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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:30 and 12:120)

PAID

RECEIVED  
JUN 11 2018  
ASBESTOS CONTROL & LICENSING

RECEIVED  
JUN 20 2018  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/06/18		Name of Building Owner/Operator (2) New Jersey State Police							
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 checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address P.O. Box 7068		City, State, Zip Code West Trenton, NJ 08628							
Name of Contact Mike Genco		Telephone Number 609-852-2000							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) New Jersey State Police		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 2 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1040 River Road		Square Feet 3							
City (5) Ewing Township		# of Floors 50							
County (6) Mercer		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management INC		ASCM No. 00112							
Street Address 344 West State Street		Name of Abatement Contractor (9) Advanced Specialty Contractors							
City, State, Zip Code Trenton, NJ 08618		Street Address 2400 Main St. Extension Suite 10							
Project Manager for Monitoring Firm Bill Weisgarber		City, State, Zip Code Sayreville, NJ 08872							
Telephone No. 609-656-8101		Telephone No. 732-525-0100							
License No. 00750		Name of OSHA Monitor Environmental Tactics, Inc.							
Start Date (10) 04/30/2018		Scheduled Completion Date (11) 06/13/2018							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: All abatement will take place outdoors.		Street Address 64 Broad Street							
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Matawan, NJ 07747							
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
Buildings 1,5,7,8,9,10,12		x		Window Caulking	1000 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 60		Name of Registered Landfill Grows Landfill			
City, State Freehold, NJ		Disposal Date 06/13/2018		City, State Morrisville, PA					
Completed by Kurt Nale		Title Branch Manager		Signature 		Date 06/06/18			

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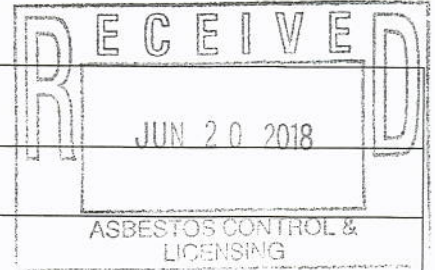
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 6 / 1 / 18		Name of Building Owner/Operator (2) HealthSouth Corporation / Job #1806-2310 Chk. #5052							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3360 Grandview Parkway, Suite 200 City, State, Zip Code Birmingham, AL Name of Contact Elizabeth Mann Telephone Number 205-970-7850							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) HealthSouth - Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 30 Oliver Street		Square Feet 2500	# of Floors 2						
City (5) Toms River		Bldg. Age							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Horizon		ASCM No.							
Street Address PO Box 316		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
City, State, Zip Code Thorofare, NJ 08086		Street Address 3859 Sylon Boulevard							
Project Manager for Monitoring Firm Dave or Steve Flanigan		City, State, Zip Code Hainesport, NJ 08036	Telephone No. 609-702-0400						
Start Date (10) 6 / 11 / 18	Scheduled Completion Date (11) 6 / 29 / 18	License No. 00862							
Occupancy Status During Abatement (Check only one) <input checked="" 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/____PM-____AM		Name of OSHA Monitor EMSL Analytical, Inc.							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shingles & Tar Paper	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Siding	2000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Bathroom & bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Textured Coating	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chimney & Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing & Joint Compound	3 SF & 400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Lafayette, NJ			Disposal Date 6/29/18	City, State Penn Argyle, PA					
Completed By (Print or Type) Joann Mullarkey		Title Admin.	Signature <i>Joann Mullarkey</i>			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 / 15 / 18		Name of Building Owner/Operator (2) Southbay LTD							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4514 Cole Ave., Suite 1500 City, State, Zip Code Dallas TX 75205							
		Name of Contact Kyle Wisdom	Telephone Number 214-370-2600						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 1 Plainsboro Rd.		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 1 Plainsboro Rd.									
City (5) Plainsboro, NJ 08536		Square Feet 4500 SF	# of Floors Open						
		Bldg. Age N/A							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant Outside Lot							
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 Don Heim	Telephone No. 610-558-8902	Telephone No. 610-701-9000	License No. 00508						
Start Date (10) 7 / 2 / 18	Scheduled Completion Date (11) 7 / 6 / 18	Name of OSHA Monitor Vertex							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-____PM/3:30PM-____AM		Street Address 700 Turner Way City, State, Zip Code Aston, PA 19014							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Open Lot	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Pipe	540 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 Horizon Disposal Services		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 60	Name of Registered Landfill G.R.O.W.S.					
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) Mark Griffin	Title Estimator		Signature 			Date 6/15/18			

