

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

Date of Notification (1) <b>6/16/2017</b>		Name of Building Owner/Operator (2) <b>Kearfott Corp.</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>JUN 22 2017</b>  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>
Agencies Notified	Type Notification	Street Address <b>1150 McBride Avenue</b>		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Woodland Park, NJ, 07424</b>		
		Name of Contact <b>David Cardy</b>	Telephone Number	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Kearfott Corp.</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>1150 McBride Avenue</b>			Square Feet <b>54,550</b>	# of Floors <b>2</b>	Bldg. Age <b>63</b>
City (5) <b>Woodland Park</b>	County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address <b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm	Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>		License Number <b>00371</b>
Scheduled Start Date (10) <b>6-25-17</b> Month Day Year	Sched. Completion Date (11) <b>6-26-17</b> Month Day Year	Name of OSHA Monitor <b>N/A</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: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>		Street Address		
		City, State, Zip Code		

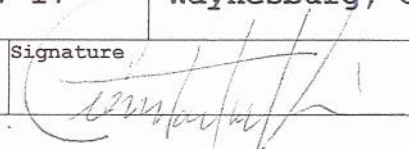
## Scope of Work (Check all that apply)

☒ >3 sf or >3 lf  
☐ >160 sf or >260 lf

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
<b>Basement</b>			<b>X</b>	<b>Furnace Room</b>	<b>80 LF</b>	<b>X</b>			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>Minerva Enterprise INC</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>6-27-17</b>	City, State <b>Waynesburg, Ohio 44688</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>6/16/2017</b>		

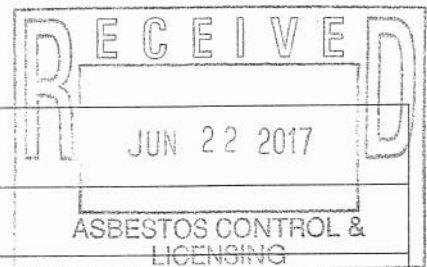
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

ck# 1263

Date of Notification (1) 6/14/2017		Name of Building Owner/Operator (2) Private property		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED  JUN 22 2017  ROL 8 </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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Edison NJ 08817  Name of Contact Gary Toriello			
						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) Edison NJ				Square Feet 2500SF	# of Floors 2				
County (6) Clerk		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) 6/15/2017		Scheduled Completion Date (11) 6/20/2017		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 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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	floor tile and mastic	300SF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill				
City, State Po Box 5670				Disposal Date	City, State 2335 Applebutter Rd Bethlehem PA				
Completed by Marcos Regato		Title President		Signature <i>Marcos Regato</i>		Date 6/14/2017			



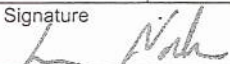
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>6 / 15 / 17</b>		Name of Building Owner/Operator (2) <b>Church of Saint Gregory the Great</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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>4620 Nottingham Way</b>							
		City, State, Zip Code <b>Hamilton Square, NJ 08690</b>							
		Name of Contact <b>Rev. Michael McClane</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Saint Gregory the Great</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 and commercial buildings, homes, etc.)							
Street Address <b>4620 Nottingham Way</b>									
City (5) <b>Hamilton Square</b>	Square Feet <b>50,000</b>	# of Floors <b>2</b>	Bldg. Age <b>70</b>						
County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Church/School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>PARS Environmental, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>						
Street Address <b>500 Horizon Drive, Suite 540</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Robbinsville, NJ 08691</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Julian Fernandez-Obregon</b>		Telephone No. <b>609-890-7277</b>	License No. <b>00842</b>						
Start Date (10) <b>07 / 03 / 17</b>	Scheduled Completion Date (11) <b>07 / 05 / 17</b>	Name of OSHA Monitor <b>EMSL Analytical, 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 - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Main Office</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Ebonite Window Sill</b>	<b>20 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Computer Lab</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Ebonite Window Sill</b>	<b>26 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"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>GROWS North Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>07/05/2017</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Christina Lynch</b>	Title <b>Vice President of Operations</b>		Signature 			Date <b>6/15/17</b>			

