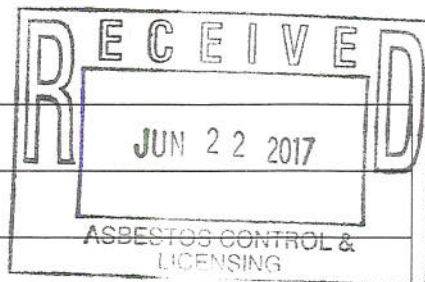


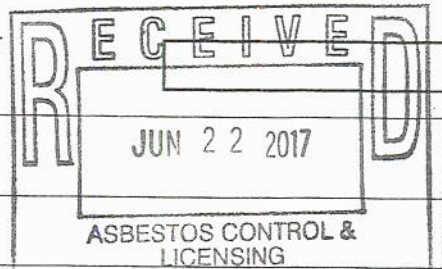
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06/15/2017		Name of Building Owner/Operator (2) Lona Conicelli							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Long Valley, NJ							
		Name of Contact Lona Conicelli	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Long Valley, NJ 07853		Square Feet	# of Floors						
County (6) Morris		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC						
Street Address		Street Address 72 Brookside Rd							
City, State, Zip Code		City, State, Zip Code Randolph, NJ 07869							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 06/25/2017		Scheduled Completion Date (11) 06/26/2017	Name of OSHA Monitor IRIS						
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Rt 22							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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 area		x		TSI	15 LF	x			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 33782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State Randolph, NJ 07869			Disposal Date TBD	City, State Tullytown, PA					
Completed by Elvira Mrda		Title President	Signature <i>Elvira Mrda</i>			Date 06/15/2017			

Check#2807

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



Date of Notification (1) 06 / 16 / 17		Name of Building Owner/Operator (2) Michael Danniballe	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code South Plainfield, NJ 07080	
		Name of Contact Andrea Lacerda	Telephone Number

**FACILITY INFORMATION**

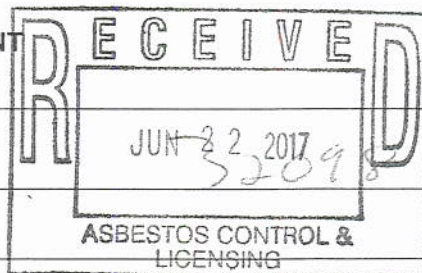
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) South Plainfield, NJ 07080		Bldg. Age	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127
Start Date (10) 06 / 26 / 17	Scheduled Completion Date (11) 06 / 27 / 17	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
		City, State, Zip Code Fair Lawn, NJ 07410	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct insulation	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470	Disposal Date TBD	City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>Andrea Lacerda</i>	Date 06/16/17

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



Date of Notification (1) <b>06 / 15 / 17</b>		Name of Building Owner/Operator (2) <b>V Rose Excavating, LLC</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>30 Wood Haven Road</b>	
		City, State, Zip Code <b>Toms River, NJ 08753</b>	
		Name of Contact <b>Vic Rose</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) <b>Lakewood</b>	Square Feet <b>1000</b>	# of Floors <b>1</b>	Bldg. Age <b>65</b>
County (6) <b>Ocean</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>	
Street Address		Street Address <b>1889 Route 9, Unit 61</b>	
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>
Start Date (10) <b>06 / 16 / 17</b>	Scheduled Completion Date (11) <b>06 / 19 / 17</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>1056 Stelton</b>	
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>	

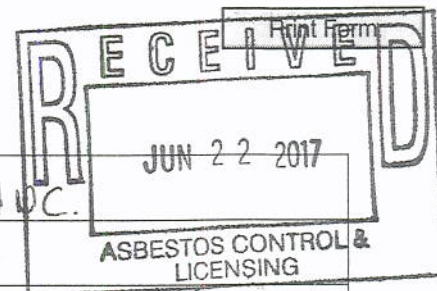
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>exterior</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>asbestos siding</b>	<b>1000 sf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>	
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>06/20/17</b>	City, State <b>Tullytown, Pennsylvania</b>		
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>6/15/17</b>		

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



Date of Notification (1) 6-8-17		Name of Building Owner/Operator (2) C/S Construction Inc.	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	591 North Ave.	Plainfield NJ 07060
		Name of Contact	Telephone Number
		Victor	

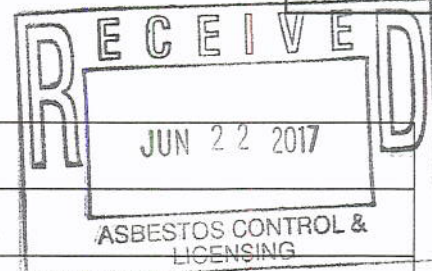
Name of Facility Where Abatement is Taking Place (3) 1 Family Residential		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Green Brook, NJ	Square Feet 1,350	# of Floors 1	Bldg. Age
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) 1 Family Residential	
Name of Monitoring Firm Hired by Building Owner (8) Shy Environmental Services		Name of Abatement Contractor (9) DYU Enterprises LLC	
Street Address 140 Boulevard		Street Address 2812a Lane	
City, State, Zip Code H. Lakes NJ 07046		City, State, Zip Code Pine Brook NJ 07035	
Project Manager for Monitoring Firm Leonid Steneshewsky		Telephone No. 973-5884821	License No. 01129
Start Date (10) 6-28-17	Scheduled Completion Date (11) 7-3-17	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code	

Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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		White Felt Insulation	130 sq ft	X			
Extension Window		X		Window Caulk	15 sq ft	X			

Name of Registered Waste Hauler DYU Enterprises LLC		NJDEP Waste Hauler ID No. 0034140	Cubic Yards of Waste	Name of Registered Landfill TRF Waste Management	
City, State Pine Brook NJ		Disposal Date	City, State Tullytown, PA 19007		
Completed by Dorian Campio	Title Hawagen	Signature Dorian	Date 6-8-17		

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



Date of Notification (1) 06/09/17		Name of Building Owner/Operator (2) Noel Cranford	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mountainside, NJ 07092	
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact	Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Noel Cranford		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Mountainside		Bldg. Age	
County (6) Union County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pro Abatement
Street Address		Street Address 8600 Newkirk Ave.	
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-293-6305	License No. 01223
Start Date (10) 06/20/17	Scheduled Completion Date (11) 07/04/17	Name of OSHA Monitor HILMAMM CONSULTING LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1600 ROUTE EAST SUITE 107	
		City, State, Zip Code UNION NJ 07083	

## Scope of Work (Check All That Apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf                | <input checked="" type="checkbox"/> 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) <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				VAT	360 SF				

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT GROWS N.
City, State HILLSIDE, NJ		Disposal Date	City, State MORRISVILLE PA
Completed by Bryan Parra	Title Project Manager	Signature <i>Bryan Parra</i>	Date 06/09/17

6556 - NJ

State of New Jersey

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

Initial Non-Friable

Notification Check # 6940

Date of Notification (1)  
06/12/17

Name of Building Owner/Operator (2)

County College of Morris

Street Address

214 Center Grove Rd.

City, State, Zip Code

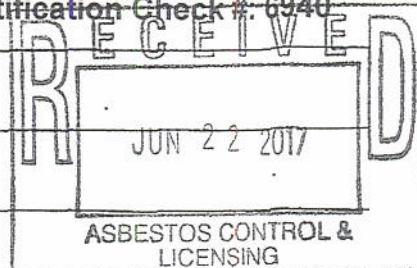
Randolph, NJ 07869

Name of Contact

Susan Kunz

Telephone Number

Agencies Notified

☒ EPA☒ DEP☒ DOL☒ DOH☐ DCA☒ Initial Notification☐ Amended Notification☐ Cancellation

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

County College of Morris - DeMare Hall - DH151

Street Address

214 Center Grove Rd.

City (5)

Randolph, NJ 07869

County (6)

Morris

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

☒ School (K-12)☐ Subchapter 8 (Other than K-12)☐ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet # of Floors Bldg. Age

50,000

2

50

Current Use (Prior if being demolished)

School Building

Name of Monitoring Firm Hired by Building Owner (8)

Whitman Companies, Inc.

Street Address

116 Tices Lane, Unit B-1

City, State, Zip Code

East Brunswick, NJ 08816

Project Manager for Monitoring Firm Telephone Number

Kevin Lovely

732-390-5858

Scheduled Start Date (10) Sched. Completion Date (11)

06/23/17

06/26/17

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility

Hours - Describe:

☐ Other - Describe:

Name of Abatement Contractor (9)

Four Strong Builders, Inc.

Street Address

180 Sargeant Avenue

City, State, Zip Code

Clifton, NJ 07013-1935

Telephone Number

973-614-0377

License Number

00807

Name of OSHA Monitor

Four Strong Builders, Inc.

Street Address

180 Sargeant Avenue

City, State, Zip Code

Clifton, NJ 07013

Scope of Work (Check all that apply)

☐ Demolition☐ >3 sf or >3 lf☒ >160 sf or >260 lf☒ Renovation☐ Full Containment with Negative Pressure☐ Mini-Enclosure☐ Glovebag Procedure☒ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
				R	E	N	C	E	
DeMare Hall - DH 151	X	VAT & Mastic	590 SF	X					

Name of Registered Waste Hauler

Four Strong Builders, Inc.

City, State

Clifton, NJ

Completed By (Print or Type)

Bilyana Kulakovska

NJDEP Waste Hauler ID No.