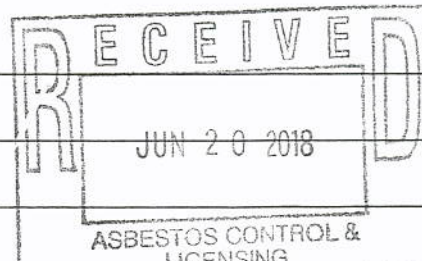


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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06/18/18		Name of Building Owner/Operator (2) Glenwood Apartments	
Agencies Notified	Type Notification	Street Address 1 Cherry Hill Ln	ASBESTOS CONTROL & LICENSING
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Old Bridge, NJ 08857	
		Name of Contact Eric Prieto	
		Telephone Number 732-727-1414	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Glenwood Apartments		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 30 Cottonwood Ln		Square Feet 2,000	# of Floors 2
City (5) Old Bridge, NJ		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.	Telephone No. 973-389-0089	License No. 00693
Start Date (10) 06/29/18	Scheduled Completion Date (11) 07/01/2018	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 checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure	
		<input checked="" type="checkbox"/> Glovebag Procedure	
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
30 A-D Cottonwood 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 CY	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE 19720		Disposal Date 07/01/2018		City, State Waynesburg, OH 44688	
Completed by Milan Njezic		Title Vice President	Signature 	Date 06/18/2018	

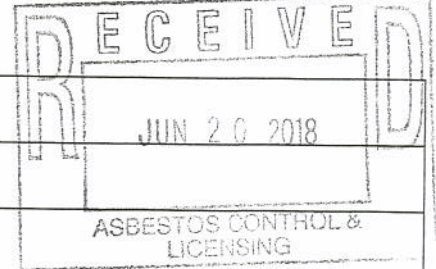


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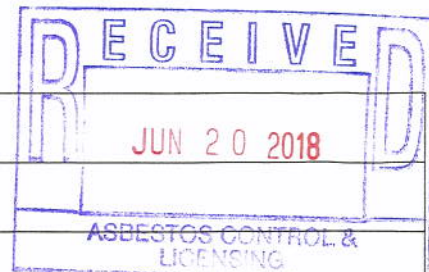
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 5/10/2018 Revised 6/19/18		Name of Building Owner/Operator (2) MSC Erie Street, LLC							
Agencies Notified	Type Notification	Street Address 5700 Wayne Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Philadelphia, PA 19144							
		Name of Contact Joseph Ferguson	Telephone Number 267-228-0111						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mastery Charter School - Pyne Poynt Campus		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 800 Erie Street		Square Feet 100,000	# of Floors 2						
City (5) Camden		Bldg. Age 1937							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) FINOG Environmental		ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting, Inc.						
Street Address 617 Stokes Road, Suite 4-318		Street Address 98 Lacrue Avenue, Suite 110							
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code Glen Mills, PA 19342							
Project Manager for Monitoring Firm Mark Rubnitz		Telephone No. 888-715-2211	Telephone No. 610-364-9622						
Start Date (10) 5/21/2018		Scheduled Completion Date (11) 7/31/2018	License No. 01103						
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 Criterion Labs							
		Street Address 3370 Progress Drive							
		City, State, Zip Code Bensalem, PA 19020							
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 type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen		X		Pipe Insulation	16 LF	X			
Kitchen		X		VAT	300 SF	X			
1st Floor Rooms 161,141,139		X		VAT	3668 SF	X			
134, 16, 7, Art									
Name of Registered Waste Hauler Mercer Group International		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 40	Name of Registered Landfill Tulleytown Resource Recovery Facility					
City, State 1519 Rev S Howard Woodson Jr Way, Trenton, NJ 08638			Disposal Date As req.	City, State Tulleytown, PA					
Completed by James P. Vail		Title President	Signature	Date 6/19/2018					



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



Date of Notification (1) 06/11/2018		Name of Building Owner/Operator (2) Westfield Board of Education	
Agencies Notified	Type Notification	Street Address 302 Elm Street	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westfield, New Jersey 07090	
		Name of Contact Dana Sullivan	Telephone Number 908-789-4414