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

1711

Date of Notification (1) 06/13/16		Name of Building Owner/Operator (2) Archdiocese of Newark		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED  JUN 22 2017  NJ DEPT. OF ENVIRONMENTAL PROTECTION  ASBESTOS CONTROL &amp; TESTING </div>					
Agencies Notified	Type Notification	Street Address 171 Clifton Ave.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07104  Name of Contact Mark Valvano							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Notre Dame Interparochial School				Type of Facility (4)					
Street Address 321 First St.				<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) Palisade Park				Square Feet 38,385	# of Floors 2				
County (6) Bergen				County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+				
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants Inc.		ASCM No. 00079		Name of Abatement Contractor (9) Lesco Services Inc.					
Street Address 20-21 Wagaraw Rd. Bldg. 35E		City, State, Zip Code Fair Lawn, NJ 07410		Street Address 156 Maple Ave.					
Project Manager for Monitoring Firm Frederick Larson		Telephone No. 973-636-9145		City, State, Zip Code Wallington, NJ 07057					
Start Date (10) 06/26/17		Scheduled Completion Date (11) 07/03/17		Telephone No. 862-221-9092					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Leslaw Nalodka		License No. 01107					
<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 156 Maple Ave.		City, State, Zip Code Wallington, NJ 07057					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Rooms B-11 & B-11A		*		pipe insulation	220lf.	*			
Rooms B-11 & B-11A		*		floor tile/mastic	550sf.	*			
Room B-11		*		ceiling tile adhesive	420sf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409		Cubic Yards of Waste 10	Name of Registered Landfill GCSL				
City, State Newark, NJ				Disposal Date 07/04/17	City, State Pen Argyl, PA				
Completed by Leslaw Nalodka		Title President		Signature 			Date 06/13/17		



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

Date of Notification (1)

6/12/2017

Name of Building Owner/Operator (2)

Joe Kriskewic

Agencies Notified

☐ EPA

☐ DEP

☒ DOL

☒ DOH

☐ DCA

Type Notification

☒ Initial Notification

☐ Amended Notification

☐ EMERGENCY

☐ Cancellation

Street Address

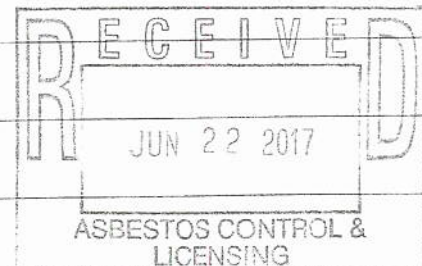
City, State, Zip Code

Hawthorne, NJ,

Name of Contact

Joe Kriskewic

Telephone Number



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place

Joe Kriskewic

Street Address

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

Current Use (Prior if being demolished)

City (5)

Hawthorne

County (6)

Essex

County Code (7)

(STATE USE ONLY)

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

6-21-17  
Month Day Year

Sched. Completion Date (11)

6-22-17  
Month Day Year

Name of OSHA Monitor

N/A

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»

☐ Other - Describe: «Other Occupancy Descript»

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf

☐ >160 sf or >260 lf

☒ Renovation

☐ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☒ Glove-bag Procedure

☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E	
Basement			X	Pipe insulation	120LF	X				

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.

