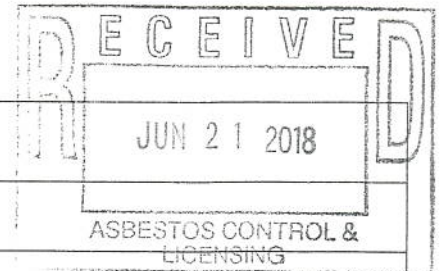


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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

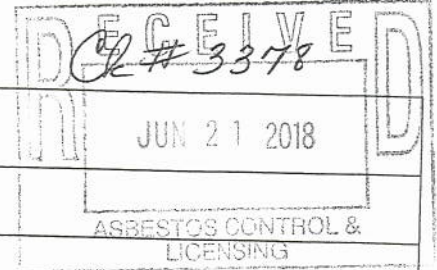


Date of Notification (1) 6 / 1 / 18		Name of Building Owner/Operator (2) The College of New Jersey							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #Rev #1- 6/15/18 <input type="checkbox"/> Emergency (including justification)	Street Address 2000 Pennington Rd. City, State, Zip Code Ewing, NJ 08628 Name of Contact Amanda Radosti Telephone Number 609-771-2881							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall		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 and commercial buildings, homes, etc.)							
Street Address 2000 Pennington Rd.		Square Feet 66,000							
City (5) Ewing		# of Floors 2							
County (6) MERCER		Bldg. Age 88							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc		ASCM No. 00021							
Street Address 28 Pennell Rd		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code Media, PA 19063		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Roy Mosaicant		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 610-891-0114		Telephone No. 215-788-6040							
License No. 00509		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Start Date (10) ON Hold		Scheduled Completion Date (11) / /							
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/7:00PM-7:00AM		Street Address 1123 BEAVER STREET							
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		City, State, Zip Code BRISTOL, PA 19007							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,500 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 BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste		Name of Registered Landfill FAIRLESS LANDFILL			
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR		Signature Brian Scafiro/gu		Date 6-15-18			

ASB-41
MAY 11 BS18041-58

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

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



Date of Notification (1) <div style="text-align: center;">6 / 1 / 18</div>		Name of Building Owner/Operator (2) The College of New Jersey							
Agencies Notified <input checked="" type="checkbox"/> EPA 0133 <input checked="" type="checkbox"/> DOLWD 0256 <input checked="" type="checkbox"/> DHSS 0171 <input checked="" type="checkbox"/> DCA 0164 (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 2000 Pennington Rd.						
			City, State, Zip Code Ewing, NJ 08628						
		Name of Contact Amanda Radosti	Telephone Number 609-771-2881						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall		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 and commercial buildings, homes, etc.)							
Street Address 2000 Pennington Rd.		Square Feet 66,000	# of Floors 2						
City (5) Ewing		Bldg. Age 88							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc		ASCM No. 00021	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 28 Pennell Rd		Street Address 1123 BEAVER STREET							
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Roy Mosicant		Telephone No. 610-891-0114	License No. 00509						
Start Date (10) <div style="text-align: center;">6 / 18 / 18</div>	Scheduled Completion Date (11) <div style="text-align: center;">7 / 19 / 18</div>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM 7:00PM-7:00AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input 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
Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,500 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 BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL					
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR	Signature <i>Brian Scafiro</i>			Date 6/1/18			