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Westfield 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 500 Dorian Road			
City (5) Westfield, New Jersey 07090		Square Feet 20,000	# of Floors 2
		Bldg. Age 55+	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) High School	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 120 North Warren Street		Street Address 606 McBride Avenue	
City, State, Zip Code Trenton, New Jersey 07090		City, State, Zip Code Woodland Park, New Jersey 07424	
Project Manager for Monitoring Firm Rollie Jones		Telephone No. 609-392-4200	License No. 01104
Start Date (10) 07/02/2018	Scheduled Completion Date (11) 07/16/2018	Name of OSHA Monitor IRIS Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied 7am Start</u>		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, New Jersey 07083	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	removal	pair	plate	...
	Yes	No	N/A						
Boiler Room, Exterior Louver	X			Exterior Louver Caulk	25 LFX				
At Manway Doors on Circular Breeching Lines and Box	X			Breeching Gaskets	45 SFX				
Incinerator Drum Insulation between Steel Walls	X			Incinerator Drum Insulation	50 SFX				
15 LF on 10" Header, Remaining Quantity in Boiler Room Work Area	X			Block Pipe Insulation and Associated Fitting Insulation	120 LFX				
Boiler Room Work Area	X			Corrugated Pipe Insulation and Associated Fitting Insulation	300 LFX				
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill				
City, State Woodland Park, New Jersey				Disposal Date 07/16/2018	City, State Morrisville, Pennsylvania				
Completed by Adriana Olejarova		Title President		Signature 		Date 06/11/2018			

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

PAID



Date of Notification (1) 6/14/18		Name of Building Owner/Operator (2) Maureen Wheeler							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Neptune NJ 07753							
		Name of Contact Maureen Wheeler	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Same		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 Same		Square Feet 1528	# of Floors 1						
City (5)		Bldg. Age 58							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) A.E.S.L.		ASCM No.	Name of Abatement Contractor (9) CPR ENVIRONMENTAL SERVICE						
Street Address 2200 Patterson Plank Rd. Unit 7		Street Address 8421 Hegerman Street							
City, State, Zip Code North Bergen NJ 07047		City, State, Zip Code Philadelphia PA 19136							
Project Manager for Monitoring Firm Carmelo Altamonte		Telephone No. 201 864-6583	Telephone No. 215 333-5117						
Start Date (10) 6/15/18		Scheduled Completion Date (11) 6/16/18	License No. 01328						
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 A.E.S.L.							
		Street Address 2200 Patterson Plank Rd. Unit 7							
		City, State, Zip Code North Bergen NJ 07047							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	333SF	X			
Name of Registered Waste Hauler Republic Services		NJDEP Waste Hauler ID No. 2798	Cubic Yards of Waste	Name of Registered Landfill Waste management- G.R.O.W.S					
City, State New Brunswick NJ			Disposal Date	City, State Morrisville PA					
Completed by Anthony Jones		Title Project Manager	Signature <i>Anthony Jones</i>	Date 6/14/18					



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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) 6/16/18		Name of Building Owner/Operator (2) RPM Contracting		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 20 2018 ASBESTOS CONTROL &amp; LICENSING </div>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 77 Park Ave	
		City, State, Zip Code Montclair, NJ 07042				Name of Contact Gary	
				Telephone Number 732 673 3065			

Name of Facility Where Abatement is Taking Place (3) RPM Property			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 36-38 Russell Ave			Square Feet 4000		
City (5) Ocean Port (Ft. Monmouth)			# of Floors 2		
County (6) Monmouth			Bldg. Age 55		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) residence		
Name of Monitoring Firm Hired by Building Owner (8)			Name of Abatement Contractor (9) Ace Insulation Co., Inc.		
Street Address			Street Address 95 Montross Rd		
City, State, Zip Code			City, State, Zip Code Columbia Neck, NJ 07722		
Project Manager for Monitoring Firm			Telephone No. 732 294 1752		
Start Date (10) 6/25/18			Scheduled Completion Date (11) 7/2/18		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM - 7 PM			Name of OSHA Monitor 00029		
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floors			X	pipe covering	387 LF	X			
basements			X	pipe covering	556 LF	X			

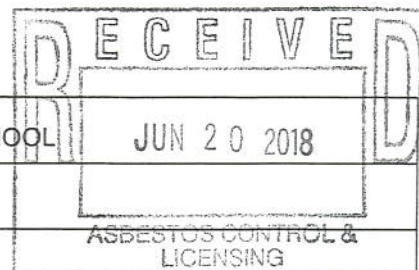
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 8		Name of Registered Landfill Fairless	
City, State Columbia Neck		Disposal Date 7/2/18		City, State Morrisville, PA			
Completed by Brenn Guire		Title Secretary/Treasurer		Signature Brenn		Date 6/16/18	