12609

Title

Office Administrator

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill

G.R.O.W.S., Inc.

City, State

Tullytown, PA

Signature

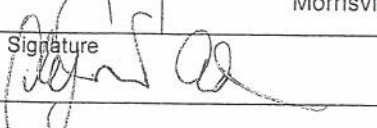
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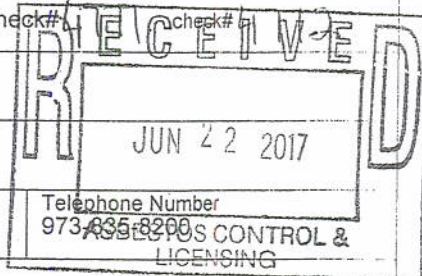
6/12/17

ASB-41  
JUN 95

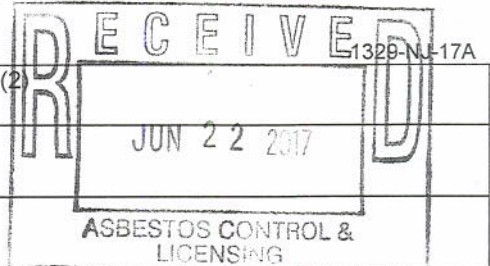
G4667

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

Date of Notification (1) 06/13/2017		Name of Building Owner/Operator (2) Wanaque Board of Education		check# _____					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ Emergency (including justification) <input type="checkbox"/> Cancellation		973A Ringwood Ave  City, State, Zip Code Haskell, NJ 07420  Name of Contact Nancy DiBartolo					
				Telephone Number 973-835-8200					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Haskell Elementary school				Type of Facility (4)					
Street Address 973 Ringwood Ave				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Haskell				Square Feet	Bldg. Age				
County (6) Passaic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) school					
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental, Inc		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 56 East Bridge Street				Street Address 606 McBride Ave					
City, State, Zip Code Morrisville, PA 19067				City, State, Zip Code Woodland Park, New Jersey					
Project Manager for Monitoring Firm James Frisbee		Telephone No 267-991-9212		Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 06-26-2017		Scheduled Completion Date (11) 07-07-2017		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 2333 Route 22 West					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>unoccupied</u>				City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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
Room 111			x	Wall plaster	270 SF	x			
Room 113			x	Wall Plaster	270 SF	x			
Room 114			x	Wall plaster	270 SF	x			
Room 110			x	Chalk board (non-friable)	64 SF	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S Landfill				
City, State Woodland Park, New Jersey				Disposal Date	City, State Morrisville, PA				
Completed by Adriana Olejarova		Title president		Signature 		Date 06/13/2017			



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



Date of Notification (1) 06/09/2017		Name of Building Owner/Operator (2) Fairleigh Dickinson University	
Agencies Notified	Notification Type	Street Address	<b>ASBESTOS CONTROL &amp; LICENSING</b> JUN 22 2017 1329-NJ-17A
(X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA	(X) Initial Notification ( ) Amended Amendment # ( ) Emergency (including justification) ( ) Cancellation	Edward Williams Hall	
		City, State, Zip Code Hackensack NJ 07601	
		Name of Contact Craig Gorczyca	Tel. Number

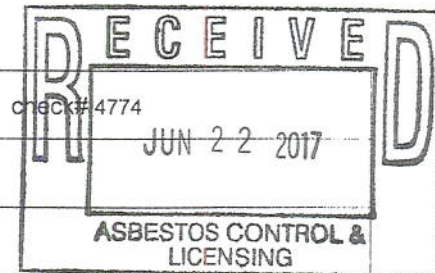
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Edward Williams Hall		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 150 Kotte PI		Square Feet	# of Floors
City (5) Hackensack		Bldg. Age	
County (6) Bergen County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Bldg. Owner (8) EMWA	ASCM No.	Name of Contractor (9) CID CONSTRUCTION SERVICES, LLC	
Street Address 100 Misty Lane		Street Address 365 River Drive	
City, State, Zip Code Parsippany NJ 07054		City State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm Craig Gorczyca	Telephone Number (973)703-6649	Telephone Number	License Number 01191 "A"
Scheduled Start Date (10) 06/23/17	Scheduled Completion Date (11) 07/10/17	Name of OSHA Monitor Testor Tech	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours ( ) Other – Describe:		Street Address 10-59 Jackson Avenue	
		City, State, Zip Code Long Island City, NY 11101	
Source of Work (Check all that apply) (X) ≥ 3 sf or ≥ 3 lf (X) ≥ 160 sf or ≥ 260 lf (X) Renovation ( ) Demolition ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glove bag Procedure (X) Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/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> FI – Administrative Office			X	Floor Material	540 SF	X			

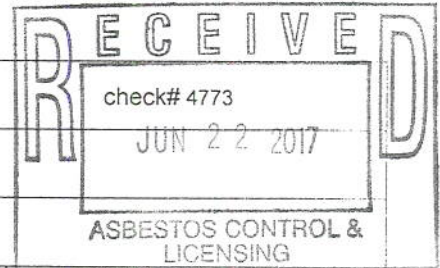
Name of Reg. Waste Hauler Cid Construction Services, LLC	NJDEP Waste Hauler ID # 32905	Cubic Yards of Waste TBD	Name of Reg. Landfill 110 Sand
City, State Garfield, NJ		Disposal Date TBD	City, State Melville, NY
Completed by Roque G Schipilliti	Title Project Manager	Signature 	Date 06/09/17

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



Date of Notification (1) 06/13/2017		Name of Building Owner/Operator (2) Hackensack Board of Education		check # 4774					
Agencies Notified	Type Notification	Street Address 191 Second Street		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>					
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hackensack, NJ 07675							
Name of Contact Robert Blanchard		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Jackson Ave Elementary School			Type of Facility (4)						
Street Address 421 Jackson Avenue			<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Hackensack			Square Feet	# of Floors	Bldg. Age				
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) school						
Name of Monitoring Firm Hired by Building Owner (8) The Whitman Companies		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 7 Pleasant Hill Road		Street Address 606 McBride Ave							
City, State, Zip Code Cranbury, NJ 08512		City, State, Zip Code Woodland Park, New Jersey							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No 732-390-5858	Telephone No. 973-225-8400	License No. 01104					
Start Date (10) 06-26-2017		Scheduled Completion Date (11) 06-29-2017		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Union, NJ 07083						
Scope of Work (Check All That Apply)			O&M method						
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler room			x	water tank	20 SF	x			
Boiler room			x	elbows	6 LF	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey		Disposal Date	City, State Morrisville, PA						
Completed by Adriana Olejarova		Title president	Signature 				Date 06/13/2017		

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



Date of Notification (1) 06/13/2017		Name of Building Owner/Operator (2) Nj Department of Children and Families	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<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 # _____ Emergency (including justification) <input type="checkbox"/> Cancellation	50 East State Street	Trenton, NJ 08625
		Name of Contact	Telephone Number
		Ronald Wybraniec	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) DCF-Union Campus		Type of Facility (4)	
Street Address 1524 Terill Road		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Scotch Plains		Square Feet	# of Floors
			Bldg. Age
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) school	
Name of Monitoring Firm Hired by Building Owner (8) The Whitman Companies		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 7 Pleasant Hill Road		Street Address 606 McBride Ave	
City, State, Zip Code Cranbury, NJ 08512		City, State, Zip Code Woodland Park, New Jersey	
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	License No. 01104
Start Date (10) 06-26-2017	Scheduled Completion Date (11) 06-29-2017	Name of OSHA Monitor Eis Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union, NJ 07083	

Scope of Work (Check All That Apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	Window caulk	180 LF	x			

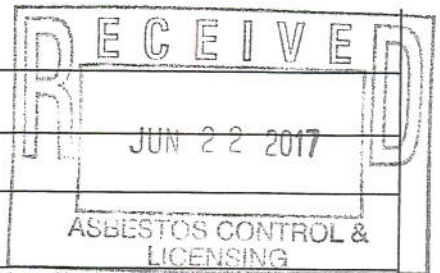
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S Landfill	
City, State Woodland Park, New Jersey			Disposal Date	City, State Morrisville, PA	
Completed by Adriana Olejarova		Title president	Signature 		Date 06/13/2017

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

*Ch # 3219*

Date of Notification (1) 06 / 16 / 17			Name of Building Owner/Operator (2) Verizon Communications			<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>  JUN 23 2017  ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 654 Market Street							
City, State, Zip Code Newark, NJ, 07105											
Name of Contact Alex Baylor											
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) Verizon Ironbound Central Office						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 654 Market Street						Square Feet 30,970		# of Floors 4		Bldg. Age +50	
City (5) Newark						Current Use (Prior if being demolished) Verizon Communications					
County (6) Essex				County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc				ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 8346 Enterprise Ave				City, State, Zip Code Philadelphia, PA, 19153		Street Address 1123 BEAVER STREET					
City, State, Zip Code Philadelphia, PA, 19153				Telephone No. 215-365-5810		Telephone No. 215-788-6040		License No. 00509			
Project Manager for Monitoring Firm Mark Jenkins		Start Date (10) 7 / 6 / 17		Scheduled Completion Date (11) 7 / 13 / 17		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: _____ AM- _____ PM/5:00PM-2:00AM						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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition											
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure											
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
		Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
1st Floor Stair Tower		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 VAT/Mastic	142 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tower Landings between 1-2 Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 VAT/Mastic	78 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2nd Floor Stair Tower Landing		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 VAT/Mastic	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2nd Floor Landing to Roof		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 VAT/Mastic	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.				NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 1		Name of Registered Landfill MINERVA LANDFILL			
City, State NEW CASTLE, DE				Disposal Date TBD		City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro		Title Estimator			Signature <i>Dillan DeCaro / JK</i>			Date 6/16/17			