17040

Cubic Yards of Waste 1.5

Name of Registered Landfill

Minerva Enterprise INC

City, State

Montclair, NJ 07042

Disposal Date

6-23-17

City, State

Waynesburg, Ohio 44688

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Date

6/12/2017



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

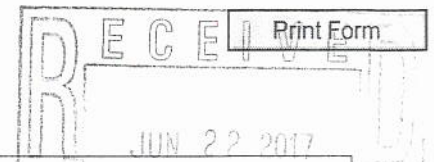
CK 7616

Date of Notification 6/16/17		Name of Building Owner / Operator (2) <b>Somerville Board of Education</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  JUN 22 2017  ASBESTOS CONTROL &amp; REMEDIATION </div>	
Agencies Notified	Type of Notification	Street Address			
EPA	Emergency Notification	<b>51 West Cliff Street</b>			
DEP	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code			
<input checked="" type="checkbox"/> DOL	Amended Notification	<b>Somerville, NJ 08876</b>		Name of Contact	
<input checked="" type="checkbox"/> DOH	Cancellation			<b>Bryan Boyce</b>	
DCA				Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Van Derveer Elementary School</b>			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12)		
Street Address <b>51 Union Avenue</b>			Subchapter 8 (Other than K-12)		
			Other (i.e., private & commercial buildings, homes, etc.)		
City (5) <b>Somerville</b>	County (6) <b>Somerset</b>	County Code (7)	Square Feet <b>110,000</b>	# of Floors <b>1</b>	Bldg. Age <b>70+</b>
			Current Use (Prior if being demolished) <b>Elementary School</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Langan Engineering and Environmental Svcs</b>		ASCM No. <b>00099</b>	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>		
Street Address <b>300 Kimball Drive, 4<sup>th</sup> Floor</b>		Street Address <b>443 Schoolhouse Road</b>			
City, State & Zip Code <b>Elmwood Park, NJ 07407</b>		City, State & Zip Code <b>Monroe Township, NJ 08831</b>			
Project Manager for Monitoring Firm <b>Vijay Patel</b>		Telephone Number <b>973-560-4983</b>	Telephone Number <b>732-605-9062</b>		License Number <b>00714</b>
Scheduled Start Date (10) <b>6/30/17</b>	Scheduled Completion Date (11) <b>7/10/17</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>		
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Facility Occupied			Street Address <b>443 Schoolhouse Road</b>		
			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Scope of Work (Check all that apply)					
Demolition		<input checked="" type="checkbox"/> Renovation		Full Containment with Negative Pressure	
Large Project				Mini-Enclosure	
Quantity is $\geq$ 3 SF or $\geq$ 3 LF ACM				<input checked="" type="checkbox"/> Glovebag Procedure	
<input checked="" type="checkbox"/> Quantity is $\geq$ 160 SF or $\geq$ 260 LF ACM				<input checked="" type="checkbox"/> Other: <b>Cut and Wrap</b>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)	
<b>Janitors Closet</b>	<b>Yes</b>	<b>TSI fittings</b>	<b>4 LF</b>	<b>Removal</b>	
<b>Boys/Girls Restroom Wall</b>	<b>No</b>	<b>TSI pipe</b>	<b>4 LF</b>	<b>Removal</b>	
<b>Boys/Girls Restroom Wall</b>	<b>No</b>	<b>TSI Pipe</b>	<b>45 LF</b>	<b>Wrap/Cut</b>	
<b>Boys/Girls Restroom</b>	<b>No</b>	<b>Door w/insulation</b>	<b>60SF</b>	<b>Wrap/dispose</b>	
Name of Registered Waste Hauler <b>Freehold Cartage</b>	NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>5</b>	Name of Registered Landfill <b>Cumberland County</b>		
City, State <b>Freehold, NJ</b>		Disposal Date <b>7/11/17</b>	City, State <b>Newburg, PA</b>		
Completed By (Print or Type) <b>Dominick Tringali</b>	Title <b>Manager</b>	Signature <i>Dominick Tringali</i>		Date <b>6/16/17</b>	