CK 3483

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



Date of Notification (1) 6/15/2018		Name of Building Owner/Operator (2) SUSSEX COUNTY TECHNICAL SCHOOL							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 105 N Church Rd,							
		City, State, Zip Code Sparta Township, NJ 07871							
		Name of Contact Andrew Italiano	Telephone Number 973 383 6700 x-214						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) SUSSEX COUNTY TECHNICAL 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 105 N Church Rd,		Square Feet	# of Floors 2						
City (5) Sparta Township, NJ 07871		Bldg. Age 50							
County (6) SUSSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) ENVIROVISION		ASCM No. N/A	Name of Abatement Contractor (9) RICI CORP						
Street Address 20-21 Wagaraw Rd. Bldg. 35 E		Street Address 46 HOBART PL							
City, State, Zip Code FAIR LAWN, NJ 07410		City, State, Zip Code GARFIELD, NJ 07026							
Project Manager for Monitoring Firm FREDERICK LARSON		Telephone No. 973-636-9145	Telephone No. 973-614-1268						
			License No. 00838						
Start Date (10) 06/25/2018	Scheduled Completion Date (11) 07/01/2018	Name of OSHA Monitor RICI CORP							
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 46 HOBART PL							
		City, State, Zip Code GARFIELD, NJ 07026							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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
STAGE		✓		Asbestos Wiring	175 LF	✓			
CAT WALK	✓			Asbestos Wiring	175 LF	✓			
LIGHTING BOOTH ROOM	✓			Asbestos Wiring	175 LF	✓			
Name of Registered Waste Hauler RICI CORP		NJDEP Waste Hauler ID No. NJ-668	Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S LANDFILL					
City, State Garfield, NJ 07026			Disposal Date 07/02/2018	City, State MORRISVILLE, PA					
Completed by Goran Koneski		Title PM	Signature 			Date 06/15/2018			



CK 1140

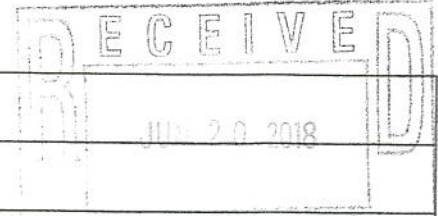
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 12:120)

Date of Notification (1) 06/14/2018		Name of Building Owner/Operator (2) Brick Township School		Check No. 1140	
Agencies Notified	Type Notification	Street Address 348 Chambers Bridge Rd		City, State, Zip Code Brick, New Jersey 08723	
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact William Kolibas		Telephone Number 732-785-3886/2961	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Veterans Memorial Middle School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 105 Hendrickson Avenue			Square Feet		
City (5) Brick, NJ 08724			# of Floors		
County (6) Ocean			County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff environmental Services, INC			Name of Abatement Contractor (9) Lilich Corporation		
Street Address 1805 Atlantic Avenue			Street Address 606 McBride Ave		
City, State, Zip Code Manasquan, NJ 08738			City, State, Zip Code Woodland Park, New Jersey		
Project Manager for Monitoring Firm Gary W. Fleming			Telephone No. 732-223-2225		
Start 06/21/2018			Scheduled Completion Date (11) 06/22/2018		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 3:30-11 PM			Name of OSHA Monitor Iris Environmental Laboratories, LLC		
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 150$ sf or $\geq 2250$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure Enclosure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input checked="" type="checkbox"/> Non-Friable Procedure			Street Address 2333 Route 2 West		
City, State, Zip Code Union, NJ 07033			License No. 01104		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)			Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		
			Yes No N/A		
Fan Room			X		
Description of Asbestos Containing Material (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)		
Asbestos elbows/fitting			6-7		
			Abatement Type		
			Removal Repair Encapsulate Enclosure		
			x		
Name of Registered Waste Hauler Lilich Corporation			NJDEP Waste Hauler ID No. 18724		
City, State Woodland Park, New Jersey			Cubic Yards of Waste 1		
Disposal Date 06/22/2018			Name of Registered Landfill Fairless Landfill		
Completed by Adriana Olejrova			City, State Monroeville, PA		
Title President			Date 06/14/2018		



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

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Date of Notification (1) 06-13-18		Name of Building Owner/Operator (2) Next Level Developers, LLC	
Agencies Notified	Type Notification	Street Address 418 Palisades Ave.	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07306	
		Name of Contact Danny Goff	Telephone Number (973) 879-0121

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4)	
Street Address 422 Palisades 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) Jersey City		Square Feet	# of Floors
County (6) Hudson		Bldg. Age	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) Delfa Contracting LLC.	
City, State, Zip Code		Street Address 522 7th St.	
Project Manager for Monitoring Firm		City, State, Zip Code Union City NJ 07087	
Telephone No.		Telephone No. 201 216-9603	License No. 01206
Start Date (10) 06-25-18	Scheduled Completion Date (11) 06-29-18	Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union City NJ 07087	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		x		Roofing Materials	1500 SF	x			
3rd Floor		X		VAT	150 SF	x			