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



Date of Notification (1) 6 / 7 /17		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 400 SOUTH ORANGE AVENUE	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #12 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079	
		Name of Contact VICTORIA PIVOVARNICK	
		Telephone Number	

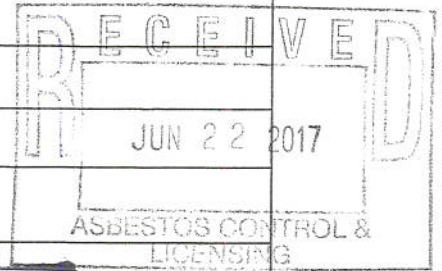
Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER				Square Feet 60,000	# of Floors 3
City (5) SOUTH ORANGE				Bldg. Age 40+	
County (6) ESSEX		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) UNIVERSITY	
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL INC.			ASCM No. 3	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 1253 NORTH CHURCH STREET			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MOORESTOWN, NEW JERSEY 08057			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm JEFF SEAMAN		Telephone Number 856-889-5182		Telephone Number 845-369-7500	License Number 1101
EXPECTED START DATE (10): (RESTART) 6 / 5 /17 Month Day Year		Sched. Completion Date (11) 11 / 30 / 17 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON-FRI 7AM-12:00AM SATURDAY & SUNDAY 7 AM-3:30 PM				Street Address 1376 ROUTE 9	
				City, State, Zip Code WAPPINGERS FALLS, NY 12590	

Scope of Work (Check all that apply)		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Encl. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
<input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovation	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
KITCHEN			X	PIPE FITTINGS	15 LF	X			COMPLETE
BACK HALL			X	PIPE FITTINGS	35 LF	X			COMPLETE
BACK HALL			X	SPRAY ON INSULATION	500 SF	X			COMPLETE
DISHWASHING AREA & ASSOCIATED									
HALL			X	PIPE FITTINGS	85 LF	X			COMPLETE
RECEIVING AREA			X	PIPE FITTINGS	15 LF	X			COMPLETE
RECEIVING AREA			X	SPRAY ON INSULATION	1,530 SF	X			COMPLETE
BOARD DINING			X	PIPE FITTINGS	25 LF	X			COMPLETE
SEVERY BAY 1			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 1			X	SPRAY ON INSULATION	760 SF	X			
HALLWAY BETWEEN SEVERY BAYS			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 2			X	PIPE FITTINGS	15 LF	X			
KITCHEN			X	FIRE WALL	40 SF	X			COMPLETE
1ST FLOOR RESTROOMS & GAS ROOM			X	FIREPROOFING	200 SF	X			COMPLETE

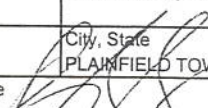
Name of Registered Waste Hauler NEWARK CARTING INC.		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 250	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
City, State NEWARK, NEW JERSEY 07105		Disposal Date 12/23-11/30/2017		City, State PLAINFIELD TOWNSHIP, PA		
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature <i>[Signature]</i>	Date 6/13/17	

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

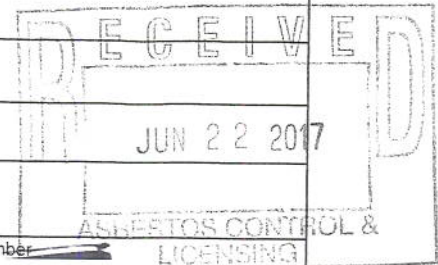


Date of Notification (1) 12 / 19 /16		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 400 SOUTH ORANGE AVENUE	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079	
		Name of Contact VICTORIA PIVOVARNICK	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER		Square Feet 60,000	# of Floors 3
City (5) SOUTH ORANGE		County (6) ESSEX	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL INC.		ASCM No. 3	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 1253 NORTH CHURCH STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MOORESTOWN, NEW JERSEY 08057		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm JEFF SEAMAN		Telephone Number 856-889-5182	Telephone Number 845-369-7500
Expected State Date (10) 12 / 23 /16 Month Day Year		Sched. Completion Date (11) 11 / 30 / 17 Month Day Year	License Number 1101
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY- SATURDY 7AM-3:30 PM		Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo , <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

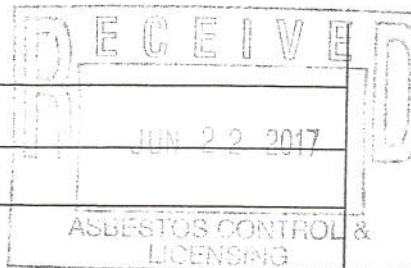
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
KITCHEN			X	PIPE FITTINGS	15 LF	X			
BACK HALL			X	PIPE FITTINGS	35 LF	X			
BACK HALL			X	SPRAY ON INSULATION	500 SF	X			
DISHWASHING AREA & ASSOCIATED						X			
HALL			X	PIPE FITTINGS	85 LF	X			
RECEIVING AREA			X	PIPE FITTINGS	15 LF	X			
RECEIVING AREA			X	SPRAY ON INSULATION	1,530 SF	X			
BOARD DINING			X	PIPE FITTINGS	25 LF	X			
SEVERY BAY 1			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 1			X	SPRAY ON INSULATION	760 SF	X			
HALLWAY BETWEEN SEVERY BAYS			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 2			X	PIPE FITTINGS	15 LF	X			
KITCHEN			X	FIRE WALL	40 SF	X			
Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD.		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 200	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
City, State NEWARK, NEW JERSEY 07105				Disposal Date 12/23-11/30/2017	City, State PLAINFIELD TOWNSHIP, PA				
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 	Date 12/19/16				

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




Date of Notification (1) 12 / 9 /16		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY																																																																																																																																
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 400 SOUTH ORANGE AVENUE City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079																																																																																																																																
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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

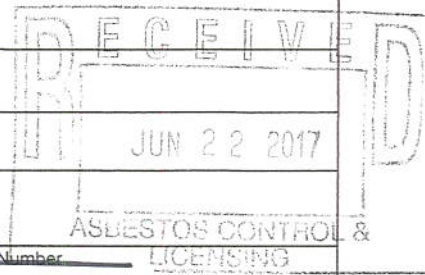


Date of Notification (1) 5 / 3 / 17		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 400 SOUTH ORANGE AVENUE City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079 Name of Contact VICTORIA PIVOVARNICK Telephone Number	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		#8	

Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER				Square Feet 60,000	# of Floors 3
City (5) SOUTH ORANGE		County (6) ESSEX		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL INC.				ASCM No. 3	
Street Address 1253 NORTH CHURCH STREET				Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code MOORESTOWN, NEW JERSEY 08057				Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm JEFF SEAMAN				Telephone Number 856-889-5182	
Expected Start Date (10): (RESTART) 5 / 16 / 17				Sched. Completion Date (11) 11 / 30 / 17	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON-FRI 7AM-12:00AM SATURDAY 7AM-3:30 PM				Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos- Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
KITCHEN			X	PIPE FITTINGS	15 LF	X			
BACK HALL			X	PIPE FITTINGS	35 LF	X			
BACK HALL			X	SPRAY ON INSULATION	500 SF	X			
DISHWASHING AREA & ASSOCIATED						X			
HALL			X	PIPE FITTINGS	85 LF	X			
RECEIVING AREA			X	PIPE FITTINGS	15 LF	X			
RECEIVING AREA			X	SPRAY ON INSULATION	1,530 SF	X			
BOARD DINING			X	PIPE FITTINGS	25 LF	X			
SEVERY BAY 1			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 1			X	SPRAY ON INSULATION	760 SF	X			
HALLWAY BETWEEN SEVERY BAYS			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 2			X	PIPE FITTINGS	15 LF	X			
KITCHEN			X	FIRE WALL	40 SF	X			
Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD.			NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 200	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL			
City, State NEWARK, NEW JERSEY 07105			Disposal Date 12/23-11/30/2017			City, State PLAINFIELD TOWNSHIP, PA			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 5-3-17			