PAID

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

Ch. # 13176

GAC Project # 060-18

Date of Notification (1) June 15, 2018		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification # 2 – New Start & Completion Dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address RBHS PISCATAWAY CAMPUS		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS	
City (5) PISCATAWAY		City, State, Zip Code PISCATAWAY, NJ 08854	
County (6) MIDDLESEX		Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY	
County Code (7) (State Use Only)		Telephone Number 848-445-2550	
Name of Facility Where Abatement is Taking Place (3) RWJMS RESEARCH TOWER, BLDG# 3688		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 3 TERRI LANE		Sq. Feet: N/A # of Floors: 8 Bldg. Age: 60+ years	
City, State, Zip Code BURLINGTON, NJ 08016		Current Use (prior if being demolished): ACADEMIC	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASBESTOS CONTROL & LICENSING JUN 21 2018	
ASCM No. 00098		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Telephone Number 609-386-8800		Street Address 511 MAIN STREET	
Scheduled Start Date (10) 06/22/18		City, State, Zip Code BUTLER, NJ 07405	
Scheduled Completion Date (11) 07/9/18		Telephone Number 973-492-0477	
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 – 7am -3pm Describe: Schedule: 3PM – 5AM (24 HRS. & WEEKENDS AS NEEDED) <input checked="" type="checkbox"/> Facility Occupied During Abatement <input type="checkbox"/> Other- Describe:		License Number 00840	
Name of OSHA Monitor ENVIROVISION, INC.		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
City, State, Zip Code FAIRLAWN, NJ 07410		Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) R-B66	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI	Amount (Specify SF or LF) 80 SF
Name of Reg. Waste Hauler See Hauler Below #1 & 2		Name of Registered Landfill G.R.O.W.S. North Landfill	
NJDEP Waste Hauler ID # See Below		Cubic Yards of Waste: 10 CY	
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561		Disposal Date 07/9/2018	
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	
Signature <i>Raymond C. Pedalino</i>		Date June 15, 2018	

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

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

GAC Project # 060-18

Date of Notification (1) June 8, 2018		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification # 1 - New Start & Completion Dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY	Telephone Number 848-445-2550
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RWJMS RESEARCH TOWER, BLDG# 3688		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 RBHS PISCATAWAY CAMPUS		Sq. Feet: N/A # of Floors: 8 Bldg. Age: 60+ years	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 3 TERRI LANE		Street Address 511 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN R. KEARNEY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 06/15/18	Scheduled Completion Date (11) 06/27/18	Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - 7am -3pm Describe: Schedule: 3PM - 5AM (24 HRS. & WEEKENDS AS NEEDED) <input checked="" type="checkbox"/> Facility Occupied During Abatement <input type="checkbox"/> Other- Describe:		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
		City, State, Zip Code FAIRLAWN, NJ 07410	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or >3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) R-B66	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI	Amount (Specify SF or LF) 80 SF
		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Name of Registered Landfill G.R.O.W.S. North Landfill	
		Disposal Date 06/27/2018	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date June 8, 2018

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

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

GAC Project # 060-18

Date of Notification (1) May 29, 2018		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116 LIVINGSTON CAMPUS City, State, Zip Code PISCATAWAY, NJ 08854
			Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY Telephone Number 848-445-2550
Name of Facility Where Abatement is Taking Place (3) RWJMS RESEARCH TOWER, BLDG# 3688		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.) Sq. Feet: <u>N/A</u> # of Floors: <u>8</u> Bldg. Age: <u>60+ years</u> Current Use (prior if being demolished): <u>ACADEMIC</u>	
Street Address RBHS PISCATAWAY CAMPUS		ASBESTOS CONTROL & LICENSING FACILITY INFORMATION	
City (5) PISCATAWAY	County (6) MIDDLESEX		
County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 3 TERRI LANE		Street Address 511 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN R. KEARNEY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 06/08/18	Scheduled Completion Date (11) 06/20/18	Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - 7am -3pm Describe: Schedule: 3PM - 5AM (24 HRS. & WEEKENDS AS NEEDED) <input checked="" type="checkbox"/> Facility Occupied During Abatement <input type="checkbox"/> Other- Describe:		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
		City, State, Zip Code FAIRLAWN, NJ 07410	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or >3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) R-B66	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI	Amount (Specify SF or LF) 80 SF Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 CY Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 06/20/2018	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date May 29, 2018