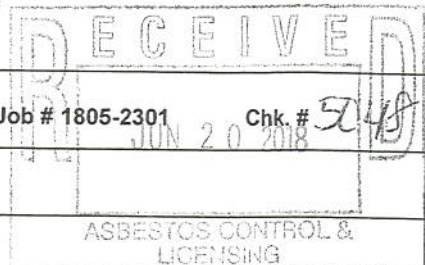
  

Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility	
City, State Union City, NJ		Disposal Date 06-29-18		City, State Tullytown, PA	
Completed by Jaime Delgado		Title Proj. Manager.	Signature 		Date 06-13-18



Starting - 6-11-18  
CK5048 PAID

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



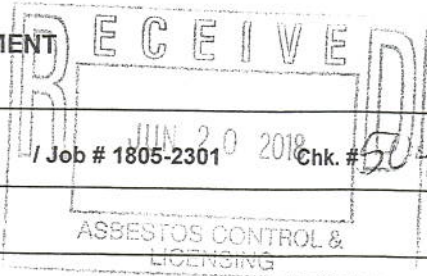
Date of Notification (1) 5 / 7 / 18		Name of Building Owner/Operator (2) 90 New Street, LLC / Job # 1805-2301 Chk. # 5048							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 - Pg 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 266 Jericho Turnpike City, State, Zip Code South Huntington NY 11746 Name of Contact Samir Patel, Gilbane Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 84 & 92 New Street Street Address 84 & 92 New Street City (5) New Brunswick		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet 8100 & 5000 # of Floors 3 & 3 Bldg. Age pre 1920							
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address 400 Street Road City, State, Zip Code Bensalem, PA 19020		Street Address 3859 Sylon Boulevard City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Mike Panepresso	Telephone No. 215-244-1300	Telephone No. 609-702-0400	License No. 00862						
Start Date (10) 5 / 21 / 18	Scheduled Completion Date (11) 6 / 25 / 18	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM Possible Double Shifts + Weekend 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 / NPE <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
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
1 <sup>st</sup> fl, 3 <sup>rd</sup> hall/office, 2 <sup>nd</sup> fl	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	1,590 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
electrical rm, break room, hall	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	textured ceiling paint	360 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	floor tile	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	black adhesive	650 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Lafayette, NJ			Disposal Date 6/4/18	City, State Penn Argyle, PA					
Completed By (Print or Type) Joann Mullarkey		Title Admin Asst.	Signature Joann Mullarkey		Date 6-8-18				



Starting 6-11-18  
CK5048

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



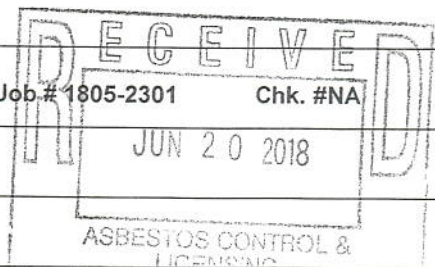
Date of Notification (1) 5 / 7 / 18		Name of Building Owner/Operator (2) 90 New Street, LLC		Job # 1805-2301 2018 Chk. # 5048	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <i>Page 2</i> Amendment #2 - <i>PAID</i> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 266 Jericho Turnpike City, State, Zip Code South Huntington NY 11746 Name of Contact Samir Patel, Gilbane Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) 84 & 92 New Street			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 84 & 92 New Street			City (5) New Brunswick		
City (5) New Brunswick			Square Feet 8100 & 5000		# of Floors 3 & 3
County (6) Middlesex			County Code (7) (STATE USE ONLY)		Bldg. Age pre 1920
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories			ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.
Street Address 400 Street Road			Street Address 3859 Sylon Boulevard		
City, State, Zip Code Bensalem, PA 19020			City, State, Zip Code Hainesport, NJ 08036		
Project Manager for Monitoring Firm Mike Panepresso			Telephone No. 215-244-1300		License No. 00862
Start Date (10) 5 / 21 / 18		Scheduled Completion Date (11) 6 / 25 / 18		Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <i>Possible Double Shifts - Weekend</i> AM- PM- AM			Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077		
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 <i>/ NPE</i> <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			Work TBD		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Roof		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Black & Silver Shingles 3040 SF	
Roof		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Black Paper/Black Tar 190/30 SF	
Roof		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Silver Sealant 590 SF	
Roof		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Chimney Coating 65 SF	
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	
City, State Lafayette, NJ		Disposal Date 6/4/18		Name of Registered Landfill Grand Central City, State Penn Argyle, PA	
Completed By (Print or Type) Joann Mullarkey		Title Admin Asst.		Signature <i>Joann Mullarkey</i> Date 6-8-18	



