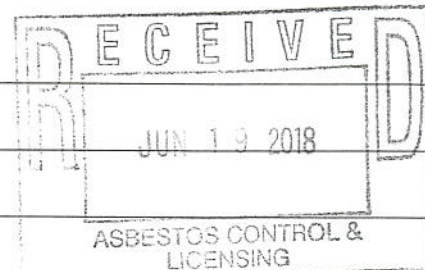


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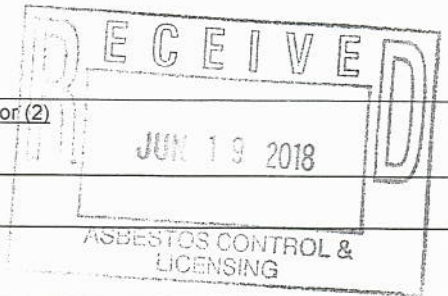
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06/14/2018		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							
		Name of Contact Eric Prieto	Telephone Number 732-727-1414						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Glenwood Apartment		Type of Facility (4)							
Street Address 20 Ehlers 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		Square Feet 2,000	# of Floors 2						
		Bldg. Age 60+							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment							
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.						
		973-389-0089	00693						
Start Date (10) 06/28/2018	Scheduled Completion Date (11) 06/29/2018	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 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
20 A-D Ehlers Ln	x			Pipe/Elbow Insulation	140 LF	x			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 2.04	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE 19720		Disposal Date 06/29/2018		City, State Waynesburg, OH 44688					
Completed by Milan Njezic		Title Vice President		Signature 			Date 06/14/2018		


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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)



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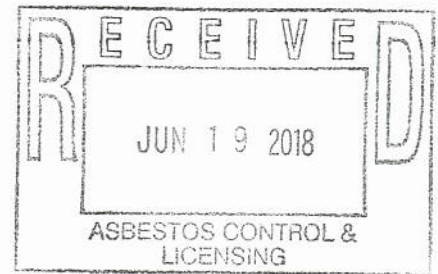
Date of Notification (1) 06/15/2018		Name of Building Owner/Operator (2) The Chemours Company	
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA		Notification Type (X) Initial Notification () Amended Certification () Cancelled	
Street Address 1007 Market Street		City, State, Zip Code Wilmington, DE 19899	
Name of Contact Jim Lacey		Tel. Number 856-540-2394	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Chemours Chamber Works Facility		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address Canal Rd.		Sq. Feet 24,300 # of Floors 3	
City (5) Deepwater	County (6) Salem	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental, Inc.		Name of Contractor (9) Brandenburg Industrial Service Company	
Street Address 760 Pulaski Highway		Street Address 2217 Spillman Dr	
City, State, Zip Code Bear, DE 19701		City, State, Zip Code Bethlehem Pennsylvania 18015	
Project Manager for Monitoring Firm JT Morrison	Telephone Number 302-326-2333	Telephone Number 610-691-1800	License Number 00721
Scheduled Start Date (10) 07/02/2018	Scheduled Completion Date (11) 11/01/2018	Name of OSHA Monitor Brandenburg Industrial Service Company	
Occupancy Status During Abatement (Check only one) (x) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Standard Work Week: Mon-Thur, Fri & Sat's as necessary; Excluding Major Holidays Describe Demolition (x) Scheduled Demo Start 07/02/2018 Scheduled Demo Completion 12/31/2018		Street Address 2217 Spillman Drive City, State, Zip Code Bethlehem, PA 18015	
Source of Work (Check all that apply) (x) Demolition () Renovation (x) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (x) Full Containment with Negative Pressure (x) Mini-Enclosure (x) Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
			Abatement Type Rem. Rep. Encap Enclose
Bldg 441 - 1 st Floor		VAT & Mastic	5,260 SF
Bldg 441 - 1 st Floor		Pipe Insulation	3,519 LF
Bldg 441 - 1 st Floor		Joint Compound	3,308 SF
Bldg 441 - 1 st Floor		Drywall Stud Mastic	9,672 SF
Bldg 441 - 1 st Floor		Fire Doors	10 each
Bldg 441 - 1 st Floor		Cover Base Mastic	778 LF
Bldg 441 - 1 st Floor		Interior Window Glazing	408 LF
Bldg 441 - 1 st Floor		Tan Caulking	80 LF
Bldg 441 - 1 st Floor		Transite Wall Panels	320 SF
Bldg 441 - 1 st Floor		Tank Insulation	60 SF
Bldg 441 - 1 st Floor		Vessel Insulation	40 SF
Bldg 441 - 1 st Floor		Roof Flashing	104 SF
Bldg 441 - 2 nd Floor		Floor Tile	12,080 SF
Bldg 441 - 2 nd Floor		Joint Compound	2,556 SF
Bldg 441 - 2 nd Floor		Pipe Insulation	2,730 LF
Bldg 441 - 2 nd Floor		Drywall Stud Mastic	13,812 SF
Bldg 441 - 2 nd Floor		Cover Base Mastic	92 LF
Bldg 441 - 2 nd Floor		Fire Doors	16 each
Bldg 441 - 2 nd Floor		Interior Window Glazing	76 LF
Bldg 441 - 2 nd Floor		Transite Wall Panels	280 SF
Bldg 441 - 3 rd Floor		Floor Tiles	3,784 SF
Bldg 441 - 3 rd Floor		Joint Compound	3,120 SF
Bldg 441 - 3 rd Floor		Pipe Insulation	188 LF
Bldg 441 - 3 rd Floor		Drywall Stud Mastic	10,888 SF

Bldg 441 - 3 rd Floor		x	Cover Base Mastic	180 LF	x		
Bldg 441 - 3 rd Floor		x	Fire Doors	17 each	x		
Bldg 441 - 3 rd Floor		x	Heat Shield Paper	456 SF	x		
Bldg 441 - 3 rd Floor		x	Transite Wall Panels	4,252 SF	x		
Bldg 441 - 3 rd Floor		x	Black Fiber Glass	60 SF	x		
Bldg 441 - Exterior		x	Window Caulk	7,480 LF	x		
Bldg 441 - Exterior		x	Window Glazing	240 LF	x		
Bldg 441 - Exterior		x	Roof Material	4,840 SF	x		
Bldg 441 - Exterior		x	Vicryl Covering on Duct	260 SF	x		
Bldg 441 - Exterior		x	Galbestos Coating Roof Vent	3 each	x		
Bldg 441 - Exterior		x	Roof Flashing	264 LF	x		
Name of Reg. Waste Hauler SJ Transportation Co., Inc.		NJDEP Waste Hauler ID # 03217		Cubic Yards of Waste 500 cy		Name of Reg. Landfill Salem County Landfill	
City, State Woodstown, NJ 08098				Disp. Date TBD		City, State Alloway, NJ	
Completed by (Print or Type) Stephen Carne		Title Environmental Manager		Signature 		Date 06/15/2018	

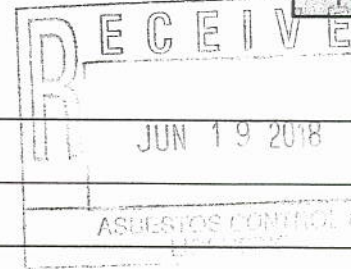
Mail to: NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

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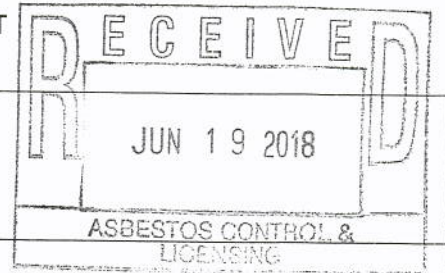
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 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1) 6/15/18		Name of Building Owner/Operator (2) Steve Pollock Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Collingswood NJ 08108							
		Name of Contact Steve	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Steve Pollock Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000 +	# of Floors 2						
City (5) Collingswood NJ 08108		Bldg. Age 35+							
County (6) camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 6/25/18	Scheduled Completion Date (11) 6/29/18	Name of OSHA Monitor Same							
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>Home Owner Home</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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Transite Board	16sf	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 6/29/18		City, State Morrisville PA 1960					
Completed by Anthony T Perna		Title President		Signature 			Date 6/15/18		

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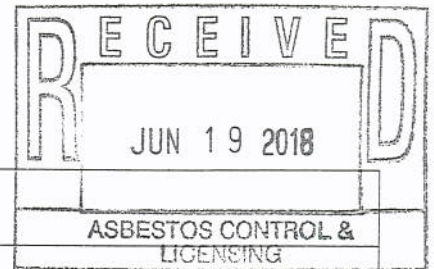
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 06 / 13 / 18		Name of Building Owner/Operator (2) City of Trenton							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 319 East State St. City, State, Zip Code Trenton, NJ 08608							
		Name of Contact Hank Rinaldo	Telephone Number 609-989-3556						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Demo site - building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 87-89 Spring St.		Square Feet ?	# of Floors ?						
City (5) Trenton, NJ		Bldg. Age ?							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Unipro, Inc.						
Street Address		Street Address 500 Route 33 W.							
City, State, Zip Code		City, State, Zip Code Millstone, NJ 088535							
Project Manager for Monitoring Firm		Telephone No. 732-726-3111	License No. 00615						
Start Date (10) 06 / 28 / 18	Scheduled Completion Date (11) 07 / 10 / 18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: __AM-__PM/__PM-__AM		Street Address City, State, Zip Code							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff?		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	2	3	4	5
Demolition debris	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Demolition debris		X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Mercer Group		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 60	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Trenton, NJ			Disposal Date 07/10/18	City, State Morrisville, PA					
Completed By (Print or Type) David T. Tolchin		Title President		Signature David T. Tolchin		Date 6/13/18			

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



Date of Notification (1) 6 / 12 / 2018		Name of Building Owner/Operator (2) County of Monmouth	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address One East Main Street City, State, Zip Code Freehold, NJ Name of Contact Roland C. Jones Telephone Number 609-392-4200	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Building 906		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 Courier Avenue and Murphy Drive			
City (5) Fort Monmouth, NJ 07703		Square Feet 10,000	# of Floors 2 Bldg. Age 50+
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Homeless Shelter	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.	Name of Abatement Contractor (9) A-Tech Group LLC
Street Address 120 North Warren Street		Street Address 80 Ridge Road	
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Oak Ridge, NJ 07438	
Project Manager for Monitoring Firm Roland C. Jones	Telephone No. 609-392-4200	Telephone No. 201-328-2255	License No. 01242
Start Date (10) 6 / 22 / 2018	Scheduled Completion Date (11) 7 / 20 / 2018	Name of OSHA Monitor A-Tech Group 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 80 Ridge Road City, State, Zip Code Oak Ridge, NJ 07438	

Scope of Work (Check all that apply)

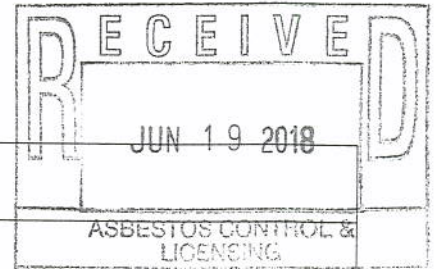
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input 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
First Floor Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation "Wrap & Cut"	800 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Friable Wall Panel	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Patch	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	11,900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Atlantic Carting LLC		NJDEP Waste Hauler ID No. NJ-26085	Cubic Yards of Waste 80	Name of Registered Landfill G.R.O.W.S.	
City, State 1141 Route 23, Wayne, NJ 07470			Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Goran Lazarevic	Title President	Signature 		Date 6/12/2018	