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

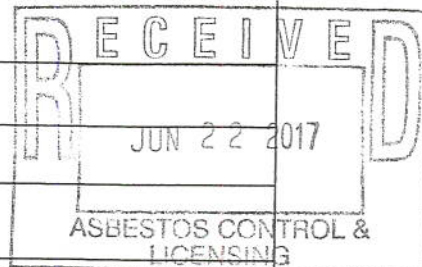


Date of Notification (1) 3 / 13 / 17		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY	
Agencies Notified		Street Address 400 SOUTH ORANGE AVENUE	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Name of Contact VICTORIA PIVOVARNICK Telephone Number _____	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER		Square Feet 60,000	# of Floors 3
City (5) SOUTH ORANGE	County (6) ESSEX	Bldg. Age 40+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) UNIVERSITY	
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL INC.		ASCM No. 3	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 1253 NORTH CHURCH STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MOORESTOWN, NEW JERSEY 08057		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm JEFF SEAMAN		Telephone Number 856-889-5182	Telephone Number 845-369-7500
Expected State Date (10) 3 / 3 / 17 Month Day Year		Sched. Completion Date (11) 11 / 30 / 17 Month Day Year	License Number 1101
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON-FRI 7AM-12:00AM SATURDAY 7AM-3:30 PM		Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.  Street Address 1376 ROUTE 9  City, State, Zip Code WAPPINGERS FALLS, NY 12590	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Encl. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
KITCHEN			X	PIPE FITTINGS	15 LF	X			
BACK HALL			X	PIPE FITTINGS	35 LF	X			
BACK HALL			X	SPRAY ON INSULATION	500 SF	X			
DISHWASHING AREA & ASSOCIATED						X			
HALL			X	PIPE FITTINGS	85 LF	X			
RECEIVING AREA			X	PIPE FITTINGS	15 LF	X			
RECEIVING AREA			X	SPRAY ON INSULATION	1,530 SF	X			
BOARD DINING			X	PIPE FITTINGS	25 LF	X			
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Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD.		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 200	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
City, State NEWARK, NEW JERSEY 07105		Disposal Date 12/23-11/30/2017		City, State PLAINFIELD TOWNSHIP, PA					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 3/13/17			

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



Date of Notification (1)

1 / 10 / 17

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☒ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification #2  
☐ Cancellation  
☒ On Hold  
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

SETON HALL UNIVERSITY

Street Address

400 SOUTH ORANGE AVENUE

City, State, Zip Code

SOUTH ORANGE, NEW JERSEY 07079

Name of Contact

VICTORIA PIVOVARNICK

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

SETON HALL UNIVERSITY

Type of Facility (4)

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

Street Address

400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER

Square Feet

60,000

# of Floors

3

Bldg. Age

40+

City (5)

SOUTH ORANGE

County (6)

ESSEX

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

UNIVERSITY

Name of Monitoring Firm Hired by Building Owner (8)

TTI ENVIRONMENTAL INC.

ASCM No.

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Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

1253 NORTH CHURCH STREET

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

MOORESTOWN, NEW JERSEY 08057

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

JEFF SEAMAN

Telephone Number

856-889-5182

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

12 / 23 / 16  
Month Day Year

Sched. Completion Date (11)

11 / 30 / 17  
Month Day Year

Name of OSHA Monitor

QUALITY ENVIRONMENTAL SOLUTIONS & TECH.

Occupancy Status During Abatement (Check only one)

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

Street Address

1376 ROUTE 9

City, State, Zip Code

WAPPINGERS FALLS, NY 12590

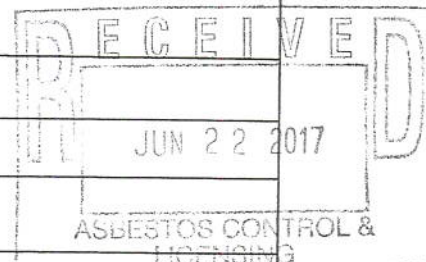
Scope of Work (Check all that apply)

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

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

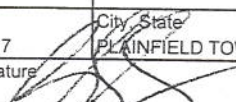
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Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill			
NEWARK CARTING INC.		913		200		GRAND CENTRAL SANITARY LANDFILL			
City, State				Disposal Date		City, State			
NEWARK, NEW JERSEY 07105				12/23-11/30/2017		PLAINFIELD TOWNSHIP, PA			
Completed by (Print or Type)		Title		Signature		Date			
BENJAMIN SANCHEZ		DIRECTOR OF OPERATIONS				1-10-17			

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

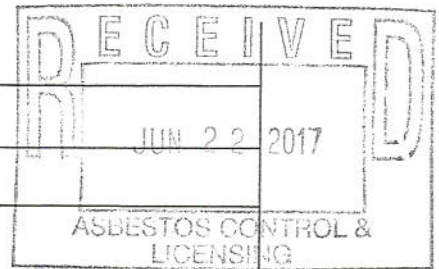


Date of Notification (1) 2 / 21 / 17		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 400 SOUTH ORANGE AVENUE City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079 Name of Contact VICTORIA PIVOVARNICK	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION			

Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER				Square Feet 60,000	# of Floors 3
City (5) SOUTH ORANGE				County (6) ESSEX	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL INC.				ASCM No. 3	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 1253 NORTH CHURCH STREET				Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MOORESTOWN, NEW JERSEY 08057				City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm JEFF SEAMAN		Telephone Number 856-889-5182		Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 12 / 23 / 16 Month Day Year		Sched. Completion Date (11) 11 / 30 / 17 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY- SATURDY 7AM-3:30 PM				Street Address 1376 ROUTE 9 City, State, Zip Code WAPPINGERS FALLS, NY 12590	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Endo <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

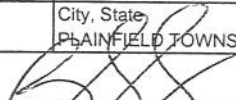
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
KITCHEN			X	PIPE FITTINGS	15 LF	X			
BACK HALL			X	PIPE FITTINGS	35 LF	X			
BACK HALL			X	SPRAY ON INSULATION	500 SF	X			
DISHWASHING AREA & ASSOCIATED						X			
HALL			X	PIPE FITTINGS	85 LF	X			
RECEIVING AREA			X	PIPE FITTINGS	15 LF	X			
RECEIVING AREA			X	SPRAY ON INSULATION	1,530 SF	X			
BOARD DINING			X	PIPE FITTINGS	25 LF	X			
SEVERY BAY 1			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 1			X	SPRAY ON INSULATION	760 SF	X			
HALLWAY BETWEEN SEVERY BAYS			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 2			X	PIPE FITTINGS	15 LF	X			
KITCHEN			X	FIRE WALL	40 SF	X			
Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD.		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 200	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
City, State NEWARK, NEW JERSEY 07105				Disposal Date 12/23-11/30/2017	City, State PLAINFIELD TOWNSHIP, PA				
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 7/20/17			

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

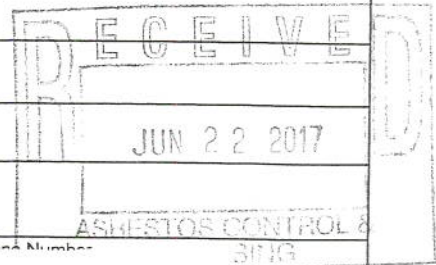


Date of Notification (1) 2 / 27 /17		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 400 SOUTH ORANGE AVENUE	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #4 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079	
		Name of Contact VICTORIA PIVOARNICK	

Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER				Square Feet 60,000	# of Floors 3
City (5) SOUTH ORANGE				Bldg. Age 40+	
County (6) ESSEX		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) UNIVERSITY	
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL INC.				Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 1253 NORTH CHURCH STREET				Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MOORESTOWN, NEW JERSEY 08057				City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm JEFF SEAMAN		Telephone Number 856-889-5182		Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 3 / 3 /16 Month Day Year		Sched. Completion Date (11) 11 / 30 /17 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON-FRI : SATURDY 7AM-3:30 PM				Street Address 1376 ROUTE 9	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
KITCHEN			X	PIPE FITTINGS	15 LF	X			
BACK HALL			X	PIPE FITTINGS	35 LF	X			
BACK HALL			X	SPRAY ON INSULATION	500 SF	X			
DISHWASHING AREA & ASSOCIATED						X			
HALL			X	PIPE FITTINGS	85 LF	X			
RECEIVING AREA			X	PIPE FITTINGS	15 LF	X			
RECEIVING AREA			X	SPRAY ON INSULATION	1,530 SF	X			
BOARD DINING			X	PIPE FITTINGS	25 LF	X			
SEVERY BAY 1			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 1			X	SPRAY ON INSULATION	760 SF	X			
HALLWAY BETWEEN SEVERY BAYS			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 2			X	PIPE FITTINGS	15 LF	X			
KITCHEN			X	FIRE WALL	40 SF	X			
Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD.	NJDEP Waste Hauler ID No. 913			Cubic Yards of Waste 200	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
City, State NEWARK, NEW JERSEY 07105				Disposal Date 12/23-11/30/2017	City, State PLAINFIELD TOWNSHIP, PA				
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 2/27/17			

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



Date of Notification (1) 2 / 27 /17		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 400 SOUTH ORANGE AVENUE  City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079  Name of Contact VICTORIA PIVOVARNICK	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Telephone Number 301G  ASBESTOS CONTROL 8	

Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER				Square Feet 60,000	# of Floors 3
City (5) SOUTH ORANGE		County (6) ESSEX		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL INC.				ASCM No. 3	
Street Address 1253 NORTH CHURCH STREET				Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code MOORESTOWN, NEW JERSEY 08057				Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm JEFF SEAMAN				Telephone Number 856-889-5182	
Expected State Date (10) 3 / 3 /16 Month Day Year				Sched. Completion Date (11) 11 / 30 / 17 Month Day Year	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON-FRI 7AM-3:30PM SATURDAY 7AM-3:30 PM				Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.  Street Address 1376 ROUTE 9  City, State, Zip Code WAPPINGERS FALLS, NY 12590	

Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovation  <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
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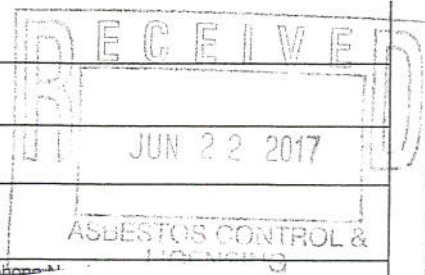
  