CH1733

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) Toermen. CH Autowearns.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1204 Bound Brook Rd. City, State, Zip Code Middletown, NJ Name of Contact CMS Construction Inc.							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Toermen. CH Autowearns.		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 1204 Bound Brook Rd.		Square Feet 2,500	# of Floors 1						
City (5) Middletown NJ		Bldg. Age							
County (6) Middletown	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Auto Repair.							
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental Services		ASCM No.	Name of Abatement Contractor (9) DYU Enterprises LLC.						
Street Address 140 Boulevard.		Street Address 28 Ira Lane.							
City, State, Zip Code Mt. Lakes, New Jersey 07046		City, State, Zip Code Pinebrook Park, NJ 07035							
Project Manager for Monitoring Firm Leonid Steneshkevsky 973-588-4821		Telephone No. 973-9426904	License No. 01129						
Start Date (10) 6-22-17	Scheduled Completion Date (11) 6-27-17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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
Storage off of Middle Office		X		Mastic.	40 sf	X			
Name of Registered Waste Hauler DYU Enterprises LLC.		NJDEP Waste Hauler ID No. 0034140	Cubic Yards of Waste 2.	Name of Registered Landfill T.R.R.F. Waste Management					
City, State 28 Ira Lane, Pinebrook Park, NJ		Disposal Date 6-30-17	City, State Tullytown, PA 19007						
Completed by Dorian Canino		Title Manager.	Signature Dorian		Date 6/8/17				

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

Date of Notification (1) <b>6/16/2017</b>		Name of Building Owner/Operator (2) <b>Grace Malupa</b>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>JUN 22 2017</b>  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>
Agenies 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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code <b>West New York, NJ, 07093</b>		
		Name of Contact <b>Grace Malupa</b>	Telephone Number [REDACTED]	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Grace Malupa</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet    # of Floors    Bldg. Age		
City (5) <b>West New York</b>	County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address			Street Address <b>86 Christopher St.</b>	
City, State, Zip Code			City, State, Zip Code <b>Montclair, NJ 07042</b>	
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>
Scheduled Start Date (10) <b>6-28-17</b> Month    Day    Year		Sched. Completion Date (11) <b>6-30-17</b> Month    Day    Year		Name of OSHA Monitor <b>N/A</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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			Street Address	
			City, State, Zip Code	

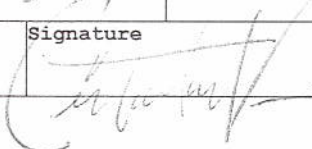
## Scope of Work (Check all that apply)

☒ >3 sf or >3 lf  
☐ >160 sf or >260 lf

☒ Renovation  
☐ Demolition

☐ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☒ Glove-bag Procedure  
☐ 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			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	22LF	X			
Basement			X	Boiler Insulation	18 SF	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>0.5</b>	Name of Registered Landfill <b>Minerva Enterprise INC</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>7-3-17</b>	City, State <b>Waynesburg, Ohio 44688</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>6/16/2017</b>		



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

Date of Notification (1) <b>6/16/2017</b>		Name of Building Owner/Operator (2) <b>Thomas Materna</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JUN 22 2017  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Montclair, NJ, 07043</b>		
		Name of Contact <b>Thomas Materna</b>	Telephone Number	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Thomas Materna</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet    # of Floors    Bldg. Age		
City (5) <b>Montclair</b>	County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>		
Street Address			Street Address <b>86 Christopher St.</b>		
City, State, Zip Code			City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>		License Number <b>00371</b>
Scheduled Start Date (10) <b>6-27-17</b> Month    Day    Year		Sched. Completion Date (11) <b>6-29-17</b> Month    Day    Year		Name of OSHA Monitor <b>N/A</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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			Street Address		
			City, State, Zip Code		

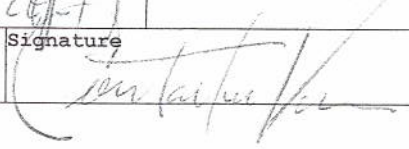
## Scope of Work (Check all that apply)