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

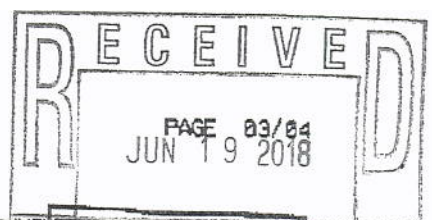


Date of Notification (1) 6 / 12 / 2018		Name of Building Owner/Operator (2) County of Monmouth							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address One East Main Street City, State, Zip Code Freehold, NJ Name of Contact Roland C. Jones Telephone Number 609-392-4200							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building 906		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 Courier Avenue and Murphy Drive									
City (5) Fort Monmouth, NJ 07703		Square Feet 10,000	# of Floors 2 Bldg. Age 50+						
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Homeless Shelter							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.	Name of Abatement Contractor (9) A-Tech Group LLC						
Street Address 120 North Warren Street		Street Address 80 Ridge Road							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Oak Ridge, NJ 07438							
Project Manager for Monitoring Firm Roland C. Jones		Telephone No. 609-392-4200	License No. 01242						
Start Date (10) 6 / 22 / 2018	Scheduled Completion Date (11) 7 / 20 / 2018	Name of OSHA Monitor A-Tech Group 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 80 Ridge Road City, State, Zip Code Oak Ridge, NJ 07438							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
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 Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation "Wrap & Cut"	800 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Friable Wall Panel	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Patch	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	11,900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Atlantic Carting LLC		NJDEP Waste Hauler ID No. NJ-26085	Cubic Yards of Waste 80	Name of Registered Landfill G.R.O.W.S.					
City, State 1141 Route 23, Wayne, NJ 07470		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) Goran Lazarevic	Title President		Signature 			Date 6/12/2018			

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



Date of Notification (1) 06 / 15 / 18		Name of Building Owner/Operator (2) Bryan Piano	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 8:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Morris Plains, NJ 07950	
Name of Contact Bryan Piano		Telephone Number [REDACTED]	

ASBESTOS CONTROL & DOL

JUN 15 2018

VANNER APPROVED

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School K-12 <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet [REDACTED]	
City (5) Morris Plains, NJ 07950		# of Floors [REDACTED]	
County (6) Morris		Bldg. Age [REDACTED]	
County Code (7) (STATE USE ONLY) Morris		Current Use (Prior if being demolished) [REDACTED]	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)	
Street Address		Gr Tech LLC		Street Address	
City, State, Zip Code		576 Valley Rd #283		City, State, Zip Code	
Project Manager for Monitoring Firm		Wayne, NJ 07470		Telephone No.	
Telephone No.		973-638-1777		License No.	
Start Date (10) 06 / 16 / 18		Scheduled Completion Date (11) 06 / 17 / 18		Name of OSHA Monitor	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM AM		Envirovision Consultants, Inc.		Street Address	
20-21 Wagatow Road, Bldg. # 35E		City, State, Zip Code		Fair Lawn, NJ 07410	

Scope of Work (Check all that apply): <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >280 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("") all	
--	--	---	--	--	--

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

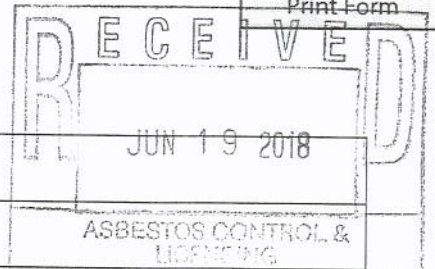
Name of Registered Waste Hauler Gr Tech LLC		NJ DEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc.	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA		Signature [Signature]	
Completed By (Print or Type) N. Jevtic		Title Owner		Date 06/15/18			

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

CH4437

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

Print Form



Date of Notification (1) 06/15/2018		Name of Building Owner/Operator (2) Estate of Jane Holmes						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ridgewood, NJ 07450						
		Name of Contact Adam Bierly	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)						
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Ridgewood		Square Feet N/A	# of Floors N/A					
County (6) Bergen		Bldg. Age N/A						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address		Street Address 11 Rosengren Avenue						
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512						
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311					
Start Date (10) 06/25/2018	Scheduled Completion Date (11) 06/26/2018	Name of OSHA Monitor D&S Abatement, Inc.						
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		City, State, Zip Code Totowa, NJ 07512						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement		x	Floor tiles	350 SF	x			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA				
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, PA				
Completed by Ned Joksimovic		Title Project Manager	Signature 	Date 06/15/2018				

CH 1590324802


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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 42:120)

Print Form

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JUN 19 2018

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/15/2018		Name of Building Owner/Operator (2) Michael Garrett							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Glen Ridge, NJ 07028							
		Name of Contact Michael Garrett							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Glen Ridge, NJ 07028		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 06/26/2018	Scheduled Completion Date (11) 06/27/2018	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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		Floor tiles	450 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 			Date 06/15/2018		

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JUN 19 2018

DOL - 10 DAY

ASBESTOS CONTROL & LICENSING

908-852-1400

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 17:27 and 17:28)

06/14/2018

Agencies Notified

☒ EPA
☒ DEP
☒ DOL
☒ DOH
☒ DOA

Type Notification

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

Name of Building Owner/Operator (2)
Centenary College

Street Address
4000 Jefferson Street

City, State, Zip Code
Hackettstown, NJ 07840

Name of Contact
Robert Tempest

Name of Facility Where Abatement is Taking Place (3)
Sassy Building

Street Address
400 Jefferson Street

City (5)
Hackettstown

County (6)
Warren

County Code (7)
(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
ED:

Street Address
6434 King Avenue

City, State, Zip Code
Pennsauken, NJ 08109

Project Manager for Monitoring Firm
Jay Murray

Telephone No.
856-616-9518

Start Date (10)
06/15/2018

Scheduled Completion Date (11)
06/16/2018

Occupancy Status During Abatement (Check Only One)

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

ASCM No.

Name of Abatement Contractor (9)
VMC Company, Inc.

Street Address
208 Piaget Ave

City, State, Zip Code
Clifton, NJ 07011

Telephone No.
973-253-8828

License No.
00704

Name of OSHA Monitor
VMC Company, Inc.

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)

☒ 25 sf or 23 ft
☒ 2150 sf or 2260 ft

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exhausted (*) and Non-Frangible 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		X		transite pipe	12lf	X			

Name of Registered Waste Hauler
Newark Carting Inc

NJDEP Waste Hauler ID No.
05409

Cubic Yards of Waste

Name of Registered Landfill
Grand Central Sanitary Landfill

City, State
Pan Am, PA

Disposal Date

City, State
Pan Am, PA

Completed by
Marek Waslak

Title
Vice-President

Signature
Marek Waslak

Date
06/14/2018

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

CL 4659

Date of Notification (1) 6/15/18		Name of Building Owner/Operator (2) MR SCOTT LINGER		RECEIVED JUN 19 2018				
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 UNION, NJ, 07083		Name of Contact MR. LINGER				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MR SCOTT LINGER			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]			Square Feet 2000					
City (5) UNION			# of Floors 2		Bldg. Age 1945			
County (6) UNION		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Best Removal Inc.				
Street Address		Street Address 450 South River Street						
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07601						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-329-7444				
Start Date (10) 6/27/18		Scheduled Completion Date (11) 6/28/18		License No. 00388				
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		Name of OSHA Monitor Omega Environmental						
		Street Address 280 Huyler Street						
		City, State, Zip Code South Hackensack, NJ 07606						
Scope of Work (Check All That Apply) <input 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) 46 SF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
GARAGE			X	THERMAL INSULATION	X			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 2075		Name of Registered Landfill Minerva Enterprises, LLC		
City, State Hackensack, NJ 07601		Disposal Date 6/28/18		City, State Waynesburg, OH 44688				
Completed by J. Maiorano		Title Estimator		Signature <i>J. Maiorano</i>		Date 6/15/18		

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

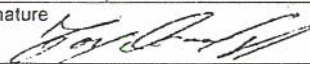
CL 4660

Date of Notification (1) 6/15/18		Name of Building Owner/Operator (2) MR. STEPHEN DIROMA						
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] AVE						
		City, State, Zip Code VERONA. NJ. 07044						
		Name of Contact MR. DIROMA						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MR. DIROMA		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet 2000	# of Floors 2					
City (5) VERONA		Bldg. Age 1940						
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc.						
Street Address		Street Address 450 South River Street						
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07601						
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388					
Start Date (10) 6/28/18	Scheduled Completion Date (11) 6/29/18	Name of OSHA Monitor Omega Environmental						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:30 AM TO 5:00 PM		Street Address 280 Huyler Street						
		City, State, Zip Code South Hackensack, NJ 07606						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) THERMAL SYSTEMS INSULATION 145 LF	Amount (Specify SF or LF) 145 LF	Abatement Type			
					Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3975	Name of Registered Landfill Minerva Enterprises, LLC				
City, State Hackensack, NJ 07601			Disposal Date 6/29/18	City, State Waynesburg, OH 44688				
Completed by J. Maiorano		Title Estimator	Signature J. Maiorano	Date 6/15/18				

CH3401

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 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 17:26 and 17:27)

RECEIVED	Print Form
	JUN 19 2018
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 6/15/18		Name of Building Owner/Operator (2) City of Paterson	
Agencies Notified		Street Address 111 Broadway	
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
City, State, Zip Code Paterson, NJ 07501		Name of Contact Jerry Loboizzo	
Telephone Number 973 321-1101			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Street Address 418 Graham Ave aka Rosa Parks Blvd		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) Paterson, NJ 07501		Square Feet	# of Floors
County (6) Passaic		County Code (7) (STATE USE ONLY) _____	Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8) AESL		Name of Abatement Contractor (9) Super, LLC	
Street Address 2200 Paterson Plank Road		Street Address 203 Belmont Ave	
City, State, Zip Code North Bergen, NJ 07047		City, State, Zip Code Haledon, NJ 07508	
Project Manager for Monitoring Firm Carmelo Altomonte		Telephone No. 201864-6583	License No. 01195
Start Date (10) 6/15/18	Scheduled Completion Date (11) 7/18/18	Name of OSHA Monitor Super, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 203 Belmont Ave	
		City, State, Zip Code Haledon, NJ 07508	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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)
	Yes	No	
Emergency Demolition		X	Emergency Demolition
			Demolition of Entire Structure
			Asbestos in Entire Structure
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Name of Registered Landfill IESI Bethlehem Landfill
City, State 609 N. Union Ave Hillside, NJ 07205		Disposal Date TBD	City, State Bethlehem, PA
Completed by Tailor B. Dominguez	Title Project Manager	Signature 	Date 6/15/18