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
KITCHEN			X	PIPE FITTINGS	15 LF	X			
BACK HALL			X	PIPE FITTINGS	35 LF	X			
BACK HALL			X	SPRAY ON INSULATION	500 SF	X			
DISHWASHING AREA & ASSOCIATED						X			
HALL			X	PIPE FITTINGS	85 LF	X			
RECEIVING AREA			X	PIPE FITTINGS	15 LF	X			
RECEIVING AREA			X	SPRAY ON INSULATION	1,530 SF	X			
BOARD DINING			X	PIPE FITTINGS	25 LF	X			
SEVERY BAY 1			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 1			X	SPRAY ON INSULATION	760 SF	X			
HALLWAY BETWEEN SEVERY BAYS			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 2			X	PIPE FITTINGS	15 LF	X			
KITCHEN			X	FIRE WALL	40 SF	X			

Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD.		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 200	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY 07105		Disposal Date 12/23-11/30/2017		City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 	Date 3/3/17

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



Date of Notification (1) 2 / 27 / 17		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 400 SOUTH ORANGE AVENUE City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079 Name of Contact VICTORIA PIVOVARNIK	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Telephone ASBESTOS CONTROL & REMEDIATION	

Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER				Square Feet 60,000	# of Floors 3
City (5) SOUTH ORANGE				Bldg. Age 40+	
County (6) ESSEX		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) UNIVERSITY	
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL INC.				ASCM No. 3	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 1253 NORTH CHURCH STREET				Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MOORESTOWN, NEW JERSEY 08057				City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm JEFF SEAMAN		Telephone Number 856-889-5182		Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 3 / 3 / 17		Sched. Completion Date (11) 11 / 30 / 17		Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.	

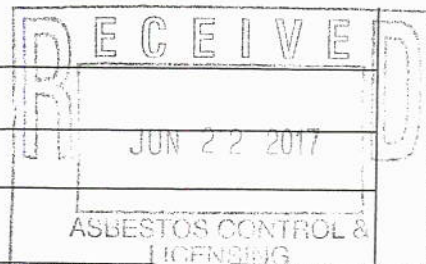
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON-FRI 7AM-12:00AM SATURDAY 7AM-3:30 PM		Street Address 1376 ROUTE 9	
		City, State, Zip Code WAPPINGERS FALLS, NY 12590	

Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
<input checked="" type="checkbox"/> Renovation			

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
KITCHEN			X	PIPE FITTINGS	15 LF	X			
BACK HALL			X	PIPE FITTINGS	35 LF	X			
BACK HALL			X	SPRAY ON INSULATION	500 SF	X			
DISHWASHING AREA & ASSOCIATED						X			
HALL			X	PIPE FITTINGS	85 LF	X			
RECEIVING AREA			X	PIPE FITTINGS	15 LF	X			
RECEIVING AREA			X	SPRAY ON INSULATION	1,530 SF	X			
BOARD DINING			X	PIPE FITTINGS	25 LF	X			
SEVERY BAY 1			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 1			X	SPRAY ON INSULATION	760 SF	X			
HALLWAY BETWEEN SEVERY BAYS			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 2			X	PIPE FITTINGS	15 LF	X			
KITCHEN			X	FIRE WALL	40 SF	X			

Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD.		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 200	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
City, State NEWARK, NEW JERSEY 07105		Disposal Date 12/23-11/30/2017		City, State PLAINFIELD TOWNSHIP, PA		
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 2/27/17

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

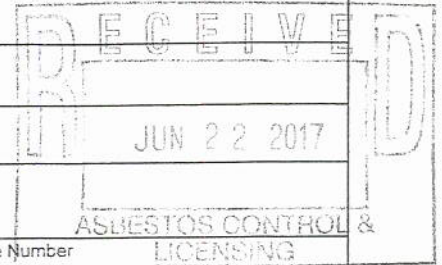


Date of Notification (1) 5 / 25 /17		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 400 SOUTH ORANGE AVENUE	
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #9 <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079	
		Name of Contact VICTORIA PIVOARNICK	
		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER				Square Feet 60,000	# of Floors 3
City (5) SOUTH ORANGE				County Code (7) (STATE USE ONLY) ESSEX	Bldg. Age 40+
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL INC.				ASCM No. 3	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 1253 NORTH CHURCH STREET				Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MOORESTOWN, NEW JERSEY 08057				City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm JEFF SEAMAN		Telephone Number 856-889-5182		Telephone Number 845-369-7500	License Number 1101
EXPECTED START DATE (10): (RESTART) 5 / 16 /17 Month Day Year		Sched. Completion Date (11) 11 / 30 / 17 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON-FRI 7AM-12:00AM SATURDAY 7AM-3:30 PM				Street Address 1376 ROUTE 9	
				City, State, Zip Code WAPPINGERS FALLS, NY 12590	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
				<input checked="" type="checkbox"/> Renovation	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
KITCHEN			X	PIPE FITTINGS	15 LF	X			
BACK HALL			X	PIPE FITTINGS	35 LF	X			
BACK HALL			X	SPRAY ON INSULATION	500 SF	X			
DISHWASHING AREA & ASSOCIATED						X			
HALL			X	PIPE FITTINGS	85 LF	X			
RECEIVING AREA			X	PIPE FITTINGS	15 LF	X			
RECEIVING AREA			X	SPRAY ON INSULATION	1,530 SF	X			
BOARD DINING			X	PIPE FITTINGS	25 LF	X			
SEVERY BAY 1			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 1			X	SPRAY ON INSULATION	760 SF	X			
HALLWAY BETWEEN SEVERY BAYS			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 2			X	PIPE FITTINGS	15 LF	X			
KITCHEN			X	FIRE WALL	40 SF	X			
Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD.		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 200		Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL			
City, State NEWARK, NEW JERSEY 07105		Disposal Date 12/23-11/30/2017		City, State PLAINFIELD TOWNSHIP, PA					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 6/25/17			

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

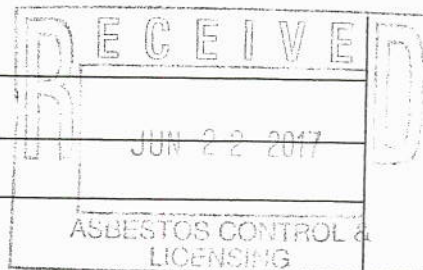


Date of Notification (1) 5 / 31 /17		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 400 SOUTH ORANGE AVENUE City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079 Name of Contact VICTORIA PIVOVARNIK Telephone Number 	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #10 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		ASBESTOS CONTROL & LICENSING	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER		Square Feet 60,000	# of Floors 3
City (5) SOUTH ORANGE		Bldg. Age 40+	
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY	
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL INC.		ASCM No. 3	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 1253 NORTH CHURCH STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MOORESTOWN, NEW JERSEY 08057		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm JEFF SEAMAN		Telephone Number 856-889-5182	Telephone Number 845-369-7500
Expected Start Date (10): (RESTART) 6 / 5 /17		Sched. Completion Date (11) 11 / 30 / 17	License Number 1101
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON-FRI 7AM-12:00AM SATURDAY 7AM-3:30 PM		Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
KITCHEN			X	PIPE FITTINGS	15 LF	X			
BACK HALL			X	PIPE FITTINGS	35 LF	X			
BACK HALL			X	SPRAY ON INSULATION	500 SF	X			
DISHWASHING AREA & ASSOCIATED						X			
HALL			X	PIPE FITTINGS	85 LF	X			
RECEIVING AREA			X	PIPE FITTINGS	15 LF	X			
RECEIVING AREA			X	SPRAY ON INSULATION	1,530 SF	X			
BOARD DINING			X	PIPE FITTINGS	25 LF	X			
SEVERY BAY 1			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 1			X	SPRAY ON INSULATION	760 SF	X			
HALLWAY BETWEEN SEVERY BAYS			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 2			X	PIPE FITTINGS	15 LF	X			
KITCHEN			X	FIRE WALL	40 SF	X			
1ST FLOOR RESTROOMS & GAS ROOM			X	FIREPROOFING	200 SF	X			
Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD.		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 250	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
City, State NEWARK, NEW JERSEY 07105		Disposal Date 12/23-11/30/2017		City, State PLAINFIELD TOWNSHIP, PA					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 	Date 5/31/17				

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



Date of Notification (1) 6 / 7 /17		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 400 SOUTH ORANGE AVENUE  City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #11 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Name of Contact VICTORIA PIVOVARNICK  Telephone Number	

Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER		Square Feet 60,000	# of Floors 3
City (5) SOUTH ORANGE	County (6) ESSEX	Bldg. Age 40+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) UNIVERSITY	
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL INC.		ASCM No. 3	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 1253 NORTH CHURCH STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MOORESTOWN, NEW JERSEY 08057		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm JEFF SEAMAN		Telephone Number 856-889-5182	License Number 1101
EXPECTED START DATE (10): (RESTART) 6 / 5 /17		Sched. Completion Date (11) 11 / 30 / 17	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON-FRI 7AM-12:00AM SATURDAY & SUNDAY 7 AM-3:30 PM		Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Encl. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