☒ >3 sf or >3 lf  
☐ >160 sf or >260 lf

☒ Renovation  
☐ Demolition

☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glove-bag Procedure  
☐ 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			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
<b>Basement</b>			<b>X</b>	<b>Pipe Insulation</b>	<b>175 LF</b>	<b>X</b>				

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.7</b>	Name of Registered Landfill <b>Minerva Enterprise INC</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>6-29-17</b>	City, State <b>Waynesburg, Ohio 44688</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>6/16/2017</b>		

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

Date of Notification (1) <b>6/16/2017</b>		Name of Building Owner/Operator (2) <b>Nat Testa</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>   JUN 22 2017   <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>
Agencies Notified	Type Notification	Street Address		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification  <input type="checkbox"/> Amended Notification  <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	<div style="background-color: black; width: 100px; height: 20px;"></div> City, State, Zip Code <b>Glen Ridge, NJ, 07028</b>		
		Name of Contact <b>Nat Testa</b>	Telephone Number	

## FACILITY INFORMATION

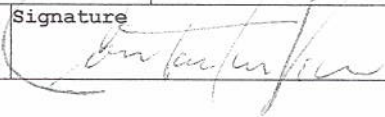
Name of Facility Where Abatement is Taking Place (3) <b>Nat Testa</b>			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
<div style="background-color: black; width: 100px; height: 20px;"></div>			Square Feet    # of Floors    Bldg. Age		
City (5) <b>Glen Ridge</b>	County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address <b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm	Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>	
Scheduled Start Date (10) <b>6-29-17</b>	Sched. Completion Date (11) <b>6-30-17</b>	Name of OSHA Monitor <b>N/A</b>		
Month    Day    Year	Month    Day    Year	Street Address		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		City, State, Zip Code		

## Scope of Work (Check all that apply)

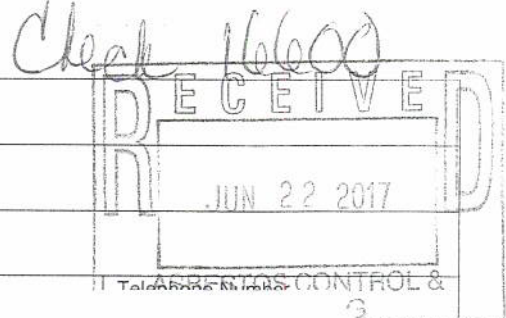
- |                                                    |                                                |                                                                  |
|----------------------------------------------------|------------------------------------------------|------------------------------------------------------------------|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf        | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure                          |
|                                                    |                                                | <input checked="" type="checkbox"/> Glove-bag 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 Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement			X	Pipe Insulation	18 LF	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>0.5</b>	Name of Registered Landfill <b>Minerva Enterprise INC</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>7-3-17</b>	City, State <b>Waynesburg, Ohio 44688</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>6/16/2017</b>		



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



Date of Notification (1) 6/16/17		Name of Building Owner/Operator (2) Phil Gulmy	
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 Glen Rock, NJ 07452	
		Name of Contact Phil	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Glen Rock	Square Feet 2300	# of Floors 2	Bldg. Age 67
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) single family home	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		ABS Environmental Services, LLC	
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive	
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418	
Telephone No.		Telephone No. 973-764-2276	License No. 703
Start Date (10) 7/6/17	Scheduled Completion Date (11) 8/6/17	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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	70 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 6/16/17

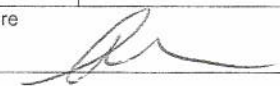
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 6/16/17		Name of Building Owner/Operator (2) Coldwell Banker	
Agencies Notified	Type Notification	Street Address 600 North Avenue West	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westfield, NJ 07090	
		Name of Contact Sherrie Natko	Telephone No. _____