CHL6788

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

Print Form
<div style="font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="font-size: 1.2em; margin-top: 5px;">JUN 19 2018</div>
<div style="border: 1px solid black; padding: 2px; font-weight: bold;">ASBESTOS CONTROL & LICENSING</div>

Date of Notification (1) 6/14/18		Name of Building Owner/Operator (2) Ameritrust Residential Services															
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3525 Piedmont Rd City, State, Zip Code Atlanta, GA 30305 Name of Contact _____ Telephone Number _____															
FACILITY INFORMATION																	
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)															
Street Address [REDACTED]		Square Feet 1484 # of Floors _____ Bldg. Age _____															
City (5) Pemberton		County (6) Burlington County Code (7) (STATE USE ONLY) _____															
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) home Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS															
Street Address		Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701															
City, State, Zip Code		Project Manager for Monitoring Firm _____ Telephone No. _____ Telephone No. 732-668-9078 License No. 1200															
Start Date (10) 6/25/18		Scheduled Completion Date (11) 6/26/18 Name of OSHA Monitor AAA LEAD PROFESSIONALS															
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701															
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>																	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-around;"> Yes No N/A </div>			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Removal</td> <td style="width: 25%;">Repair</td> <td style="width: 25%;">Encapsulate</td> <td style="width: 25%;">Enclosure</td> </tr> <tr> <td style="text-align: center;">x</td> <td></td> <td></td> <td></td> </tr> </table>				Removal	Repair	Encapsulate	Enclosure	x			
Removal	Repair	Encapsulate	Enclosure														
x																	
EXTERIOR				Siding	150SF												
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 3		Name of Registered Landfill IESI											
City, State NEWARK, NJ		Disposal Date 6/26/18		City, State BETHLEHEM PA													
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date											

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PAIDNOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 26:27 and 26:28)**RECEIVED**
PAGE 02/03
JUN 19 2018
Check # 1079

CK 1099

Date of Notification (1) 6/14/18		Name of Building Owner/Operator (2) ALMA ANDERSON	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code NEW MILFORD NJ	
Name of Certified ALMA ANDERSON		ASBESTOS CONTROL LICENSING UNIT JUN 14 2018 07646	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) ANDERSON		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Residential (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 166	
City (5) NEW MILFORD		# of Floors 2	
County (6) BERGEN		State, Zip Code 64	
Country Code (7) (STATE USE ONLY)		Current Use (If for E being demolished) RES	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
City, State, Zip Code		Street Address 165 Vreeland Ave.	
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, N.J.	
Telephone No.		Telephone No. 201-282-5841	
Start Date (10) 6/14/18		License No. 00166	
Scheduled Completion Date (11) 6/21/18		Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 10 SF or less <input checked="" type="checkbox"/> 100 SF or less <input checked="" type="checkbox"/> 1000 SF or less <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Enclosed Method and Non-Friction Procedure		City, State, Zip Code Hackensack, N.J. 07606	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement		Is Location normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	
Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 100 LF	
Abatement Type Removal Repair Encapsulation Enclosure		<input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulation <input type="checkbox"/> Enclosure	
Name of Registered Waste Handler Newark Carling, Inc.		NJDEP Waste Handler ID No. 04508	
City, State Newark, N.J. 07105		Cubic Yards of Waste 7	
Disposal Date 6/14/18		Name of Registered Landfill Grand Central Sanitary Landfill	
Completed by R. McDonald		Title President	
Signature R. McDonald		Date 6/14/18	

06/14/2018 14:24

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Page 02/03

JUN 19 2018

Check # 1058

ASBESTOS CONTROL &

LICENSING

JUN 19 2018

MAILED 10/18/18

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Date of Notification (1) 6/14/18		Name of Building Owner/Operator (2) LISA ORLANDO		ASBESTOS CONTROL & LICENSING	
Agency 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 & Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]	
		City, State, Zip Code CLIFTON NJ 07011		Name of Contact LISA ORLANDO	
Name of Facility Where Abatement is Taking Place (3) ORLANDO					
Street Address [REDACTED]			Type of Facility (4) <input type="checkbox"/> School K-12 <input type="checkbox"/> School 13 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) CLIFTON			Square Feet 1600		
County (6) PASSAIC			County Code (7) (STATE USE ONLY) 23		
Name of Monitoring Firm Hired by Building Owner (8)			Name of Abatement Contractor (9) A. Mac Consulting Inc.		
Street Address			Street Address 185 Vreeland Ave.		
City, State, Zip Code			City, State, Zip Code Midland Park N.J.		
Project Manager for Monitoring Firm			Telephone No. 201-252-5841		
Start Date (10) 6/14/18			Scheduled Completion Date (11) 6/21/18		
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 <input type="checkbox"/> Other - Describe: _____			Name of OSHA authorized Environmental Services Inc. Omega Environmental Services Inc.		
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sq ft or less <input checked="" type="checkbox"/> 2500 sq ft or less <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full OSHA compliant with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Globaling Procedure <input type="checkbox"/> Non-Enclosed (C) and Non-Freeze Procedure			Street Address 280 Huyler St.		
			City, State, Zip Code Hackensack, N.J. 07606		
Location of Asbestos-Containing Material (ACM) TO BE REMOVED in Facility (13) SPRINKLER ROOM		Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
				PIPE	
				Amount (Specify SF or LF) 80 LF	
				Abatement Type Removal Repair Encapsulation Enclosure X	
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 1	
City, State Newark, N.J. 07105		Disposal Date 6/14/18		Name of Registered Landfill Grand Central Sanitary Landfill	
Completed by R. McDonald		Title President		City, State PA Argyl, PA 08072	
		Signature [Signature]		Date 6/14/18	

06/13/18

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

Date of Notification (1) 06-14-2018		Name of Building Owner/Operator (2) Mr. Jon S. Knorr		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 19 2018 ASBESTOS CONTROL & </div>				
Agencies Notified	Type Notification	Street Address						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Barrington, NJ						
		Name of Contact Jon S. Knorr		Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential Dwelling				Type of Facility (4)				
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
City (5) Barrington				Square Feet 985	# of Floors 1			
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential				
Name of Monitoring Firm Hired by Building Owner (8) Quality Environmental Concepts			ASCM No. None	Name of Abatement Contractor (9) Quality Environmental Concepts				
Street Address 1053 North Tuckahoe Road			Street Address 1053 North Tuckahoe Road					
City, State, Zip Code Williamstown, New Jersey 08094			City, State, Zip Code Williamstown, New Jersey 08094					
Project Manager for Monitoring Firm Edward Knorr		Telephone No. 856-629-1166		Telephone No. 856-629-1166	License No. 01086			
Start Date (10) 06-24-2018		Scheduled Completion Date (11) 06-27-2018		Name of OSHA Monitor Quality Environmental Concepts				
Occupancy Status During Abatement (Check Only One)				Street Address 1053 North Tuckahoe Road				
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code Williamstown, New Jersey 08094				
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input 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
Rear of Home			Standard Transite	260 sf	X			
enclosed porch			exterior shingles					
well								
Name of Registered Waste Hauler Quality Environmental Concepts			NJDEP Waste Hauler ID No. 19710	Cubic Yards of Waste 4cy	Name of Registered Landfill State of New Jersey Landfill			
City, State Williamstown, New Jersey			Disposal Date 7/27		City, State Allentown, Pennsylvania			
Completed by Edward Knorr		Title Vice President		Signature		Date 06-24-18		

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

Date of Notification (1) 06 / 15 / 18		Name of Building Owner/Operator (2) Patricia Reynolds	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 8:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Hillside, NJ 07205 Name of Contact Jerome Williams	

ASBESTOS CONTROL & LICENSING

WAIVER APPLICABLE

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subst. pt. & (Other than K-12) <input checked="" type="checkbox"/> Other... private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age	
City (5) Hillside, NJ 07205		County (6) Union	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Gr Tech LLC		ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		576 Valley Rd #283		City, State, Zip Code Wayne, NJ 07470	
City, State, Zip Code		Telephone No. 973-638-1777		License No. 01127	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Envision Consultants, Inc	
Start Date (10) 06 / 16 / 18		Scheduled Completion Date (11) 06 / 17 / 18		Street Address 20-21 Wagon Road, Bldg. 35E	

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		City, State, Zip Code Fair Lawn, NJ 07410	
---	--	--	--

Scope of Work (Check all that apply) <input checked="" type="checkbox"/> > 3 sf or > 5 lf <input type="checkbox"/> > 160 sf or > 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Priority Procedure	
---	--	---	--	--	--

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
1st&2nd floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct-wrap&out	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA			
Completed By (Print or Type) N.Jeutic		Title Owner		Signature [Signature]		Date 06/15/18	

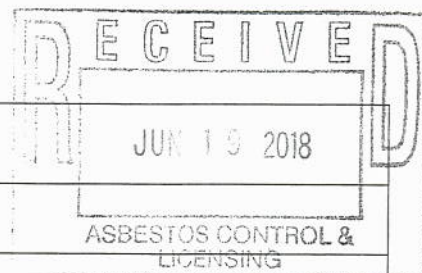
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* Do not use this form for asbestos licensure exempted activities.

OK 16293

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



Date of Notification (1) <u>6</u> / <u>15</u> / <u>18</u>		Name of Building Owner/Operator (2) Levin Management							
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 # <u>0</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 326 City, State, Zip Code Plainfield, NJ 07061 Name of Contact Gerry O'Brien Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Twin City Shopping Center Space #4		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 2 Garfield Ave.		Square Feet 45,000							
City (5) Jersey City, NJ 07305		# of Floors 1	Bldg. Age 45+						
County (6) Hudson	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Vertex	ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems							
Street Address 700 Turner Way		Street Address 550 East Union St.							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Dave Turotsy	Telephone No. 610-558-8902	Telephone No. 610-701-9000	License No. 00508						
Start Date (10) <u>7</u> / <u>2</u> / <u>18</u>	Scheduled Completion Date (11) <u>7</u> / <u>6</u> / <u>18</u>	Name of OSHA Monitor AET							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>3</u> PM/ <u>3:30</u> PM- <u>3</u> AM		Street Address 28 N. Pennel Road City, State, Zip Code Media, PA 19063							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile / Mastic	1270 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 Richard Burns & Co		NJDEP Waste Hauler ID No. 19955	Cubic Yards of Waste 30	Name of Registered Landfill Western Berks Community Landfill					
City, State Phila., PA		Disposal Date TBD	City, State Birdsboro, PA						
Completed By (Print or Type) Mark Griffin	Title Estimator	Signature 	Date 6/15/18						

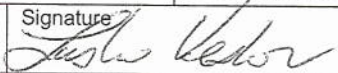
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 06/16/2018		Name of Building Owner/Operator (2) Robert L Jackson		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 19 2018 ASBESTOS CONTROL & REMEDIATION </div>	
Agencies Notified	Type Notification	Street Address			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hillside, NJ 07205 Name of Contact Robert			
		Telephone Number			

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Private Home			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) Hillside			Square Feet	# of Floors	Bldg. Age
County (6) Union		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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) 06/26/2018		Scheduled Completion Date (11) 06/29/2018		Name of OSHA Monitor Removal Safety LLC	
Occupancy Status During Abatement (Check Only One)			Street Address 8 Crosby Ave		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 am - 5:00 pm			City, State, Zip Code Paterson, NJ 07502		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe Insulation	125 LF	x		x	
Basement			x	Tiles, Mastic	500 SF	x		x	