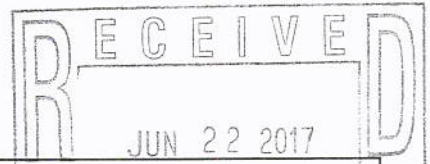
  

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
KITCHEN			X	PIPE FITTINGS	15 LF	X			
BACK HALL			X	PIPE FITTINGS	35 LF	X			
BACK HALL			X	SPRAY ON INSULATION	500 SF	X			
DISHWASHING AREA & ASSOCIATED HALL			X	PIPE FITTINGS	85 LF	X			
RECEIVING AREA			X	PIPE FITTINGS	15 LF	X			
RECEIVING AREA			X	SPRAY ON INSULATION	1,530 SF	X			
BOARD DINING			X	PIPE FITTINGS	25 LF	X			
SEVERY BAY 1			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 1			X	SPRAY ON INSULATION	760 SF	X			
HALLWAY BETWEEN SEVERY BAYS			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 2			X	PIPE FITTINGS	15 LF	X			
KITCHEN			X	FIRE WALL	40 SF	X			
1ST FLOOR RESTROOMS & GAS ROOM			X	FIREPROOFING	200 SF	X			

Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD. City, State NEWARK, NEW JERSEY 07105		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 250	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
Disposal Date 12/23-11/30/2017		City, State PLAINFIELD TOWNSHIP, PA		
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 6/7/17	

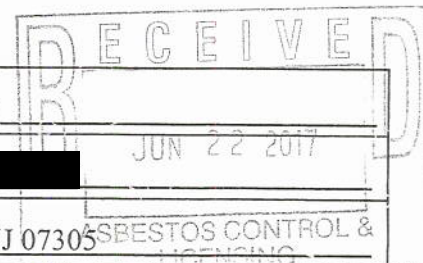
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)**



Date of Notification (1) <u>5/26/17</u>		Name of Building Owner/Operator (2) <u>Rice</u>	
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 # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code <u>Jersey City, NJ 07305</u>	
		Name of Contact <u>Paul Rice</u>	Telephone Number _____
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</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>Jersey City, NJ 07305</u>		Square Feet <u>2400</u>	# of Floors <u>2</u>
		Bldg. Age <u>90+/-</u>	
County (6) <u>Hudson</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>6/10/17</u>	Scheduled Completion Date (11) <u>6/18/17</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am - 4pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 cu</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>6/18/17</u>	Name of Registered Landfill <u>Fairless Landfill</u>
		City, State <u>Morrisville, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>6/16/17</u>

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

Check # 25511



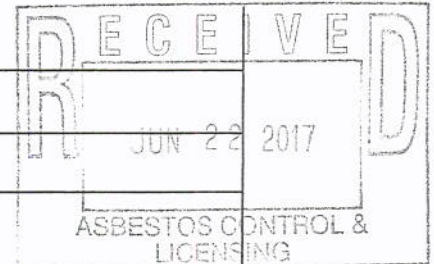
Date of Notification (1) <u>5/26/17</u>		Name of Building Owner/Operator (2) <u>Rice</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>[REDACTED]</u>	
		City, State, Zip Code <u>Jersey City, NJ 07305</u>	
		Name of Contact <u>Paul Rice</u>	Telephone Number _____
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</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 <u>[REDACTED]</u>			
City (5) <u>Jersey City, NJ 07305</u>		Square Feet <u>2400</u>	# of Floors <u>2</u>
		Bldg. Age <u>90+/-</u>	
County (6) <u>Hudson</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>6/10/17</u>	Scheduled Completion Date (11) <u>6/16/17</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8 am to 4 pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>
_____			_____
_____			_____
_____			_____
_____			_____
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 cu</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>6/16/17</u>	Name of Registered Landfill <u>Fairless Landfill</u>
		City, State <u>Morrisville, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <u>[Signature]</u>	Date <u>5/26/17</u>

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

VIA U.S. MAIL  
ENCL. 4040

Date of Notification (1) 6/14/17		Name of Building Owner/Operator (2) MR RICHARD WALCZUK				
Agencies Notified	Type Notification	Street Address				
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code FANWOOD, NJ 07023				
		Name of Contact MR R WALCZUK				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)				
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, etc.)				
City (5) FANWOOD NJ 07023		Square Feet 2000	# of Floors 2			
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSE				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)			
Street Address			NOVATECH INC			
City, State, Zip Code			Street Address			
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code			
Start Date (10) 6/23/17		Scheduled Completion Date (11) 7/23/17	Telephone No. 732 233-7500			
Occupancy Status During Abatement (Check Only One)		License No. 00806				
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor NOVATECH INC				
Scope of Work (Check All That Apply)		Street Address				
<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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code 010 Bridge NJ 08857				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No			Removal	Repair
BASEMENT		X	PIPE INSULATION	<100 LF		
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 6	Name of Registered Landfill GROWS		
City, State 010 Bridge NJ 08857		Disposal Date 7/24/17	City, State Hazardville PA			
Completed by CARLOS ALMEIDA		Title PRESIDENT	Signature [Signature]		Date 6/14/17	

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



**Date of Notification (1)**  
6 / 13 /17

**Name of Building Owner/Operator (2)**  
SETON HALL UNIVERSITY

**Street Address**  
400 SOUTH ORANGE AVENUE

**City, State, Zip Code**  
SOUTH ORANGE, NEW JERSEY 07079

**Name of Contact** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_

**Agencies Notified**

<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification #3
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> On Hold
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
SETON HALL UNIVERSITY

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

**Street Address**  
400 SOUTH ORANGE AVENUE

**Square Feet** N/A **# of Floors** N/A **Bldg. Age** N/A

**City (5)** SOUTH ORANGE **County (6)** ESSEX **County Code (7) (STATE USE ONLY)**

**Current Use (Prior if being demolished)**  
UNIVERSITY

**Name of Monitoring Firm Hired by Building Owner (8)** TTI **ASCM No.** 3

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

**Street Address** 1253 NORTH CHURCH STREET

**Street Address** 313 SPOOK ROCK ROAD

**City, State, Zip Code** MOORESTOWN, NEW JERSEY 08057 **City, State, Zip Code** SUFFERN, NEW YORK 10901

**Project Manager for Monitoring Firm** JEFF SEAMAN **Telephone Number** 856-869-5182 **Telephone Number** 845-369-7500 **License Number** 1101

**Expected State Date (10)** 5 / 22 /17 **Sched. Completion Date (11)** 8 / 30 /17

**Occupancy Status During Abatement (Check only one)**  
☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: MONDAY - FRIDAY 7AM-3:30PM

**Street Address** 1376 ROUTE 9

**City, State, Zip Code** WAPPINGERS FALLS, NY 12590

**Scope of Work (Check all that apply)**

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >3SF OR LF		<input checked="" type="checkbox"/> Mini Enclo.
<input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Glovebag Procedure (WRAP AND CUT)
		<input checked="" type="checkbox"/> Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
GROUND-DINING ROOM AREA		X		VAT & MASTIC	11,300 SF	X			COMPLETE
EXTERIOR- DINING ROOM STORE FRONT		X		WINDOW CAULK	90 SF	X			
EXTERIOR -DINING ROOM STORE FRONT OVERHANG		X		FIRE PROOFING	150 SF	X			COMPLETE

**Name of Registered Waste Hauler** NEWARK CARTING **NJDEP Waste Hauler ID No.** 913 **Cubic Yards of Waste** 80

**Name of Registered Landfill** GRAND CENTRAL SANITARY LANDFILL

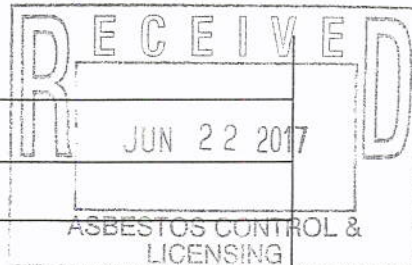
**City, State** NEWARK, NEW JERSEY **Disposal Date** 5/22-8/30/17 **City, State** PLAINFIELD TOWNSHIP, PA

**Completed by (Print or Type)** BENJAMIN SANCHEZ **Title** DIRECTOR OF OPERATIONS **Signature** *[Signature]* **Date** 6/13/17

RECEIVED  
JUN 22 2017  
ASBESTOS CONTROL & LICENSING

City, State	PLAINFIELD TOWNSHIP, PA
Date	5/25/17

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



Date of Notification (1) 5 / 19 /17		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 400 SOUTH ORANGE AVENUE	
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #1 <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079	
		Name of Contact VICTORIA PIVOVARNICK	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 400 SOUTH ORANGE AVENUE		Square Feet N/A	# of Floors N/A
City (5) SOUTH ORANGE	County (6) ESSEX	County Code (7) (STATE USE ONLY)	Bldg. Age N/A
Current Use (Prior if being demolished) UNIVERSITY			
Name of Monitoring Firm Hired by Building Owner (8) TTI		ASCM No. 3	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 1253 NORTH CHURCH STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MOORESTOWN, NEW JERSEY 08057		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm JEFF SEAMAN		Telephone Number 856-869-5182	License Number 1101
Expected State Date (10) 5 / 22 /17 Month Day Year	Sched. Completion Date (11) 8 / 30 /17 Month Day Year	Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30PM		Street Address 1376 ROUTE 9	
		City, State, Zip Code WAPPINGERS FALLS, NY 12590	

Scope of Work (Check all that apply)		Full Containment with Negative Pressure	
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Mini Encl.	
<input type="checkbox"/> >3SF OR LF		<input type="checkbox"/> Glovebag Procedure	(WRAP AND CUT)
<input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Non-Friable Procedure	