100K

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

Date of Notification (1) <u>5</u> / <u>7</u> / <u>18</u>		Name of Building Owner/Operator (2) <b>90 New Street, LLC</b>		/ Job # <b>1805-2301</b> Chk. # <b>NA</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>266 Jericho Turnpike</b> City, State, Zip Code <b>South Huntington NY 11746</b> Name of Contact <b>Samir Patel, Gilbane</b>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>84 &amp; 92 New Street</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>84 &amp; 92 New Street</b>				City (5) <b>New Brunswick</b>	
County (6) <b>Middlesex</b>				County Code (7) (STATE USE ONLY) <b>Vacant</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Laboratories</b>				ASCM No.	
Street Address <b>400 Street Road</b>				City, State, Zip Code <b>Bensalem, PA 19020</b>	
Project Manager for Monitoring Firm <b>Mike Panepresso</b>				Telephone No. <b>215-244-1300</b>	
Start Date (10) <u>5</u> / <u>21</u> / <u>18</u>				Scheduled Completion Date (11) <u>6</u> / <u>25</u> / <u>18</u>	
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>possible double shifts and weekend work</u> AM- PM/ PM- AM				Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition				Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
SEE ATTACHED SCOPE PAGES		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Amount (Specify SF or LF)	
& EXPLANATION		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Abatement Type Removal Repair Encapsulate Enclosure	
METHODOLOGIES		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure	
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>17273</b>		Cubic Yards of Waste <b>5</b>	
City, State <b>Lafayette, NJ</b>		Disposal Date <b>6/25/18</b>		Name of Registered Landfill <b>Grand Central</b>	
Completed By (Print or Type) <b>Joann Mullarkey</b>		Title <b>Admin Asst.</b>		Signature <i>Joann Mullarkey</i> Date <b>6-13-18</b>	





**APPENDIX A**  
**Proposed Redevelopment Site**  
**90 New Street, New Brunswick, New Jersey**

**IDENTIFIED ASBESTOS-CONTAINING MATERIALS BY HOMOGENEOUS AREA (HA)**

Sampled Asbestos						
HA No.	Material Description	Material Location	% and Type Asbestos <sup>2</sup>	NESHAP Classification	Condition	Estimated Quantity <sup>3</sup>
23A	White Textured Plaster Ceiling	92 New Street - 2nd Floor, Electrical Room	2.2% Blend: 0.94% Anthrophyllite and 1.3% Chrysotile (by TEM)	RACM / Friable	Damaged	25 SF
41A	Brown/Tan 9x9" Floor Tile & Black Mastic	92 New Street - First Floor, Rear Bedroom (Throughout)	1.6% Chrysotile (tile); 3.9% Chrysotile (mastic)	Category I / Nonfriable	Good	500 SF
47A	Wood Flooring Sub Paper Adhesive (Black on newspaper, under subflooring)	92 New Street - Basement Hallway	1.6% Chrysotile	RACM / Friable	Good	650 SF
51A	Tan 9x9" Vinyl Floor Tile (Bottom Layer)	92 New Street - Basement Rear	1.9% Chrysotile	Category I / Nonfriable	Good	450 SF
62A	Silver Shingle	92 New Street - Lower Roof	1.8% Chrysotile	Category I / Nonfriable	Good	190 SF
63A	Black Paper/Felt	92 New Street - Lower Roof	1.2% Chrysotile	Category I / Nonfriable	Good	190 SF
64A	Black Tar w/ HVAC	92 New Street - Lower Roof	8.9% Chrysotile	Category I / Nonfriable	Good	30 SF
68A	Silver Paint/Sealant	92 New Street - Top Roof	3.6% Chrysotile	Category I / Nonfriable	Good	590 SF

<sup>2</sup> % & Type Asbestos = this column contains both the analytical result of the sample with the highest concentration of asbestos detected in the samples that make up the HA and the types of asbestos identified.