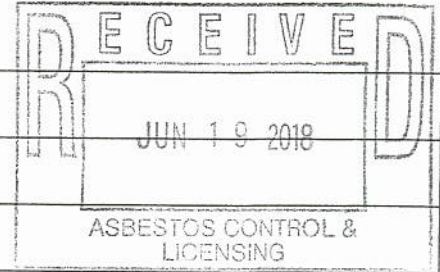
Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 3	Name of Registered Landfill GROWS North	
City, State Paterson, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Lasko Veskov		Title President	Signature 	Date 06/16/2018	

OK 0058

Print Form

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



Date of Notification (1) 06-11-2018 check#58		Name of Building Owner/Operator (2) christian thun							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code rahway, NJ .07065 Name of Contact christian thun	Telephone Number _____ ASBESTOS CONTROL & LICENSING						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		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) rahway		Square Feet 100	# of Floors 2 Bldg. Age 50+						
County (6) union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) demo all interiors walls							
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.	Telephone No. 201 873-9418 License No. 01301						
Start Date (10) 06/22/2018	Scheduled Completion Date (11) 06/23/2018	Name of OSHA Monitor all solutions contracting							
Occupancy Status During Abatement (Check Only One)		Street Address 24 church st							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: house empty		City, State, Zip Code elmwood park nj07407							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
living room		x		pipe insulation	20 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 agyl		Disposal Date TDB		City, State pen argyl PA18072					
Completed by luis arcila		Title president	Signature <i>Luis Arcila</i>			Date 06/11/18			

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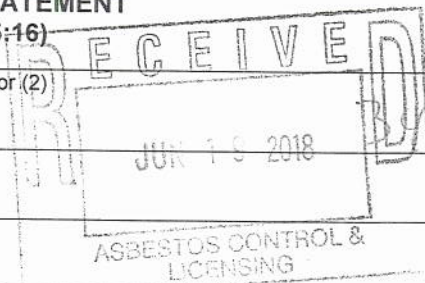
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:26)

Date of Notification (1) 6/11/18		Name of Building Owner/Operator (2) RAWITZ	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code PARAMUS, NJ 07652	
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact MIKE KERN	
		Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HOUSE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 785	
City (5) PARAMUS		# of Floors 2	
County (6) BERGEN		Bldg. Age 80	
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) RES	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
City, State, Zip Code		Street Address 185 Vreeland Ave	
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, N.J.	
Telephone No.		Telephone No. 201-262-5641	
Start Date (10) 6/11/18		License No. 00156	
Scheduled Completion Date (11) 6/18/18		Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address 280 Huyler Street	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sq ft or less <input checked="" type="checkbox"/> 250 sq ft or less <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Enclosed ("") and Non-Frangible Procedure		City, State, Zip Code Hackensack, N.J. 07606	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) BASEMENT 1ST FL	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) VAT	Amount (Specify SF or LF) 789 SF
Name of Registered Waste Handler Newark Carting, Inc.		NJ DEP Waste Handler ID No. 04509	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Newark, N.J. 07106		Disposal Date 6/11/18	City, State Perth Amboy, PA 08072
Completed by R. McDonald	Title President	Signature R. McDonald	Date 6/11/18

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



Date of Notification (1) 06 / 14 / 18		Name of Building Owner/Operator (2) Coastal Design Build							
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 821 Mantoloking Road							
		City, State, Zip Code Brick, NJ 08723							
		Name of Contact Tim	Telephone Number 732-713-3737						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pioneer Hose Station 22		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 312 Drum Point Road									
City (5) Brick		Square Feet 200 sf	# of Floors 1						
		Bldg. Age 65							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Garage							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 06 / 25 / 18	Scheduled Completion Date (11) 06 / 26 / 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 type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior-garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	600 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey				Disposal Date 6/26/18	City, State Tullytown, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 6/14/18			

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PAGE 02/03

JUN 19 2018

Chart # 1100

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（發行所）東京株式會社發行部
東京市丸の内區丸の内三丁目一番地
電話二五九四號

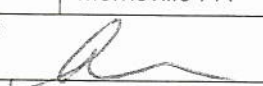
Date of Notification (1) 6/15/18		Name of Building Owner/Operator (2) POW RIVER CORP.		ASBESTOS CONTAINMENT LICENSING	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DCH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 189 N. MAPLE AVE City, State, Zip Code PARK RIDGE NJ 07656 Name of Contact R. EGAN	
Name of Facility Where Abatement is Taking Place (3) POW RIVER CORP.				Type of Facility (4) <input type="checkbox"/> Single (K-12) <input type="checkbox"/> School (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 189 N. MAPLE AVE		City, State, Zip Code PARK RIDGE		Regulatory File # 6000	
County (6) BERGEN		County Code (7) (STATE USE ONLY)		Current Use (8) (If being demolished)	
Name of Monitoring Firm Hired by Building Owner (6)		ASCM No.		Name of Abatement Contractor (9) A. Mac Contr	
Street Address		Street Address 185 Vreeland		City, State, Zip Code Midland Park, N.J.	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-262-5841	
Start Date (10) 6/10/18		Scheduled Completion Date (11) 6/25/18		License No. 00166	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Name of OSHA Bureaucrat Omega Environmental Services Inc.	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 ft or 23 ft <input checked="" type="checkbox"/> 2500 sq ft or 2500 sq ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebox <input type="checkbox"/> Non-Enclosed (C) and Non-Prishin Procedure				Street Address 280 Huyler Street City, State, Zip Code Hackensack, N.J. 07608	
Location of Asbestos Containing Material (ACM) TO BE ABATED In Facility (13) CRAWL SPACE		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAF, or other miscellaneous) PIPE	
Amount (Specify SF or LF) 210 LF		Abatement Type Removal X Repair Encapsulate Enclose			
Name of Registered Waste Handler Newark Caring, Inc.		NUDEP Waste Handler ID No. 04509		Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, N.J. 07106		Disposal Date 6/15/18		City, State Argyl, PA 08072	
Completed by R. McDonald		Title President		Date 6/15/18	

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

Date of Notification (1) 6/15/18		Name of Building Owner/Operator (2) J.A. Neary Excavating Corporation		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 19 2018 ASBESTOS CONTROL & LICENSING </div>			
Agencies Notified		Type Notification				Street Address 330 Lincoln Boulevard	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Middlesex, NJ 08846	
						Name of Contact Philip Sabatino	
				Telephone Number 732-489-4389			

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Barn			Type of Facility (4)		
Street Address 280 Route 17 South			<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) Mahwah			Square Feet 3400	# of Floors 2	Bldg. Age 72
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) barn		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC		
Street Address		Street Address PO Box 483, 4 E Gate Drive			
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276	License No. 703	
Start Date (10) 6/25/18		Scheduled Completion Date (11) 8/15/18		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 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	

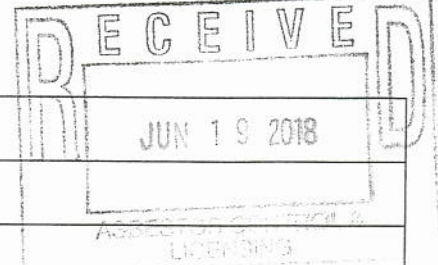
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
south side			x	window caulk	700 LF	x			
center flat roof			x	roofing	1,200 SF	x			
ground floor			x	floor tile & mastic	2,500 SF	x			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS/FAIRLESS LANDFILL	
City, State Freehold NJ		Disposal Date TBD		City, State Morrisville PA	
Completed by A. Scott Higgins		Title President	Signature 		Date 6/15/18

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



Date of Notification (1) APRIL 1, 2018		Name of Building Owner/Operator (2) K. SHAW CONSTRUCTION CO.							
Agencies Notified	Type Notification	Street Address 32A BEACH ROAD							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code MONMOUTH BEACH, NJ 07750							
		Name of Contact BRIAN MICIONI	Telephone Number 732-222-1884						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FORMER RESIDENCE		Type of Facility (4)							
Street Address 75 S. WARD AVENUE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) RUMSON		Square Feet 1910 SF	# of Floors 2						
County (6) MONMOUTH		County Code (7) (STATE USE ONLY)	Bldg. Age 1927						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.						
Street Address		Street Address 17 THOMPSON STREET							
City, State, Zip Code		City, State, Zip Code WEST LONG BRANCH, NJ 07764							
Project Manager for Monitoring Firm N/A		Telephone No. 732.222.8372	License No. 00040						
Start Date (10) APRIL 5, 2018	Scheduled Completion Date (11) APRIL 5, 2018	Name of OSHA Monitor N/A							
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:		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR			X	AC EXTERIOR SIDING	1900 SF	X			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc.		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 10 CY	Name of Registered Landfill FAIRLESS LANDFILL					
City, State WEST LONG BRANCH		Disposal Date 4/10/18		City, State MORRISVILLE, PA					
Completed by JOSEPH P. MILLER		Title PRESIDENT		Signature 			Date 4/1/18		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:00 and 12:120)

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Date of Notification (1) MARCH 26, 2018		Name of Building Owner/Operator (2) K. SHAW CONSTRUCTION COMPANY							
Agencies Notified	Type Notification	Street Address 32A BEACH ROAD							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code MONMOUTH BEACH, NJ 07750							
<input type="checkbox"/> DOH <input type="checkbox"/> OCA		Name of Contact BRIAN MICIONI							
		Telephone Number 732-222-1884							
Name of Facility Where Abatement is Taking Place (3) FORMER RESIDENCE									
Street Address 75 S. WARD AVENUE		Type of Facility (4)							
City (5) RUMSON		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Chapter 9 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
County (6) MONMOUTH		Square Feet 1,910 SF	# of Floors 2						
County Code (7) (STATE USE ONLY)		Bldg. Age 1927							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Current Use Prior to being demolished RESIDENCE							
Street Address		Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.							
City, State, Zip Code		Street Address 17 Thompson Street							
Project Manager for Monitoring Firm N/A		City, State, Zip Code West Long Branch, NJ 07764							
Telephone No.		Telephone No. 732.222.8371	License No. 00040						
Start Date (10) APRIL 6, 2018	Scheduled Completion Date (11) APRIL 9, 2018		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)			Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State, Zip Code						
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours									
<input type="checkbox"/> Other - Describe:									
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure									
Location of Asbestos-Containing Material (ACM) (13) TO BE ABATED In Facility	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR			X	AC EXTERIOR SIDING	1900 SF	X			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc.		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 10 cy	Name of Registered Landfill Fables Landfill					
City, State West Long Branch, NJ 07764		Disposal Date 4/10/18		City, State McKeesville, PA					
Completed by JOSEPH P. MILLER		Title PRESIDENT		Signature <i>[Signature]</i>				Date 3/26/18	

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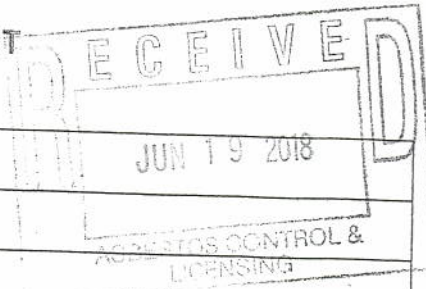
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