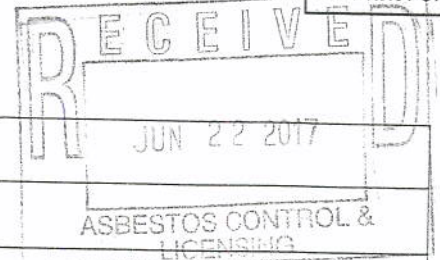
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
GROUND-DINING ROOM AREA			X	VAT & MASTIC	11,300 SF	X			
EXTERIOR- DINING ROOM STORE FRONT			X	WINDOW CAULK	90 SF	X			
EXTERIOR -DINING ROOM STORE FRONT			X	FIRE PROOFING	150 SF	X			
OVERHANG									

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 80	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY	Disposal Date 5/22-8/30/17	City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 5/19/17

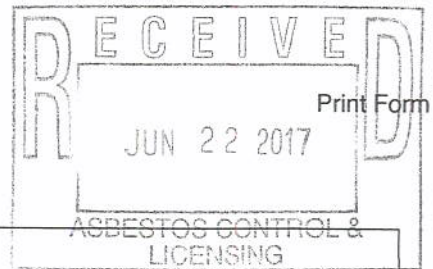
OK 30867

RECEIVED  
JUN 22 2017  
ASBESTOS CONTROL &  
LICENSING

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



Date of Notification (1) 6-13-2017		Name of Building Owner/Operator (2) Parkwood Development, LLC							
Agencies Notified	Type Notification	Street Address 729 Clinton Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hoboken, NJ							
		Name of Contact Kyle Winschuch	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4)							
Street Address 720 Clinton Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hoboken, NJ 07030		Square Feet 40000	# of Floors 5						
County (6) Hudson		Bldg. Age 80+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-3338855						
Start Date (10) 6-14-2017		Scheduled Completion Date (11) 6-17-2017	License No. 01174						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same as above							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor NE room		X		VAT	120 SF	X			
1st floor NE room		X		Wall plaster	200 SF	X			
1 st floor NW room				Wall plaster	200 SF				
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889		Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S. North Landfill				
City, State Jersey City, NJ		Disposal Date 6-17-2017		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager		Signature <i>Liliana Serrano</i>		Date 6-13-2017			



CK1147

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

Date of Notification (1) 06/09/17		Name of Building Owner/Operator (2) City of North Wildwood							
Agencies Notified	Type Notification	Street Address 901 Atlantic Ave							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code North Wildwood NJ 08260							
		Name of Contact Charlie Buckley	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 201 West Walnut		Type of Facility (4)							
Street Address 201 West Walnut 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) North Wildwood		Square Feet 2000	# of Floors 2						
County (6) Cape May		County Code (7) (STATE USE ONLY) _____	Bldg. Age 1930						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ARIAI						
Street Address		Street Address 144 Mill St							
City, State, Zip Code		City, State, Zip Code Paterson NJ 07501							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-653-9652						
			License No. 1257						
Start Date (10) 06/19/17	Scheduled Completion Date (11) 07/07/17	Name of OSHA Monitor Goran Igev							
Occupancy Status During Abatement (Check Only One)		Street Address 144 Mill 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 Paterson NJ 07501							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	v			Roofing ACM	2000	v			
First Floor	v			VAT	1025	v			
Name of Registered Waste Hauler INDIAN ARROW INDUSTRIES		NJDEP Waste Hauler ID No. 36031	Cubic Yards of Waste TBD	Name of Registered Landfill FARRIS HILLS					
City, State PATERSON NJ			Disposal Date TBD	City, State MOORISVILLE PA					
Completed by GORAN IGEV		Title CEO	Signature 			Date 06/09/17			

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

CK 4131

Date of Notification (1) <b>6/13/17</b>		Name of Building Owner/Operator (2) <b>MS. KATHLEEN ROCKEY</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] <b>AVENUE</b>							
		City, State, Zip Code <b>RIDGEWOOD, NJ. 07450</b>							
		Name of Contact <b>MS. ROCKEY</b>							
		Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>MS. KATHLEEN ROCKEY</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>RIDGEWOOD</b>	Square Feet <b>2500</b>	# of Floors <b>2</b>	Bldg. Age <b>1935</b>						
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>RESIDENCE</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Best Removal Inc</b>							
Street Address		Street Address <b>450 South River Street</b>							
City, State, Zip Code		City, State, Zip Code <b>Hackensack, NJ 07601</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>						
Start Date (10) <b>6/23/17</b>	Scheduled Completion Date (11) <b>6/25/17</b>	Name of OSHA Monitor <b>Omega Environmental</b>							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>730 PM TO 5 PM</b>		Street Address <b>280 Huyler Street</b>							
		City, State, Zip Code <b>South Hackensack, NJ 07606</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13) <b>BASEMENT</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>VAT</b>	Amount (Specify SF or LF) <b>1850 SFTX</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
			<b>X</b>						
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NUDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>10 CYs</b>	Name of Registered Landfill <b>Minverva Enterprises, LLC</b>					
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>6/24/17</b>		City, State <b>Waynesburg, OH 44688</b>					
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>	Signature <i>J. Maiorano</i>			Date <b>6/13/17</b>			

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

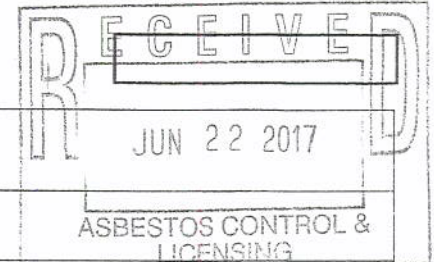
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**RECEIVED**  
JUN 22 2017

Date of Notification (1) <b>6-15-17</b>		Name of Building Owner/Operator (2) <b>Mark Franchi Demolition Services</b>							
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>348 Hueffville Green Rd</b>							
		City, State, Zip Code <b>Sewell NJ 08080</b>							
		Name of Contact <b>Mark Franchi</b>							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Single family Dwelling</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED] <b>(NE Blvd)</b>									
City (5) <b>Vineland NJ 08360</b>	Square Feet	# of Floors <b>2</b>	Bldg. Age						
County (6) <b>Cumberland</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Single family Dwelling</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>							
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>							
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>						
Start Date (10) <b>6-26-17</b>	Scheduled Completion Date (11) <b>6-30-17</b>	Name of OSHA Monitor <b>EPC Technologies Inc</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>P.O. Box 337</b>							
		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>Exterior Walls</b>			<b>X</b>	<b>Siding Shingles</b>	<b>1600 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>Waste Management of PA</b>					
City, State <b>New Egypt NJ</b>		Disposal Date <b>by 6-30-17</b>		City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>				Date <b>6-15-17</b>	

Open Window Time Frame

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



Check#2810

Date of Notification (1) 06 / 17 / 17		Name of Building Owner/Operator (2) Sindy Lay	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Nutley, NJ 07110 Name of Contact Sindy Lay Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Nutley, NJ 07110 County (6) Essex		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age	
County Code (7) (STATE USE ONLY) Essex		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 01127	
Project Manager for Monitoring Firm Telephone No.		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410		
Start Date (10) 06 / 27 / 17	Scheduled Completion Date (11) 06 / 28 / 17			
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				

Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>		Date 06/17/17	

ASB-41

MAY 11

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

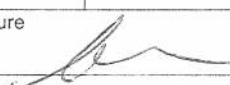
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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 6/13/2017		Name of Building Owner/Operator (2) Wayne Fennes		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   JUN 22 2017   ASBESTOS CONTROL &amp; TESTING </div>						
Agencies Notified		Type Notification				Street Address				
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Kenilworth NJ  Name of Contact Wayne Fennes				
						Telephone Number _____				
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Private property				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) Kenilworth NJ				Square Feet 1200SF	# of Floors 2					
County (6) Union				County Code (7) (STATE USE ONLY) _____	Bldg. Age +50					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) ACM Solutions Services LLC						
Street Address N/A				Street Address 1435 51st Street						
City, State, Zip Code N/A				City, State, Zip Code North Bergen NJ 07047						
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 201-552-9685	License No. 01320					
Start Date (10) 6/23/2017		Scheduled Completion Date (11) 6/25/2017		Name of OSHA Monitor Iris Environmental Laboratories						
Occupancy Status During Abatement (Check Only One)				Street Address 2333 Route 22 West						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Union NJ 07803						
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition										
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
						Removal	Repair	Encapsulate	Enclosure	
Basemet		Yes	No	N/A	PIPE INSULATION	35lf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill					
City, State Po Box 5670				Disposal Date	City, State 2335 Applebutter Rd Bethlehem PA					
Completed by Marcos Regato		Title President		Signature <i>Marcos Regato</i>		Date 6/13/2017				

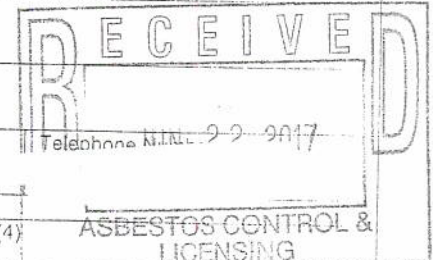
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