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

PAID

Print Form

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

EDS18-109

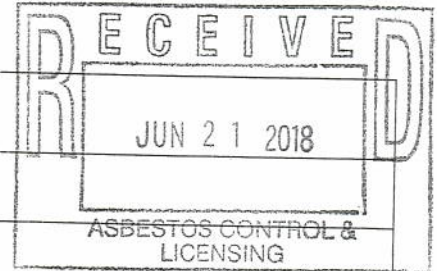
check #3907

Date of Notification (1) 06/18/2018		Name of Building Owner/Operator (2) Park Ridge Board Of Education		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 21 2018 </div>					
Agencies Notified		Type Notification				Street Address 85 Pascack Road			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Park Ridge, NJ 07656			
				Name of Contact Bob Wright		Telephone Number 201-573-6090			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) West Ridge Elementary School				Type of Facility (4)					
Street Address 18 S. 1st St				<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) Park Ridge				Square Feet 40,000+		# of Floors 1			
County (6) Bergen				County Code (7) (STATE USE ONLY) _____		Bldg. Age 40+			
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental				ASCM No. _____		Name of Abatement Contractor (9) GL Group Inc.			
Street Address 1248 WRIGHTS LANE				Street Address 140 Hamburg Turnpike					
City, State, Zip Code WEST CHESTER, 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			
Start Date (10) 06/28/2018				Scheduled Completion Date (11) 07/06/2018		License No. 01084			
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor GL Group Inc.					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 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 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
Media Center		X		Carpet/VAT/Mastic	1700SF	X			
Name of Registered Waste Hauler GL Group Inc.		NJDEP Waste Hauler ID No. 0033034		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Enterprises			
City, State Bloomingdale, NJ				Disposal Date		City, State Waynesburg, OH			
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>			Date 6-18-2018		

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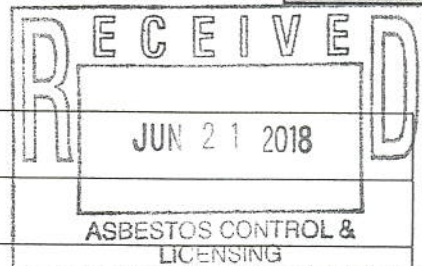
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 06 / 20 / 18		Name of Building Owner/Operator (2) Bank Of America							
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 44 South Broadway 9 th Floor							
		City, State, Zip Code White Plains, NY 10601							
		Name of Contact Dino Nappi	Telephone Number 516-972-8809						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bank of America		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 15 Yawpo Avenue		Square Feet 3,000	# of Floors 1						
City (5) Oakland		Bldg. Age 45							
County (6) Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultant, LLC		ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 413 North Black Horse Pike		Street Address 47 Foster Road							
City, State, Zip Code Runnemede, NJ 08078		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Howard Zenobi		Telephone No. 856-482-1311	Telephone No. 718-605-6256						
License No. 00774									
Start Date (10) 06 / 30 / 18	Scheduled Completion Date (11) 07 / 06 / 18	Name of OSHA Monitor Testor Tech							
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: <u>AM-1:00PM-9:00PM</u> -__AM		Street Address 10- 59 Jackson Avenue							
		City, State, Zip Code LIC NY 11101							
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 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
Ground Floor / Coupon Booth	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall Plaster	120 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 Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 15	Name of Registered Landfill IESI					
City, State Newark, NJ		Disposal Date 07/15/2018		City, State Bethlehem, PA					
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 		Date 06-20-18			

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




Date of Notification (1) 06/19/18		Name of Building Owner/Operator (2) Buckeye Partners LLP							
Agencies Notified	Type Notification	Street Address 380 Maurer Rd							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Perth Amboy							
		Name of Contact Travis Bains	Telephone Number 361-446-9601						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Buckeye Partners LLP		Type of Facility (4)							
Street Address 380 Maurer Rd		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Perth Amboy		Square Feet 800	# of Floors 0						
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age 0						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) Transfer Pipes							
Street Address		Name of Abatement Contractor (9) Advanced Specialty Contractors							
City, State, Zip Code		Street Address 2400 Main Street Extension Suite 10							
Project Manager for Monitoring Firm		City, State, Zip Code Sayreville, NJ 08872							
Telephone No.		Telephone No. 732-525-0100	License No. 00750						
Start Date (10) 06/11/18	Scheduled Completion Date (11) 06/22/18	Name of OSHA Monitor Tiger Environmental							
Occupancy Status During Abatement (Check Only One)		Street Address 234 20th Ave							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Abatement in a lay down yard</u>		City, State, Zip Code Brick, NJ 08724							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Transfer Pipe	X			Pipe Insulation	800 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 60	Name of Registered Landfill Fairless Landfill					
City, State Freehold NJ		Disposal Date 06/19/18		City, State Morrisville, PA					
Completed by Dan Baptista		Title Safety Agent		Signature			Date 05/25/18		