CK# 3388

Date of Notification (1) 5/22/18		Name of Building Owner / Operator (2) Cross America Partners		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 19 2018 ASBESTOS CONTROL & LICENSING Telephone Number 610-625-8000 </div>					
Agencies Notified	Type Notification	Street Address 601 W Hamilton St							
<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 checked="" type="checkbox"/> Amended-R #2-6/13/18 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Allentown, PA 18101							
		Name of Contact Randy Kehs							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Garage			Type of Facility (4)						
Street Address 813 Amboy Ave			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Perth Amboy	County (6) Middlesex	County Code (7)	Square Feet 2500	# of Floors 1	Bldg. Age 60+				
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection			Name of Abatement Contractor (9) Bristol Environmental, Inc.						
Street Address 120 North Warren Street			Street Address 1123 Beaver Street						
City, State & Zip Code Trenton, NJ 08010			City, State & Zip Code Bristol, PA 19007						
Project Manager for Monitoring Firm Rollie Jones			Telephone Number 609-392-4200						
Telephone Number 609-392-4200			License Number 00509						
Scheduled Start Date (10) 6/15/18	Scheduled Completion Date (11) 6/19/18		Name of OSHA Monitor Bristol Environmental Inc.						
Occupancy Status During Abatement (Check only one)			Street Address 1123 Beaver Street						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement 7AM to 3:30 PM			City, State & Zip Code Bristol, PA 19007						
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 ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flashing	225 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Residual Mastic	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 2 Cu Yd	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE		Disposal Date TBD		City, State Waynesburg, OH					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager		Signature <i>Gino Pizzigoni</i>			Date 6/4/18		

GI 18121-D

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



Date of Notification (1) 5/22/18		Name of Building Owner / Operator (2) Cross America Partners	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended-REV #1- 6/4/18 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 601 W Hamilton St City, State & Zip Code Allentown, PA 18101
	Name of Contact Randy Kehs		Telephone Number 610-625-8000

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Garage		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 813 Amboy Ave		Square Feet 2500	# of Floors 1
City (5) Perth Amboy	County (6) Middlesex	Bldg. Age 60+	
County Code (7)		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Bristol Environmental, Inc.	
City, State & Zip Code Trenton, NJ 08010		Street Address 1123 Beaver Street	
Project Manager for Monitoring Firm Rollie Jones		City, State & Zip Code Bristol, PA 19007	
Telephone Number 609-392-4200		Telephone Number (215)788-6040	License Number 00509
Scheduled Start Date (10) ON HOLD	Scheduled Completion Date (11)		
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 Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement 7AM to 3:30 PM		Name of OSHA Monitor Bristol Environmental Inc.	
Street Address 1123 Beaver Street		City, State & Zip Code Bristol, PA 19007	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf ≥260 lf

☐ Renovation
☒ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedures
☒ Non-Exempted and Non-Friable Procedure

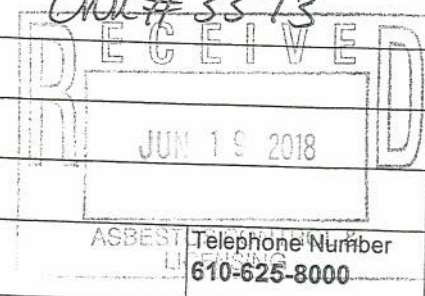
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flashing	225 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Residual Mastic	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 2 Cu Yd	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE	Disposal Date TBD	City, State Waynesburg, OH	
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature <i>Gino Pizzigoni / gk</i>	Date 6/4/18

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

CHK # 3373

Date of Notification (1) 5/22/18		Name of Building Owner / Operator (2) Cross America Partners	
Agencies Notified <input checked="" type="checkbox"/> EPA 9029 <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 8992 <input checked="" type="checkbox"/> DOH 9005 <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 601 W Hamilton St City, State & Zip Code Allentown, PA 18101 Name of Contact Randy Kehs Telephone Number 610-625-8000	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Garage			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 813 Amboy Ave			Square Feet 2500	# of Floors 1	Bldg. Age 60+
City (5) Perth Amboy	County (6) Middlesex	County Code (7)	Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 120 North Warren Street		Street Address 1123 Beaver Street			
City, State & Zip Code Trenton, NJ 08010		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm Rollie Jones		Telephone Number 609-392-4200	Telephone Number (215)788-6040	License Number 00509	
Scheduled Start Date (10) 6/5/18	Scheduled Completion Date (11) 6/5/18		Name of OSHA Monitor Bristol Environmental 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 Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement 7AM to 3:30 PM			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flashing	225 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Residual Mastic	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

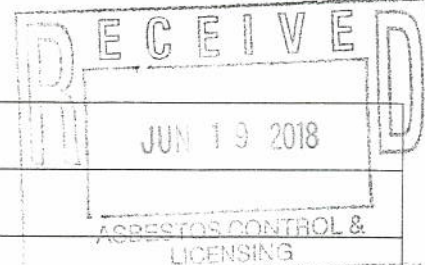
Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 2 Cu Yd	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 6/5/18	City, State Waynesburg, OH		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 5/22/18

GI 181210

OK 0537

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

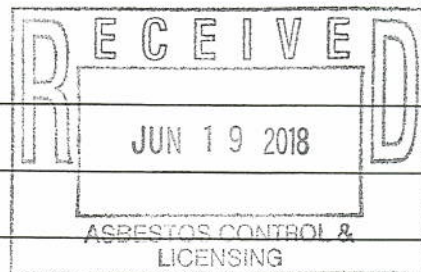


Date of Notification (1) 06/14/2018		Name of Building Owner/Operator (2) Glenwood Apartments							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <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 1 Cherry Hill Ln						
			City, State, Zip Code Old Bridge, NJ						
			Name of Contact Eric Prieto						
			Telephone Number 732-727-1414						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Glenwood Apartment		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 17 Cyprus Ln		Square Feet 2,000	# of Floors 2						
City (5) Old Bridge		Bldg. Age 60+							
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment						
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. 00693						
Start Date (10) 06/28/2018		Scheduled Completion Date (11) 06/29/2018							
Name of OSHA Monitor DIA General Construction, 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 1360 Clifton Avenue, PMB Suite 218							
		City, State, Zip Code Clifton, NJ 07012							
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) 17 A-D Cyprus Ln	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) 140 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
	x			Pipe/Elbow Insulation		x			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 9.00	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE 19720		Disposal Date 06/29/2018		City, State Waynesburg, OH 44688					
Completed by Milan Njezic		Title Vice President		Signature 		Date 06/14/2018			

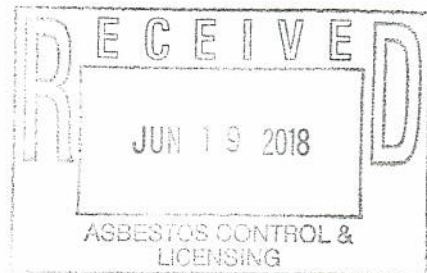
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Print Form

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



Date of Notification (1) 06/15/2018		Name of Building Owner/Operator (2) Bergenfield BOE						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 225 West Clinton Ave.						
		City, State, Zip Code Bergenfield, NJ 07621						
		Name of Contact Paul McDevitt	Telephone Number 201-247-1707					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Bergenfield Elementary School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 2 NORTH FRANKLIN AVENUE								
City (5) Bergenfield, NJ 07621		Square Feet 50,000+	# of Floors 2 Bldg. Age 50+					
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 00127	Name of Abatement Contractor (9) GL Group Inc.					
Street Address 1248 WRIGHTS LANE WEST CHESTER		Street Address 140 Hamburg Turnpike						
City, State, Zip Code PENNSYLVANIA 19380		City, State, Zip Code Bloomingdale, NJ 07403						
Project Manager for Monitoring Firm Matthew Abraham		Telephone No. 610-431-7545	Telephone No. 210-710-9725 License No. 01084					
Start Date (10) 06/25/2018	Scheduled Completion Date (11) 07/02/2018	Name of OSHA Monitor GL Group 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 140 Hamburg Turnpike City, State, Zip Code Bloomingdale, NJ 07403						
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
Multi Locations		X	See attached		X			
Name of Registered Waste Hauler GL Group Inc.		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste	Name of Registered Landfill Minerva Enterprises				
City, State Bloomingdale, NJ		Disposal Date 06/30/2018		City, State Waynesburg, OH				
Completed by Elena Solakov		Title President	Signature Elena Solakov		Date 06/15/2018			



FRANKLIN SCHOOL HEATING SYSTEM PIPING
SCHOOL HEATING SYSTEM ASBESTOS TSI REMOVAL

1909 BASEMENT AREAS

Asbestos Fitting Insulation	
25% Chrysotile	
LOCATION	MATERIAL TO BE REMOVED
Art Room	80 linear feet of pipe insulation & associated fittings
Unidentified basement area 1	50 linear feet of pipe insulation & associated fittings
Unidentified basement area 2	20 linear feet of pipe insulation & associated fittings
Store Room	10 linear feet of pipe insulation & associated fittings
Boiler Room	50 linear feet of pipe insulation & associated fittings
Behind Boiler	40 linear feet of pipe insulation & associated fittings
IT Room	10 linear feet of pipe insulation & associated fittings
Old Lav.	10 linear feet of pipe insulation & associated fittings
Hall o/s Lav.	60 linear feet of pipe insulation & associated fittings
ID Fan Room	6 linear feet of pipe insulation & associated fittings
TOTAL	336 feet of pipe insulation & associated fittings

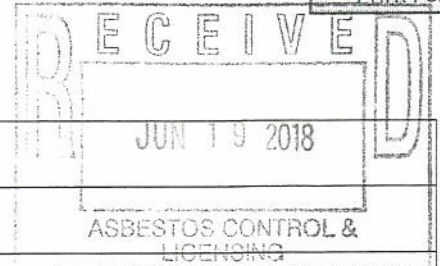
1st & 2nd FLOOR AREAS	
Asbestos Pipe Insulation	
8% - 25% Chrysotile	
LOCATION	MATERIAL TO BE REMOVED
CR 109	12 linear feet of pipe insulation
CR 109 Closet	12 linear feet of pipe insulation
CR 108	20 linear feet of pipe insulation
CR 107	10 linear feet of pipe insulation
CR 107 Closet	8 linear feet of pipe insulation
CR 106 Closet	24 linear feet of pipe insulation
Shorty's Office (in Main Office)	18 linear feet of pipe insulation
CR 209	6 linear feet of pipe insulation

CR 208 Closet	6 linear feet of pipe insulation
CR 207	24 linear feet of pipe insulation
CR 207 Closet	6 linear feet of pipe insulation
CR 206 Closet	6 linear feet of pipe insulation
Custodial Closet (2 nd flr)	5 linear feet of pipe insulation
TOTAL	139 linear feet of pipe insulation