<sup>3</sup> Estimated quantities are based on a cursory field evaluation, and actual quantities may vary significantly, especially if asbestos containing materials are present in hidden and/or inaccessible areas not evaluated as part of this survey. ~ = approximately; LF = linear feet; SF = square feet

APPROVED FOR CONTROL & SING  
 JUL 20 2018

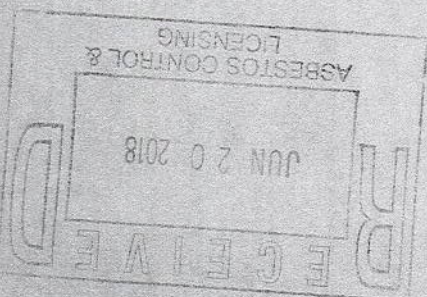
DECEMBER 2018



# Sampled Asbestos

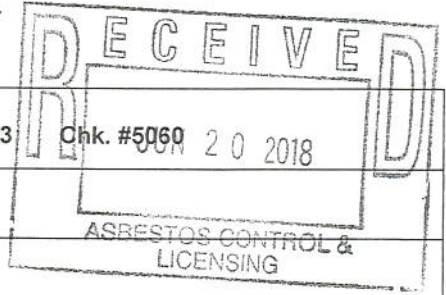
HA No.	Material Description	Material Location	% and Type Asbestos?	NESHAP Classification	Condition	Estimated Quantity?
01B	Gray 9x9 Vinyl Floor Tile & Mastic	84 New Street - 3rd Floor Hall and Office	6.6% Chrysotile (tile); 1.9% Chrysotile (mastic)	Category I / Nonfriable	Good	400 SF
13B	Tan 9x9 Vinyl Floor Tile & Mastic- Under Carpet	84 New Street - 2nd Floor - Fireplace Room/Offices under carpet	7.4% Chrysotile (tile); 1.3% Chrysotile (mastic); 1.2% Chrysotile (mastic 2)	Category I / Nonfriable	Good	500 SF
17B	Gray 9x9 Vinyl Floor Tile & Mastic (under Linoleum flooring)	84 New Street - 2nd Floor Master Bath	8.1% Chrysotile (Mastic 0.78% Chrysotile)	Category I / Nonfriable	Good	40 SF
26B	Gray Vinyl Floor Tile & Black Mastic (Under 12x12" Tile and Under Plywood)	84 New Street - 1st Floor Foyer	3.7% Chrysotile (Mastic 0.19% Chrysotile)	Category I / Nonfriable	Good	150 SF
31B	Textured Paint Wall	84 New Street - 1st Floor, Break-in Room and Hall	2.0% Chrysotile (by TEM)	RACM / Friable	Good	275 SF
50B	Black Shingle	84 New Street - Mid Roof	1.9% Chrysotile (by TEM)	Category I / Nonfriable	Good	650 SF
52B	Chimney Coating	84 New Street - Top Roof	9.4% Chrysotile	Category II / Nonfriable	Good	65 SF
53B	Black Shingle	84 New Street - Top Roof	1.1% Chrysotile (by TEM)	Category I / Nonfriable	Good	1,100 SF

The materials listed in this table have been sampled and determined or presumed to contain asbestos in concentrations greater than 1%. When disturbed, various federal, state and local regulations may apply. These materials should be monitored for damage over time and repaired as necessary by appropriately trained personnel. Removal may be necessary before demolitions and in most cases before a demolition. See Appendix B for a summary of samples collected. See Appendix C for detailed analytical results.





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



Date of Notification (1) 6 / 18 / 18		Name of Building Owner/Operator (2) NJTA / Job #1710-2243	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Turnpike Plaza City, State, Zip Code Woodbridge, NJ 07095 Name of Contact Robert Womelsdorf Telephone Number 732-442-8600	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) NJTA MUB - E - Hightstown		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 Milepost 67 S - NJ Turnpike		Square Feet 20,000	
City (5) East Windsor/Hightstown		# of Floors 1	Bldg. Age unknown
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Office & Shops	
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address PO Box 316		Street Address 3859 Sylon Boulevard	
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036	
Project Manager for Monitoring Firm Dave or Steve Flanagan		Telephone No. 856-848-0800	License No. 00862
Start Date (10) 6 / 27 / 18	Scheduled Completion Date (11) 7 / 18 / 18	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central	
City, State Lafayette, NJ		Disposal Date 7/18/18		City, State Penn Argyle, PA	
Completed By (Print or Type) Joann Mullarkey	Title Office Coordinator	Signature <i>Joann Mullarkey</i>		Date 6-18-18	