*Check 16592*

Date of Notification (1) 6/15/17		Name of Building Owner/Operator (2) Christian Reynos		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  JUN 22 2017  NTROL &amp;  LICENSING </div>					
Agencies Notified		Type Notification				Street Address			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Clifton NJ Name of Contact Frank Datoli			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house				Type of Facility (4)					
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Clifton				Square Feet 2,000	# of Floors 2				
County (6) Passaic				County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) single family home				
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC					
Street Address			Street Address PO Box 483, 4 E Gate Drive						
City, State, Zip Code			City, State, Zip Code Glenwood, NJ 07418						
Project Manager for Monitoring Firm			Telephone No.	Telephone No. 973-764-2276	License No. 703				
Start Date (10) 6/27/17		Scheduled Completion Date (11) 7/30/17		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</u>				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	85 LF	x			
Name of Registered Waste Hauler Freehold Cartage			NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill				
City, State Freehold, NJ			Disposal Date TBD		City, State Birdsboro, PA				
Completed by A. Scott Higgins			Title President		Signature 		Date 6/15/17		

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

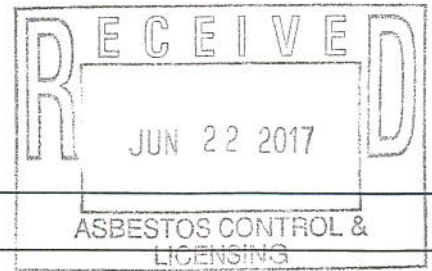
Check 16593  
Check 16570



Date of Notification (1) 6/12/17		Name of Building Owner/Operator (2) Northeast Power Dry							
Agencies Notified	Type Notification	Street Address PO Box 6803							
<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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bridgewater, NJ 08807							
		Name of Contact Peter Filipiak							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		ASBESTOS CONTROL & LICENSING							
City (5) Somerville		Square Feet 2300	# of Floors 2						
County (6) Somerset		Bldg. Age 67							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) vacant single family home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 5/26/17	Scheduled Completion Date (11) 6/30/17		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)			Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
garage			X	sheetrock ceiling	354 SF	x			
basement			X	sheetrock ceiling	556 SF	x			
basement			X	walls	1000 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 6/12/17			

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



Date of Notification (1) 6/14/2017		Name of Building Owner/Operator (2) New Jersey City University		ASBESTOS CONTROL & LICENSING	
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 # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2039 John F. Kennedy Blvd. City, State, Zip Code Jersey City, NJ 07305 Name of Contact Michael D'Aquila	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) New Jersey City University - Science Bldg.			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 2039 John F. Kennedy Blvd.			Square Feet 1,900 +		
City (5) Jersey City			# of Floors 1		Bldg. Age 50+ yrs
County (6) Hudson		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services, Inc.		ASCM No. 00100		Name of Abatement Contractor (9) Unicorn Contracting Corp.	
Street Address 1805 Atlantic Avenue		Street Address 32 Willow Way			
City, State, Zip Code Manasquan, NJ 08736		City, State, Zip Code Woodland Park, NJ 07424			
Project Manager for Monitoring Firm Jason Hooper		Telephone No. 732-223-2225		Telephone No. 973-333-9176	
Start Date (10) 6/19/2017		Scheduled Completion Date (11) 12/19/2017		License No. 01331	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>10:30pm - 7:00am</u>			Name of OSHA Monitor Envirovision Consultants, Inc. Street Address 20-21 Wagaraw Rd., Bldg. 35-E City, State, Zip Code Fair Lawn, NJ 07410		
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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)	
		Yes No N/A		Amount (Specify SF or LF)	
***SEE CONTINUATION SHEET***				***SEE CONTINUATION SHEET***	
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 30+	
City, State Woodland Park, New Jersey		Disposal Date TBD		Name of Registered Landfill Fairless Hills Landfill	
Completed by Dimo Golcev		Title General Manager		Signature 	
				Date 6/14/2017	

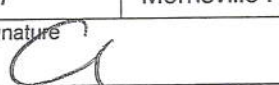
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JUN 22 2017  
ASBESTOS CONTROL &  
LICENSING

[illegible]

*Emergency*


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

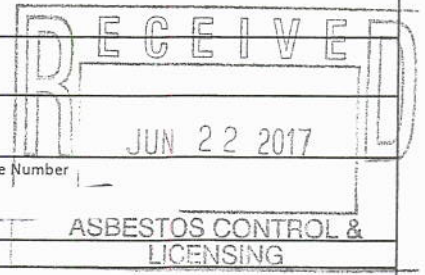
CKG168

Date of Notification (1) 6/15/17		Name of Building Owner/Operator (2) Delran Township Board of Education		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 22 2017 CONTROL &amp; </div>					
Agencies Notified		Type Notification				Street Address 22 Hartford Rd.			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Delran NJ 08075			
						Name of Contact Michael DiGiovanni			
<div style="text-align: center;">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) Delran Middle 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 905 S Chester Ave.				Square Feet 10000+					
City (5) Delran NJ 08075				# of Floors 1					
County (6) Burlington				Bldg. Age 35+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Coastal Enviromental Compliance		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc					
Street Address PO Box 167		Street Address PO Box 329							
City, State, Zip Code Hammonton NJ 08037		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Cathy Ledden		Telephone No. 609-820-9312		Telephone No. 856-753-9800 License No. 00727					
Start Date (10) 6/16/17		Scheduled Completion Date (11) 6/17/17		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: work will start at 1 pm friday				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
Maintenance Office	x			Pipe Insulation (wet wrap cut )	2'.4"	x			
Girls Locker & Boys Locker RM		x		Pipe insulation (wet wrap cut)	4' 4" per RM	x			
Roof Pent House	x			Pipe elbows Glove-bag	7 LF	x			
Roof Pent House	x			Debris Clean up floor	unknown	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ		Disposal Date 6/19/17		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 5/31/17			

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

CK #1016

Date of Notification (1) <b>6/13/2017</b>		Name of Building Owner/Operator (2) <b>New Providence Board of Education</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <b>356 Elkwood Avenue</b>		City, State, Zip Code <b>New Providence, NJ 07974</b>							
Name of Contact <b>James E. Testa, School Business Admin.</b>		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Salt Brook Elementary School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)							
Street Address <b>35 Pioneer Drive</b>		Square Feet <b>92,920</b>	# of Floors <b>1</b>						
City (5) <b>New Providence</b>		Bldg. Age <b>49 yrs</b>							
County (6) <b>Union</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Langan Engineering and Environmental Services</b>		ASCM No. <b>00099</b>	Name of Abatement Contractor (9) <b>Unicorn Contracting Corp.</b>						
Street Address <b>300 Kimball Drive, 4th Floor</b>		Street Address <b>32 Willow Way</b>							
City, State, Zip Code <b>Parsippany, NJ 07054</b>		City, State, Zip Code <b>Woodland Park, NJ 07424</b>							
Project Manager for Monitoring Firm <b>Darshan Desai</b>		Telephone No. <b>973-560-4900</b>	Telephone No. <b>973-333-9176</b>						
Start Date (10) <b>7/7/2017</b>		Scheduled Completion Date (11) <b>7/21/2017</b>	License No. <b>01331</b>						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <b>Envirovision Consultants, Inc.</b>							
		Street Address <b>20-21 Wagaraw Rd., Bldg. 35-E</b>							
		City, State, Zip Code <b>Fair Lawn, NJ 07410</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
**SEE CONTINUATION SHEET**				**SEE CONTINUATION SHEET**					
Name of Registered Waste Hauler <b>Unicorn Contracting Corp.</b>		NJDEP Waste Hauler ID No. <b>0035844</b>		Cubic Yards of Waste <b>20+</b>		Name of Registered Landfill <b>Fairless Hills Landfill</b>			
City, State <b>Woodland Park, New Jersey</b>		Disposal Date <b>TBD</b>		City, State <b>Morrisville, PA</b>					
Completed by <b>Dimo Golcev</b>		Title <b>General Manager</b>		Signature 		Date <b>6/13/2017</b>			

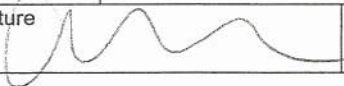


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**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

check #145

Date of Notification (1) 06/15/17		Name of Building Owner/Operator (2) 18 86th St LLC		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  JUN 22 2017  TOL &amp; </div>					
Agencies Notified		Type Notification				Street Address 168 N Main St			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Manahawkin, NJ 08050 Name of Contact Sharon			
<p align="center"><b>FACILITY INFORMATION</b></p>									
Name of Facility Where Abatement is Taking Place (3) Spec house				Type of Facility (4)					
Street Address 7 E 78th St				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Harvey Cedars				Square Feet 1550	# of Floors 1				
County (6) Ocean				County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+				
Name of Monitoring Firm Hired by Building Owner (8) n/a				ASCM No.	Name of Abatement Contractor (9) SafeWay Abatement LLC				
Street Address				Street Address 128 Bartlett Ave					
City, State, Zip Code				City, State, Zip Code West Creek, NJ 08092					
Project Manager for Monitoring Firm				Telephone No.	License No.				
				6096185955	01319				
Start Date (10) 6/24/2017		Scheduled Completion Date (11) 6/30/2017		Name of OSHA Monitor n/a					
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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		X		Breakaway board	500 sf	X			
Name of Registered Waste Hauler Timster Trucking Inc		NJDEP Waste Hauler ID No. 21079		Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management				
City, State West Creek, NJ 08092				Disposal Date TBD	City, State Tullytown, PA				
Completed by Amanda Mears		Title Owner- Safeway		Signature 	Date 6/15/17				