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

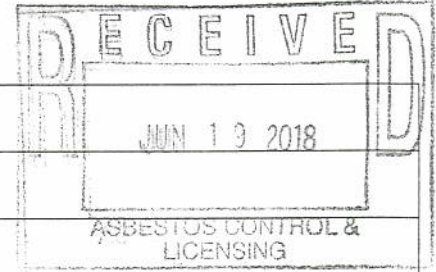


Date of Notification (1) 06/14/2018		Name of Building Owner/Operator (2) Glenwood Apartments							
Agencies Notified	Type Notification	Street Address 1 Cherry Hill Ln							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Old Bridge, NJ							
		Name of Contact Eric Prieto	Telephone Number 732-727-1414						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Glenwood Apartment		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 14 & 20 Cotton wood Ln		Square Feet 2,000	# of Floors 2						
City (5) Old Bridge		Bldg. Age 60+							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment							
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. 973-389-0089	License No. 00693						
Start Date (10) 06/28/2018	Scheduled Completion Date (11) 06/30/2018	Name of OSHA Monitor DIA General Construction, 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 1360 Clifton Avenue, PMB Suite 218							
		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 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
14 A-D Cottonwood Ln	x			Pipe/Elbow Insulation	180 LF	x			
20 A-D Cottonwood Ln	x			Pipe/Elbow Insulation	150 LF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 6 CY	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE 19720		Disposal Date 06/30/2018		City, State Waynesburg, OH 44688					
Completed by Milan Njezic		Title Vice President	Signature 	Date 06/14/2018					

OK 8533

Print Form

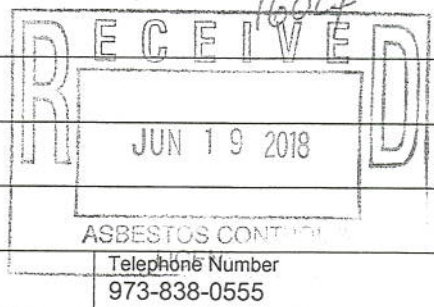
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06/14/2018		Name of Building Owner/Operator (2) Glenwood Apartments							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Cherry Hill Ln							
		City, State, Zip Code Old Bridge, NJ							
		Name of Contact Eric Prieto	Telephone Number 732-727-1414						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Glenwood Apartment		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 14 Apple Tree Ln		Square Feet 2,000	# of Floors 2						
City (5) Old Bridge		Bldg. Age 60+							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment							
Name of Monitoring Firm Hired by Building Owner (8) N/A		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. 973-389-0089	License No. 00693						
Start Date (10) 06/28/2018	Scheduled Completion Date (11) 06/29/2018	Name of OSHA Monitor DIA General Construction, 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 1360 Clifton Avenue, PMB Suite 218							
		City, State, Zip Code Clifton, NJ 07012							
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
14 A-D Apple Tree Ln	x			Pipe/Elbow Insulation	140 LF	x			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 2.04	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE 19720		Disposal Date 06/29/2018		City, State Waynesburg, OH 44688					
Completed by Milan Njezic		Title Vice President		Signature 		Date 06/14/2018			

PAID

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

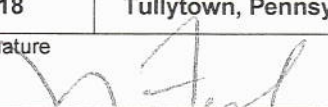


Date of Notification (1) 6/15/2018		Name of Building Owner/Operator (2) Bloomindale Board of Education							
Agencies Notified	Type Notification	Street Address 225 Glenwild Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bloomindale NJ 07403							
		Name of Contact Vincent Occhino	Telephone Number 973-838-0555						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Walter T Bergen School		Type of Facility (4)							
Street Address 225 Glenwild 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) Bloomindale NJ		Square Feet 14000	# of Floors 2						
County (6) Passaic County		Bldg. Age +50							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ABS Environmental Corp		ASCM No. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC						
Street Address Po Box 483		Street Address 1435 51st Street							
City, State, Zip Code Glenwood		City, State, Zip Code North Bergen NJ 07047							
Project Manager for Monitoring Firm Scott Higgs		Telephone No. 973-764-9676	License No. 01320						
Start Date (10) 6/25/2018	Scheduled Completion Date (11) 7/20/2018		Name of OSHA Monitor Iris Environmental Laboratories						
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union NJ 07803							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
See attachment				See attachment					
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill					
City, State Po Box 5670			Disposal Date	City, State 2335 Applebutter Rd Bethlehem PA					
Completed by Marcos Regato		Title President	Signature <i>Marcos Regato</i>			Date 6/15/2018			

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

Date of Notification (1) 06 / 15 / 18		Name of Building Owner/Operator (2) Robert Wood Johnson University Hospital Somerset							
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 110 Rehill City, State, Zip Code Somerville, NJ 08876 Name of Contact Joseph Troegner Telephone Number 908-243-8691							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Robert Wood Johnson University Hospital Somerset		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 110 Rehill		Square Feet 200,000 sf							
City (5) Somerville		# of Floors 6	Bldg. Age 65						
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) EM & CA		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address P O Box 872		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Somerville, NJ 08876		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Joel Russell		Telephone No. 732-249-3005	License No. 00624						
Start Date (10) 06 / 15 / 18	Scheduled Completion Date (11) 06 / 19 / 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
2 Central	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile	25 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Central	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	10 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 Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 06/19/18		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 6/15/18			

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

Check # 1296

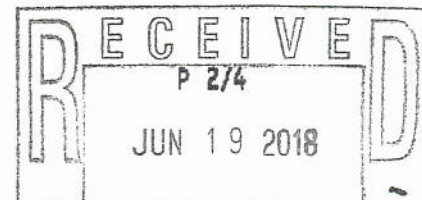
Date of Notification (1) June 15, 2018		Name of Building Owner / Operator (2) Wright Memorial Presbyterian Church	
Agencies Notified	Type Notification	Street Address	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 19 2018 ASBESTOS CONTRACTORS LICENSING </div>
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	322 South Main Street City, State & Zip Code Barnegat, NJ 08005	
		Name of Contact Terry Wright	
<div style="text-align: center;">FACILITY INFORMATION</div>			
Name of Facility Where Abatement is Taking Place (3) 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, home, etc.)	
City (5) Barnegat		Square Feet 1,500	# of Floors 2
County (6) Ocean		Bldg. Age 119 years	
County Code (7) Ocean		Current Use (Prior if being demolished) Pastor residence	
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address		Street Address 829 Radio Road	
City, State & Zip Code		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) July 13, 2018	Scheduled Completion Date (11) August 13, 2018	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one)		Street Address 829 Radio Road	
<input checked="" type="checkbox"/> Facility Closed/ <u>Vacated</u> During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code Little Egg Harbor, NJ 08087	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
	Yes No N/A		
Basement		Pipe Wrap	90 LF
Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Hills
City, State Little Egg Harbor, NJ	Disposal Date August 14, 2018	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date June 15, 2018

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

2018-06-14 14:50

Shade Environmental 609 633 3664

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



Date of Notification (1) <u>06</u> / <u>14</u> / <u>18</u>		Name of Building Owner/Operator (2) Rutgers University Health & Safety Office		ASBESTOS CONTROL & LICENSING OL-10 DAY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 8:23-8)		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 74 St 1603 City, State, Zip Code Placataway, NJ 08654 Name of Contact Michael F. Smith, HSS	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Rutgers University Camden Campus Science Building				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 315 Penn Street				Squares Feet 50,000	
City (5) Camden				# of Floors 4	
County (6) Camden				Bldg. Age 80	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Academic	
Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services, LLC		ASCM No. 00098		Name of Abatement Contractor (9) Shade Environmental LLC	
Street Address 3 Terri Lane, Suite 4		Street Address 623 Cutler Avenue			
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Maple Shade, NJ 08052			
Project Manager for Monitoring Firm Brian Kearney		Telephone No. 609-479-8513		Telephone No. 856-755-0099	
Start Date (10) 06 / 15 / 18		Scheduled Completion Date (11) 07 / 06 / 18		License No. 00842	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/5:00 PM-5:00 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 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)
	Yes	No	N/A		
Basement Laboratory Suite	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	1,924 SF
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler Freshhold Cartage		NJDEP Waste Hauler ID No. 15938		Cubic Yards of Waste 40	
City, State Freshhold, NJ		Disposal Date 07/06/2018		Name of Registered Landfill Friedens Landfill	
City, State Freshhold, NJ		Disposal Date 07/06/2018		City, State Marriottville, PA	
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 	
				Date 6/14/18	

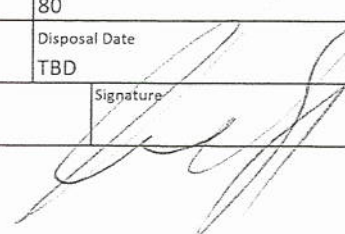
ASB-41
JAN 13

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

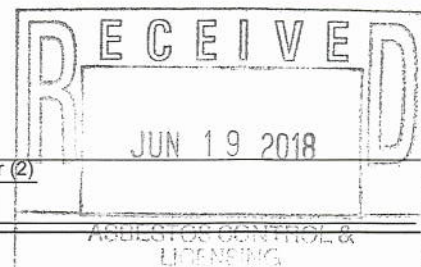
CK4 1117

Date of Notification (1) 6/14/18		Name of Building Owner/Operator (2) River Edge Board of Education		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 19 2018 ASBESTOS CONTROL & LICENSING </div>			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 410 Bogart Road City, State, Zip Code River Edge, NJ 07661	
		Name of Contact Bosko Boskovski c/o Galia Construction Inc.				Telephone Number 973-593-3157	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Roosevelt Elementary School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)			
Street Address 711 Summit Avenue				Square Feet 10,000			
City (5) River Edge, NJ 07661				# of Floors 1+			
County (6) Bergen				Bldg. Age 70			
County Code (7) (STATE USE ONLY) _____				Current Use (Prior if being demolished) Elementary School			
Name of Monitoring Firm Hired by Building Owner (8)				ASCM No. 0090			
Street Address				Name of Abatement Contractor (9) Unicorn Contracting Corp.			
City, State, Zip Code				Street Address 32 Willow Way			
Project Manager from Monitoring Firm				City, State, Zip Code Woodland Park, NJ 07424			
Telephone No. 908-454-6316				Telephone No. 973-333-9176			
Start Date (10) 7/2/18				License No. 01331			
Scheduled Completion Date (11) 7/16/18				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: OCCUPIED				Street Address 20-21 Wagaraw Rd., Bldg. 35-E			
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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 Fair Lawn, NJ 07410			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)			
		Yes No N/A		Amount (Specify SF or LF)			
Roof		X		Roofing Materials			
Roof		X		Roofing Flashing Materials			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 80			
City, State Woodland Park, New Jersey		Disposal Date TBD		Name of Registered Landfill Fairless Hills Landfill			
Completed by Dimo Golcev		Title General Manager		Signature 			
				Date 6/14/18			

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STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 AND 12:120)