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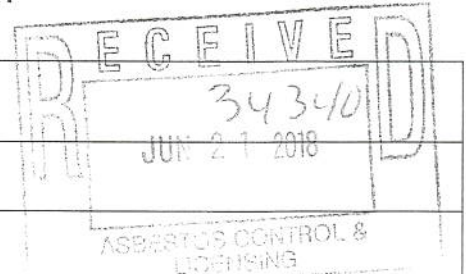
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

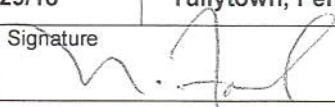
Check # 25608

Date of Notification (1) 6/20/2018		Name of Building Owner/Operator (2) Lerner							
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 Highland Park, NJ 08904							
		Name of Contact Rachel Lerner							
		Telephone Number 2018							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Highland Park, NJ 08904		Square Feet 1500	# of Floors 2						
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age 80+/-						
Name of Monitoring Firm Hired by Building Owner (8) MECS		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	License No. 00493						
Start Date (10) 7/2/2018	Scheduled Completion Date (11) 7/3/2018	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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		Thermal Pipe Insulation	30 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ		Disposal Date 7/5/2018		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature 			Date 6/20/18		

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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 06 / 18 / 18		Name of Building Owner/Operator (2) Patricia Egan							
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 <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div> City, State, Zip Code Mahwah, NJ 07430							
		Name of Contact Patricia Egan	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <div style="background-color: black; width: 120px; height: 1.2em; margin-bottom: 2px;"></div>									
City (5) Lavallette (Normandy Beach)		Square Feet 1800	# of Floors 1						
		Bldg. Age 65							
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		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 / 28 / 18	Scheduled Completion Date (11) 06 / 29 / 18	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1700 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 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 6/29/18		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)

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JUN 21 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/18/18		Name of Building Owner/Operator (2) Ameritrust Residential Services	
Agencies Notified	Type Notification	Street Address 3525 Piedmont Rd	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Atlanta, GA 30305	
		Name of Contact	Telephone Number 844-554-0196

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 348 Lakeview Ave		Type of Facility (4)	
Street Address 348 Lakeview 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) Clifton	Square Feet 1525	# of Floors	Bldg. Age
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) home	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS
Street Address		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200
Start Date (10) 6/28/18	Scheduled Completion Date (11) 7/3/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS	
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code LAKEWOOD, NJ 08701	
Scope of Work (Check All That Apply)			
<input 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
INTERIOR				Pipe Insulation	180 LF	x			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI	
City, State NEWARK, NJ		Disposal Date 7/3/18		City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date

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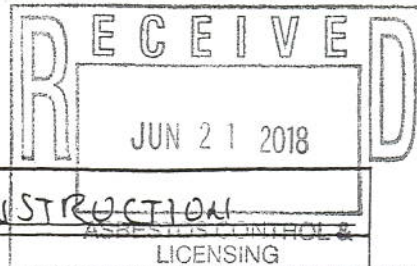
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) June 18, 2018		Name of Building Owner/Operator (2) Bridgewater Site							
Agencies Notified	Type Notification	Street Address 10 FINDERNE AVENUE							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Bridgewater, NJ 08807							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Project Manager	Telephone Number 973-641-1736						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bridgewater Site		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 10 FINDERNE AVENUE		Square Feet	# of Floors						
City (5) Bridgewater, NJ 08807		Bldg. Age							
County (6) SOMERSET	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) business							
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC						
Street Address 907 DOOLITTLE DRIVE		Street Address 1500 KINGS HWY N, STE 209							
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000						
License No. 00781		Name of OSHA Monitor The MACK Group, LLC.							
Start Date (10) 7/2/18	Scheduled Completion Date (11) 7/2/19	Street Address 1500 KINGS HWY N, STE 209							
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: _____		City, State, Zip Code Cherry Hill, NJ 08034							
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 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
Building 2 Lab 2134E		<input checked="" type="checkbox"/>		VAT / mastic	1400 sf	<input checked="" type="checkbox"/>			
-		<input checked="" type="checkbox"/>		transite	200 sf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 16	Name of Registered Landfill Cumberland County Landfill					
City, State Newark, NJ		Disposal Date 7/2/19		City, State Newburg, PA					
Completed by Mike Cooper		Title President		Signature 		Date 6/18/18			