NJTA Hightstown, NJ - Scope of work

T500 363

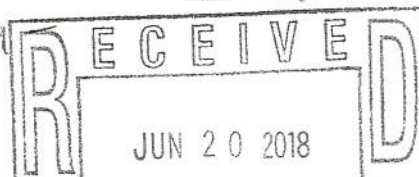


Table 4					ASBESTOS CONTROL & LICENSING	
New Jersey Turnpike Hightstown Depot						
DESI & PMK Summary of Positive ACM Results and Estimated Quantities						
Bulk Sample ID #	Homogenous ID #	Sampled By	Material	Sample Location	Positive PLM/TEM	Approximate SF/LF
8	H-04	PMK Group	Green 9x9 FL Tiles	Multi-Use Building/Garage Inventory Room	3.5 % Chrysotile	96 sf
11	H-07	PMK Group	White With Black Streaks 12x12 FL Tiles	Hallway Locker Room Garage	1.7 % Chrysotile	1286 sf
12	H-08	PMK Group	Black asphaltic mastic associated with White with Black Streaks 12x12 FL Tiles	Hallway Locker Room Garage	1.2 % Chrysotile	1286 sf
13	H-07	PMK Group	White With Black Streaks 12x12 FL Tiles	Locker Room Garage	1.2 % Chrysotile	1286 sf
14	H-08	PMK Group	Black asphaltic mastic associated with White with Black Streaks 12x12 FL Tiles	Locker Room Garage	1.4 % Chrysotile	1286 sf
15	H-07	PMK Group	White With Black Streaks 12x12 FL Tiles	Adjacent To Locker Room	1.1 % Chrysotile	1286 sf
16	H-08	PMK Group	Black asphaltic mastic associated with White with Black Streaks 12x12 FL Tiles	Garage Adjacent To Locker Room	2.1 % Chrysotile	1286 sf
36	H-12	PMK Group	Grey cementitious Window Caulking Compound	Exterior Garage	12 % Chrysotile	2,300 sf
37		PMK Group	Grey cementitious Window Caulking Compound	Exterior Garage	12 % Chrysotile	2,300 sf
38		PMK Group	Grey cementitious Window Caulking Compound	Exterior Garage	12 % Chrysotile	2,300 sf

Also:

Lunchroom - 200 LF of cave bulk mastic

Office next to lunch room - 130 SF of floor tile

Garage - 200 LF of expansion joint material

7 SF of glue dots on garage doors

Auto Shop - 40 SF of exterior door caulk

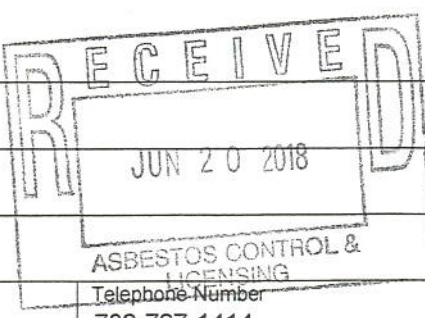
Multi-Use building - 200 SF of window glazing

Check # 5060 - \$1,200.00



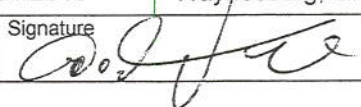
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 06/18/18		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 08857	
		Name of Contact Eric Prieto	
		Telephone Number 732-727-1414	



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Glenwood Apartments		Type of Facility (4)	
Street Address 37 & 39 Peach Ln		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Old Bridge, NJ	Square Feet 2,000	# of Floors 2	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) 06/29/18	Scheduled Completion Date (11) 07/01/2018	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 type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <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
37 A-D Peach Ln	x			Pipe/Elbow Insulation	180 LF	X			
39 A-D Peach Ln	x			Pipe/Elbow Insulation	150 LF	X			

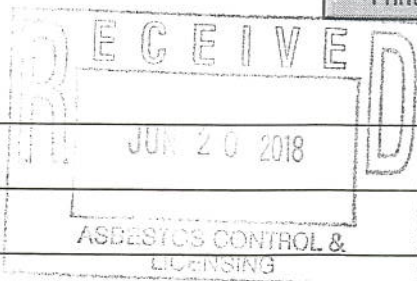
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 6 CY	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE 19720		Disposal Date 07/01/2018		City, State Waynesburg, OH 44688	
Completed by Milan Njezic		Title Vice President	Signature 	Date 06/18/2018	



PAID

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) Residence							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City NJ 07307							
		Name of Contact Howard Covert	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1,800	# of Floors 3						
City (5) Jersey City		Bldg. Age 118							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services						
Street Address PO Box 354		Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	License No. 01316						
Start Date (10) 06/25/2018	Scheduled Completion Date (11) 06/29/2018	Name of OSHA Monitor A. Seine Lighthouse Solutions							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 354							
		City, State, Zip Code South Orange, NJ 07079							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement		X		pipewrap	110 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill					
City, State East Orange, NJ			Disposal Date	City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager	Signature <i>Alison Lamers</i>	Date 06/14/2018					