*Check 16599*  
**RECEIVED**  
JUN 22 2017  
ASBESTOS CONTROL & IG

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2200	# of Floors 2
City (5) Scotch Plains		Bldg. Age 63	
County (6) Union	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. 973-764-2276	License No. 703
Start Date (10) 6/29/17	Scheduled Completion Date (11) 7/30/17	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other -- Describe: <u>garage &amp; den</u>		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
garage			x	duct insulation	30 LF	x			
den			x	floor tile	500 SF	x			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill	
City, State Freehold, NJ			Disposal Date TBD	City, State Birdsboro, PA	
Completed by A. Scott Higgins		Title President	Signature 	Date 6/16/17	



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

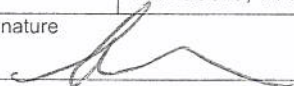
*Check 16598*

Date of Notification (1) 6/16/17		Name of Building Owner/Operator (2) John Jackson	
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 Red Bank NJ 07701	
		Name of Contact John Jackson	Telephone Number [REDACTED]

RECEIVED  
JUN 22 2017  
NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
ASBESTOS CONTROL & ABATEMENT

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Red Bank	Square Feet 2200	# of Floors 2	Bldg. Age 80
County (6) Monmouth	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. 973-764-2276	License No. 703
Start Date (10) 6/24/17	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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

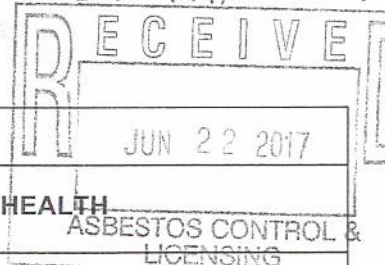
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	80 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 6/16/17



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

check # 12749




**GAC Project # 605-2017**

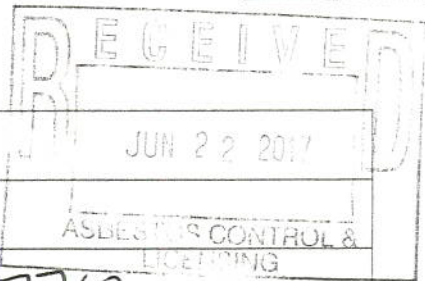
Date of Notification (1) <b>June 16, 2017</b>			Name of Building Owner/Operator (2) <b>KEAN UNIVERSITY</b>		
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification attached) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL SAFETY &amp; HEALTH</b> <b>1000 MORRIS AVENUE</b> City, State, Zip Code <b>UNION, NJ 07083</b> Name of Contact <b>MS. SUZANNE KUPIEC</b> <b>DIRECTOR OF ENVIRONMENTAL HEALTH &amp; SAFETY</b> Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>WILKINS THEATRE</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.) Sq. Feet: <b>N/A</b> # of Floors: <b>1</b> Bldg. Age: <b>40+ years</b>		
Street Address <b>MAIN CAMPUS – 1000 MORRIS AVENUE</b>			Current Use (prior if being demolished): <b>ACADEMIC</b>		
City (5) <b>UNION</b>	County (6) <b>UNION</b>	County Code (7) (State Use Only)	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>HILLMAN CONSULTING</b>			Street Address <b>268 MAIN STREET</b>		
ASCN No. <b>00023</b>			City, State, Zip Code <b>BUTLER, NJ 07405</b>		
Street Address <b>1600 Route 22 East – Suite #107</b>		Telephone Number <b>908-688-7800</b>		License Number <b>00840</b>	
City, State, Zip Code <b>UNION, NJ 07083</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>			
Project Manager for Monitoring Firm <b>MR. CRAIG ABRAMS</b>		Street Address <b>20-21 WARGARAW ROAD</b>			
Scheduled Start Date (10) <b>06/26/2017</b>		Scheduled Completion Date (11) <b>07/10/2017</b>		City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other – Describe: <b>7:00 AM – 7:00 PM (24 HRS. &amp; WEEKENDS AS NEEDED)</b>					
Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>ROOMS 141 &amp; 143</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>FLOOR TILE (including mastic)</b>	Amount (Specify SF or LF) <b>2514 SF</b>	Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove	
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>30 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509			Disposal Date <b>07/10/2017</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>		Date <b>June 16, 2017</b>