Date of Notification (1) 6/13/2018		Name of Building Owner/Operator (2) Park Ridge School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 85 Pascack Rd		City, State, Zip Code Park Ridge, NJ	
Name of Contact Mr. Robert Wright		Tel. Number 201 573 6000	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Park Ridge 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 2 Park Ave			
City (5) Park Ridge	County (6) Bergen	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Westchester Environmental		ASCM No. 00127	
Street Address 1248 Wrights Lane		Name of Contractor (9) MTM Metro Corporation	
City, State, Zip Code West Chester PA 19380		Street Address 135-137 McBride Ave	
Project Manager for Monitoring Firm Matthew Abraham		Telephone Number 973-742-5030	
Telephone Number 610 431 7545		License Number 00809	
Scheduled Start Date (10) 6/26/2018		Scheduled Completion Date (11) 7/10/2018	
Name of OSHA Monitor MTM Metro Corporation			
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 135-137 McBride Avenue	
		City, State, Zip Code Paterson, NJ 07501	
Source 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"/> Mini-Enclosure <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input checked="" type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Ground Flr. Hallway&selected classroom	<input checked="" type="checkbox"/>	Pipe and fitting insulation	920 LF
Buildings&grounds,Cafeteria	<input checked="" type="checkbox"/>	Pipe and fitting insulation	12 LF
Classroom 105, English Office	<input checked="" type="checkbox"/>	Pipe and fitting insulation	9 LF
Abatement Type			
Rem. Rep. Encap Enclose			
Name of Reg. Waste Hauler MTM Metro Corporation	NJDEP Waste Hauler ID # 26552	Cubic Yards of Waste 15	Name of Reg. Landfill Tullitown
City, State 135-137 McBride Ave		Disp. Date 7/11/2018	City, State Tullytown, PA
Completed by (Print or Type) Mike Damevski	Title Project manager	Signature <i>Mike Damevski</i>	Date 6/13/2018

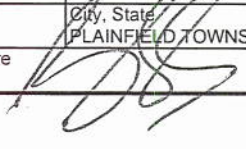
ASB-41

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

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

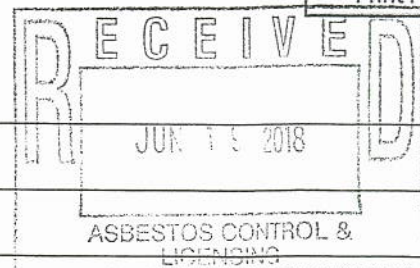
CK # 32293

Date of Notification (1) 6 / 14 /18		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY		<div>RECEIVED</div> JUN 19 2018	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION			
Street Address 400 SOUTH ORANGE AVENUE		City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079			
Name of Contact VICTORIA PIVOVARNICK		Telephone Number 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 - CORRIGAN HALL			Square Feet 40,000		
City (5) SOUTH ORANGE			# of Floors 3		
County (6) ESSEX			Bldg. Age 40+		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) UNIVERSITY		
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL INC.			Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
Street Address 1253 NORTH CHURCH STREET			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MOORESTOWN, NEW JERSEY 08057			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm JIM GUILARDI			Telephone Number 845-369-7500		
Telephone Number 856-840-8800			License Number 1101		
EXPECTED START DATE (10): (RESTART) 7 / 13 /18			Sched. Completion Date (11) 9 / 13 /18		
Month Day Year			Month Day Year		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-12AM			Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.		
Street Address 1376 ROUTE 9			City, State, Zip Code WAPPINGERS FALLS, NY 12590		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			<input checked="" type="checkbox"/> Full Containment <input type="checkbox"/> Mini Enclo. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)			Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A		
Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)		
2nd Floor Room 62			Floor Tile Mastic 775 SF		
2nd Floor Room 62			Ceiling Plaster 775 SF		
Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD. City, State NEWARK, NEW JERSEY 07105			NJDEP Waste Hauler ID No. 913		
Cubic Yards of Waste 30			Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL		
Disposal Date 7/13-9/13/2018			City, State PLAINFIELD TOWNSHIP, PA		
Completed by (Print or Type) BENJAMIN SANCHEZ			Title DIRECTOR OF OPERATIONS		
Signature 			Date 6/14/18		

no OK

Print Form

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



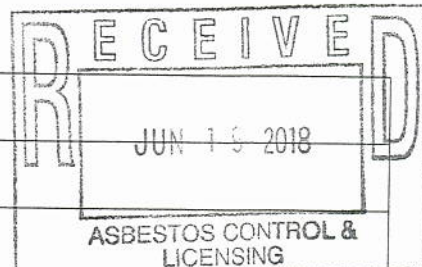
Date of Notification (1) 06/15/2018		Name of Building Owner/Operator (2) Bergenfield BOE							
Agencies Notified	Type Notification	Street Address 225 West Clinton Ave.							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" 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 Bergenfield, NJ 07621							
		Name of Contact Paul McDevitt	Telephone Number 201-247-1707						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Roy Middle School		Type of Facility (4)							
Street Address 130 S Washington Ave.		<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) Bergenfield, NJ 07621		Square Feet 50,000	# of Floors 2						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 00127	Name of Abatement Contractor (9) GL Group Inc.						
Street Address 1248 WRIGHTS LANE WEST CHESTER		Street Address 140 Hamburg Turnpike							
City, State, Zip Code PENNSYLVANIA 19380		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Matthew Abraham		Telephone No. 610-431-7545	License No. 01084						
Start Date (10) 06/25/2018	Scheduled Completion Date (11) 06/29/2018	Name of OSHA Monitor GL Group Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 140 Hamburg Turnpike							
<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 Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
Rm 27		X		Pipe Insulation	7LF	X			
Name of Registered Waste Hauler GL Group Inc.		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste	Name of Registered Landfill Minerva Enterprises					
City, State Bloomingdale, NJ		Disposal Date 06/30/2018		City, State Waynesburg, OH					
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>			Date 06/15/2018		

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

Date of Notification (1) 06/15/2018		Name of Building Owner/Operator (2) Bergen County Technical Schools							
Agencies Notified	Type Notification	Street Address 327 E. Ridgewood Ave							
<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 Paramus, NJ 07652							
		Name of Contact	Telephone Number 201-343-6000						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N. A. Bleshman Reginal Day 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 333 E. Ridgewood Ave		Square Feet	# of Floors						
City (5) Paramus		Bldg. Age							
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) TTI Environmental Inc		ASCM No.	Name of Abatement Contractor (9) VMC Company Inc						
Street Address 1253 N. Church Street		Street Address 208 Piaget Avenue							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm		Telephone No. 856-840-8800	License No. 00704						
Start Date (10) 07/02/2018	Scheduled Completion Date (11) 07/06/2018	Name of OSHA Monitor VMC Company 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							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Entrance		x		Ceramic tile wet bed	450 SF	x			
Various locations		x		Fire Doors	9 EA	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Newark, NJ			Disposal Date	City, State Morrisville, PA					
Completed by Voytek Roszkowski		Title President	Signature <i>V. Roszkowski</i>	Date 06/15/2018					

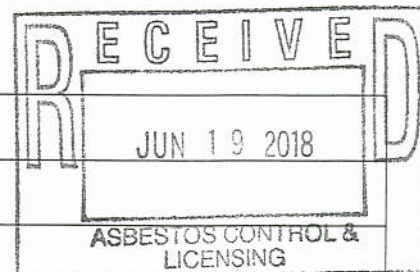
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

PAID



Date of Notification (1) 06/15/2018		Name of Building Owner/Operator (2) Woodbury City BOE							
Agencies Notified	Type Notification	Street Address 25 N. Broad Street	ASBESTOS CONTROL & LICENSING						
<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 Woodbury, NJ 08096							
		Name of Contact Kara L. Huber							
		Telephone Number 856-853-0123							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Woodbury 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 N. Broad Street		Square Feet	# of Floors						
City (5) Woodbury		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) Horizon Environmental Inc		ASCM No.	Name of Abatement Contractor (9) VMC Company Inc						
Street Address PO 316		Street Address 208 Piaget Avenue							
City, State, Zip Code Thorafare, NJ 08086		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm Steve Flanningan		Telephone No. 856-848-0800	Telephone No. 973-253-8828						
Start Date (10) 06/28/2018		Scheduled Completion Date (11) 07/03/2018	License No. 00704						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor VMC Company Inc							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Various locations		X		Transite panels	140 SF	X			
Name of Registered Waste Hauler William Miller Inc		NJDEP Waste Hauler ID No. 07957	Cubic Yards of Waste	Name of Registered Landfill Gloucester County Landfill					
City, State Deptford, NJ			Disposal Date	City, State Swedsboro NJ					
Completed by Voytek Roszkowski		Title President	Signature <i>Voytek Roszkowski</i>			Date 06/15/2018			

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



Date of Notification (1) 06/14/2018		Name of Building Owner/Operator (2) Bernards Township School District								
Agencies Notified	Type Notification	Street Address 101 Peachtree Road								
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Basking Ridge NJ 07920								
		Name of Contact Roderic McLaughlin	Telephone Number 908-204-2600							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Liberty Corner Elementary School		Type of Facility (4)								
Street Address 61 Church Street		<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) Liberty Corner NJ 07938		Square Feet 90,000	# of Floors 2							
		Bldg. Age 30 years								
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Public School								
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants		ASCM No. 0057	Name of Abatement Contractor (9) Savic Construction Corp							
Street Address PO Box 385		Street Address 205 Route 46 Suite 15								
City, State, Zip Code Oceanville, NJ, 08231-0385		City, State, Zip Code Totowa, NJ 07512								
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 973-339-9735							
		License No. 01034								
Start Date (10) 06/25/2018	Scheduled Completion Date (11) 07/10/2018	Name of OSHA Monitor Savic Construction Corp								
Occupancy Status During Abatement (Check Only One)		Street Address 205 Route 46 Suite 15								
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Totowa, NJ 07512								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition										
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					
					Removal	Repair	Encapsulate	Enclosure		
Classroom 100,101,103,		Yes	No	N/A	VAT & Mastic on luan	2004 SF	x		x	
Classroom 200,200A,201,200B,202			X		VAT & Mastic on luan	2508 SF	x		x	
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Newark NJ		Disposal Date 07/10/2018		City, State Morrisville, PA						
Completed by Sava Savic		Title President		Signature <i>Sava Savic</i>			Date 06/14/2018			

B & G proj. #: 2018-128B

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

Check # 9017

Date of Notification (1) <u>06/15/2018</u>		Name of Building Owner/Operator (2) Englewood Cliffs School District		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; margin: 0 auto; width: 100px;">RECEIVED</div> <div style="margin-top: 10px; font-size: 1.2em;">JUN 19 2018</div> <div style="margin-top: 10px; font-size: 0.8em;">ASBESTOS CONTROL & 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		143 Charlotte Place		
Type Notification		City, State, Zip Code		
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		Englewood Cliffs, NJ 07632		
		Name of Contact		Telephone Number
		Sue Anne Mather		(201)567-6151

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Upper School Elementary School (SUB 8)			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 143 Charlotte Place			Square Feet: 50,000 # of Floors: 2 Bldg. Age: 90		
City (5) Englewood Cliffs	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) Elementary School		
Name of Monitoring Firm Hired by Bldg. Owner (8) Westchester Environmental LLC		ASCM No. 127	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 1248 Wrights Lane			Street Address 105 Ryerson Road		
City, State, Zip Code Westchester, PA 19380			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Matthew Abraham		Phone Number 610-996-3515	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 06/25/2018		Sched. Completion Date (11) 06/26/2018	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>occupied</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 checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-friable procedure |