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



Date of Notification (1) <u>6-15-18</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 7TH ST.</u>					
		City, State, Zip Code <u>SEA ISLE CITY N.J. 08243</u>					
		Name of Contact <u>FRANIC</u>	Telephone Number _____				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]							
City (5) <u>SEA ISLE CITY</u>	Square Feet <u>1500</u>	# of Floors <u>1</u>	Bldg. Age <u>50+</u>				
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No. _____	Name of Abatement Contractor (9) <u>KLEMMCO INC</u>					
Street Address _____		Street Address <u>369 S. SPRUCE AVE</u>					
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>					
Project Manager for Monitoring Firm _____	Telephone No. _____	Telephone No. <u>856-779-0472</u>	License # <u>01371</u>				
Start Date (10) <u>6-25-18</u>	Scheduled Completion Date (11) <u>7-2-18</u>	Name of OSHA Monitor <u>N/A</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 <input type="checkbox"/> Other - Describe: _____		Street Address _____					
		City, State, Zip Code _____					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>2250 sf</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>	<u>X</u>	<u>TRANSITE</u>	<u>2250 sf</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>15904</u>	Cubic Yards of Waste _____	Name of Registered Landfill <u>C.M.C.M.U.A.</u>			
City, State <u>MAPLE SHADE N.J. 08052</u>		Disposal Date _____	City, State <u>WOODBINE N.J.</u>				
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>6-15-18</u>				

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

Check 17745

Date of Notification (1) 6/18/18		Name of Building Owner/Operator (2) Alberto Ruiz	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Asbury Park, NJ 07712	
Name of Contact Joe Burris		Telephone Number [REDACTED]	

DECEIVE
JUN 21 2018
CONTROL & LICENSING

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 2200	# of Floors 2
City (5) Asbury Park		Bldg. Age 73	
County (6) Monmouth	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. 973-764-2276	License No. 703
Start Date (10) 6/29/18	Scheduled Completion Date (11) 7/12/18	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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	50 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 6/18/18

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Print Form

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

Check 17746

Date of Notification (1) 6/18/18		Name of Building Owner/Operator (2) Patricia Czerniewski	
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 Nutley, NJ 07110	
		Name of Contact Patricia	Telephone Number

RECEIVE
JUN 21 2018
ASBESTOS CONTROL & LICENSING

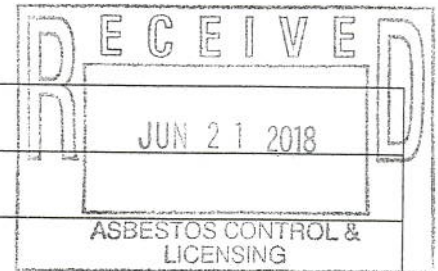
Name of Facility Where Abatement is Taking Place (3) house				Type of Facility (4)			
Street Address [REDACTED]				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
City (5) Nutley				Square Feet 2100	# of Floors 2	Bldg. Age 65	
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)			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) 6/28/18		Scheduled Completion Date (11) 7/9/18		Name of OSHA Monitor			
Occupancy Status During Abatement (Check Only One)				Street Address			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement furnace room</u>				City, State, Zip Code			
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) 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 furnace room			x	pipe insulation	30 LF	x			
basement			x	floor tile	400 SF	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 6/18/18

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

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Date of Notification (1) 6-12-2018		Name of Building Owner/Operator (2) 61-63 Sip Avenue, LLC							
Agencies Notified	Type Notification	Street Address 100 Challenger Road, Suite 401							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ridgefield Park, NJ 07660							
		Name of Contact Gerald Eglentowicz							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4)							
Street Address 61-63 Sip Avenue		<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) Jersey City, NJ 07306		Square Feet 4500 SF	# of Floors 2						
County (6) Hudson		Bldg. Age 75+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Green Environmental Services, LLC							
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 6-13-2018	Scheduled Completion Date (11) 6-18-2018	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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) 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
Front Entrance		x		VAT	64 SF	x			
2nd Floor Lobby		x		Ceiling Plaster	500 SF	x			
2nd Floor Office # 1		x		Window Caulk	9 SF	x			
Roof		x		Roofing Material	2351 SF	x			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. North Landfill				
City, State Jersey City		Disposal Date 6-18-2018		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager		Signature <i>Liliana Serrano</i>		Date 6-12-2018			