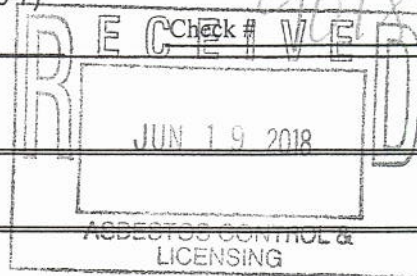
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Mens/Ladies faculty bathrooms			X	pipe fitting insulation	35 lf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 06/26/2018	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 06/15/2018

B & G proj. #: 2018-123

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

Sub chapter 8



Date of Notification (1) 06/11/18		Name of Building Owner/Operator (2) Tenafly Board of Education	
Agencies Notified	Type Notification	Street Address 500 Tenafly Road	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Tenafly, NJ 07670	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Tom Lepore	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number 201-563-9605	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Tenafly 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 19 Columbus Drive			Square Feet 50,000		
City (5) Tenafly			# of Floors 2		
County (6) Bergen			Bldg. Age 90		
County Code (7) (State use only)			Current Use (Prior if being demolished) High School		
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision		ASCM No. 0079		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 20-10 Maple Avenue, Building 35E		Street Address 105 Ryerson Road		City, State, Zip Code Lincoln Park, NJ 07035	
City, State, Zip Code Fair Lawn, NJ 07410		Telephone Number (973)696-6869		License Number 00378	
Project Manager for Monitoring Firm Willie Morales		Phone Number 973-636-9145		Name of OSHA Monitor B & G Restoration, Inc.	
Scheduled Start Date (10) 06/25/2018		Sched. Completion Date (11) 07/02/2018		Street Address 105 Ryerson Road	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: <u>OCCUPIED</u>				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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
boiler room			<input checked="" type="checkbox"/>	breaching insulation	2.200 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room			<input checked="" type="checkbox"/>	interior boiler gaskets & packing insul	50 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room			<input checked="" type="checkbox"/>	water tank - suspended	150 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"/>

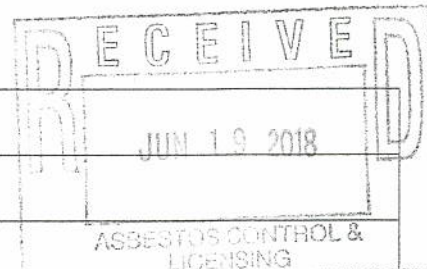
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 45	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 06/25/18-07/02/18	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 06/11/2018

OK 4336

Print Form

PAID

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



Date of Notification (1) 06/15/2018		Name of Building Owner/Operator (2) School District of Chatham							
Agencies Notified	Type Notification	Street Address 58 Meyersville Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Chatham, NJ 07928							
		Name of Contact John Cataldo	Telephone Number 973 766 6137						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Southern Boulevard 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 192 Southern Boulevard		Square Feet 75,000	# of Floors 3						
City (5) Chatham		Bldg. Age 70							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental Analysis, Inc.		ASCM No. 0090	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.						
Street Address 401 St. James Avenue		Street Address 265 Route 46 Suite 3D							
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Jon Gilbert		Telephone No. 908 454 6316	Telephone No. 973 256 7010						
		License No. 00666							
Start Date (10) 07/02/2018	Scheduled Completion Date (11) 07/07/2018	Name of OSHA Monitor Bako Construction & Restoration, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 265 Route 46 Suite 3D							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Pump Room & Hallway	X			Pipe Fitting Insulation	40 LF	X			
Basement Electric Room & Storage	X			Pipe Fitting Insulation	34 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 07/09/2018	City, State Tullytown, PA					
Completed by Goran Kojic		Title Project Manager	Signature 	Date 06/15/2018					

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

Date of Notification (1) 6/15/2018		Name of Building Owner/Operator (2) 52 Park Ave, LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 19 2018 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified	Type Notification	Street Address 831 Las Trampas Rd.		
<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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code Lafayette, CA, 94549		
		Name of Contact Diane and Mike Archer	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 52 Park Ave, LLC			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 52 Park Ave			Square Feet # of Floors Bldg. Age		
City Verona, NJ, 07044	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371	
Scheduled Start Date (10) 6/29/18	Sched. Completion Date (11) 7/3/18	Name of OSHA Monitor N/A		
Month Day Year Month Day Year <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

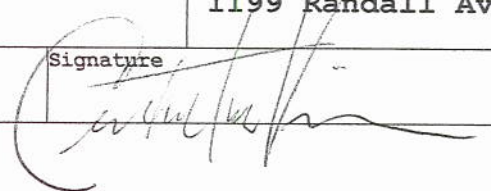
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Garage			X	Roofing and flashing	450SF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 10	Name of Registered Landfill Tri- State	
City, State Montclair, NJ 07042		Disposal Date		City, State 1199 Randall Ave, Bronx	
Completed By (Print or Type) Constantine Vivian	Title President	Signature 		Date 6/15/2018	

PAID

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

Date of Notification (1) 6/15/2018		Name of Building Owner/Operator (2) Kevin & Paulette Fahy		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 19 2018 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code Cranford, NJ, 07016		
		Name of Contact Kevin & Paulette Fahy	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kevin and Paul Fahy			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City Cranford, NJ, 07016	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371	
Scheduled Start Date (10) 6/19/18 Month Day Year	Sched. Completion Date (11) 6/20/18 Month Day Year	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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

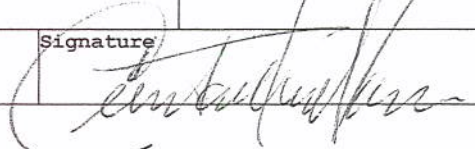
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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


Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Ground floor			X	VAT floor tile	345 SF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 2.5	Name of Registered Landfill Tri-State	
City, State Montclair, NJ 07042		Disposal Date 6/21/18	City, State 1199 Randall Ave, Bronx		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 6/15/2018		

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

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Check 17740

Date of Notification (1) 6/15/18		Name of Building Owner/Operator (2) Sharon Wright							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>						
			City, State, Zip Code Hampton, NJ 08827						
			Name of Contact Raphael Rodrigues						
			Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>		Square Feet 2100							
City (5) Hampton		# of Floors 2	Bldg. Age 70						
County (6) Hunterdon		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) house						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276						
License No. 703									
Start Date (10) 6/27/18		Scheduled Completion Date (11) 7/6/18							
Name of OSHA Monitor									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>basement</u>		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	27 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold NJ		Disposal Date TBD		City, State Birdsboro PA					
Completed by A. Scott Higgins		Title President		Signature 				Date 6/15/18	

06/14/2018 11:58AM 2013297440

BEST REMOVAL INC

PAGE 02/04

CK 4657

RECEIVED

DOL - 10 DAY

JUN 14 2018

ASBESTOS CONTROL & LICENSING

WAVES APPROVED

Date of Notification (1) 6/14/18		Name of Building Owner/Operator (2) LEONARD CUNNINGHAM		DOL - 10 DAY		JUN 14 2018	
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 [REDACTED]		City, State, Zip Code ELIZABETH, NJ	
		Name of Contact MR. TOMASSO		Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MR. LEONARD CUNNINGHAM				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address [REDACTED]				Square Feet 3000			
City (5) ELIZABETH				# of Floors 2		Bldg. Age 1940	
County (6) UNION				County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8)				ASCM No.		Name of Abatement Contractor (9)	
Street Address				Best Removal Inc		Street Address	
City, State, Zip Code				430 South River Street		City, State, Zip Code	
Project Manager for Monitoring Firm				Telephone No.		Telephone No.	
Start Date (10) 6/16/18				Scheduled Completion Date (11) 6/17/18		License No. 00388	
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 Other - Describe: 8:00AM TO 5:00PM				Name of OSHA Monitor Omega Environmental			
				Street Address		280 Huyler Street	
				City, State, Zip Code		South Hackensack, NJ 07606	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Misting Procedure <input checked="" type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-impervious 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, piping, VAT, or other miscellaneous)		Amount: (Specify SF or LF)	
		Yes No N/A					
BASEMENT				THERMAL SYSTEM INSULATION		30 SF X	
BASEMENT				THERMAL SOUTACING		48 SF X	
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill	
Best Removal Inc		17109		2 1/2 CY		Irava Enterprises, LLC	
City, State				Disposal Date		City, State	
Hackensack, NJ 07601				6/18/18		Haysburg, OH 44688	
Completed by		Title		Signature		Date	
J. Maiorano		Estimator		[Signature]		6/14/18	

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

Print Form

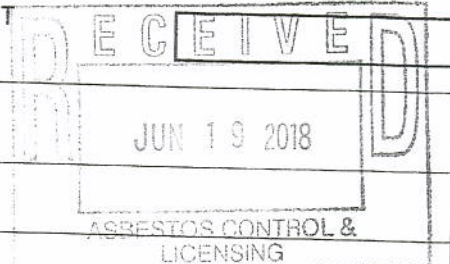
1578

Date of Notification (1) 6/1/2018		Name of Building Owner/Operator (2) Jan Dunn		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 13 2018 LICENSURE </div>					
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 Cranford NJ 07016			
						Name of Contact Jan Dunn			
<div style="text-align: center;">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) Private property				Type of Facility (4)					
Street Address [REDACTED]				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Cranford NJ				Square Feet 1800	# of Floors 2				
County (6) Union County				County Code (7) (STATE USE ONLY)	Bldg. Age +50				
Name of Monitoring Firm Hired by Building Owner (8) N/A				ASCM No. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC				
Street Address N/A				Street Address 1435 51st Street					
City, State, Zip Code N/A				City, State, Zip Code North Bergen NJ 07047					
Project Manager for Monitoring Firm N/A				Telephone No. N/A	License No. 01320				
Start Date (10) 6/1/2018		Scheduled Completion Date (11) 6/4/2018		Name of OSHA Monitor Iris Environmental Laboratories					
Occupancy Status During Abatement (Check Only One)				Street Address 2333 Route 22 West					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Union NJ 07803					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
Attic			X	vermiculite	480SF	X			
Name of Registered Waste Hauler Newark Carting Inc				NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill			
City, State Po Box 5670				Disposal Date	City, State 2335 Applebutter Rd Bethlehem PA				
Completed by Marcos Regato				Title President	Signature <i>Marcos Regato</i>	Date 6/1/2018			

Check#3083

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



Date of Notification (1) 06 / 15 / 18		Name of Building Owner/Operator (2) Deborah Mastrobattista							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Bound Brook, NJ 08805							
Name of Contact Deborah Mastrobattista		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age							
City (5) Bound Brook, NJ 08805		County Code (7) (STATE USE ONLY)							
County (6) Somerset		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Gr Tech LLC							
City, State, Zip Code		Street Address 576 Valley Rd #283							
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470							
Telephone No.		Telephone No. 973-638-1777							
Start Date (10) 06 / 26 / 18		License No. 01127							
Scheduled Completion Date (11) 06 / 27 / 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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 If <input type="checkbox"/> > 160 sf or >260 If		<input type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
City, State, Zip Code Fair Lawn, NJ 07410									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct insulation	140 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc				
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>			Date 06/15/18		

ASB-41

MAY 11

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