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

Date of Notification (1) <div style="text-align: center;">06 / 16 / 17</div>		Name of Building Owner/Operator (2) <b>Hamilton Township School District</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>90 Park Avenue</b> City, State, Zip Code <b>Hamilton, NJ 08690</b> Name of Contact <b>Brian Pirrera</b>							
		Telephone Number _____ <div style="text-align: right; border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">             RECEIVED JUN 22 2017 ASBESTOS CONTROL &amp; LICENSING           </div>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Sayen 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 and commercial buildings, homes, etc.)							
Street Address <b>3333 Nottingham Way</b>									
City (5) <b>Hamilton</b>	Square Feet <b>40,000 sf</b>	# of Floors <b>1</b>	Bldg. Age <b>60</b>						
County (6) <b>Mercer</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>Karl &amp; Associates, Inc.</b>		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>							
Street Address <b>20 Lauck Road</b>		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code <b>Mohnton, PA 19540</b>		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <div style="text-align: center;">06 / 16 / 17</div>	Scheduled Completion Date (11) <div style="text-align: center;">06 / 19 / 17</div>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>1056 Stelton</b> City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf  <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glovebag Procedure  <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room #5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	glue dots	1000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>6/20/17</b>	City, State <b>Tullytown, Pennsylvania</b>						
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 				Date <b>6/16/17</b>			

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



CH 2739

Date of Notification (1) <b>6/13/17</b>		Name of Building Owner/Operator (2) <b>Tom Degnan</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <b>Spring Lake, NJ 07762</b> Name of Contact <b>Eric Plackis</b> Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet <b>2835</b>	# of Floors <b>2</b>						
City (5) <b>Spring Lake</b>		Bldg. Age <b>62</b>							
County (6) <b>Monmouth</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Home</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Brick Industries Inc.</b>							
Street Address		Street Address <b>P.O. Box 915</b>							
City, State, Zip Code		City, State, Zip Code <b>Brick, New Jersey 08723</b>							
Project Manager for Monitoring Firm		Telephone No. <b>(732)899-7499</b>	License No. <b>01196</b>						
Start Date (10) <b>6/14/17</b>	Scheduled Completion Date (11) <b>6/28/17</b>	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <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 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) 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
				asbestos floor tile	1040 SF	<input checked="" type="checkbox"/>			
				HVAC ductwork wrap	120 LF	<input checked="" type="checkbox"/>			
				asbestos laminate panels	500 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Brick Industries Inc.</b>		NJDEP Waste Hauler ID No. <b>21602</b>	Cubic Yards of Waste <b>8</b>	Name of Registered Landfill <b>GROWS Inc.</b>					
City, State <b>Brick, New Jersey</b>			Disposal Date <b>6/29/17</b>	City, State <b>PA</b>					
Completed by <b>Eric Plackis</b>		Title <b>President</b>	Signature 			Date <b>6/13/17</b>			



6557 - NJ

NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)Initial Non-Friable  
Notification Check #: 6941

Date of Notification (1) 06/09/17		Name of Building Owner/Operator (2) Rochelle Park BOE	
Agencies Notified		Street Address 300 Rochelle Ave.	
Type Notification		City, State, Zip Code Rochelle Park, NJ 07662	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
		Name of Contact Jennifer Pfohl	Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Midland 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 300 Rochelle Ave.			Square Feet # of Floors Bldg. Age 50,000 2 50		
City (5) Rochelle Park, NJ 07662	County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School Building		
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc.			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
Street Address 318 12th Street			Street Address 180 Sargeant Avenue		
City, State, Zip Code Hammonton, NJ 08037			City, State, Zip Code Clifton, NJ 07013-1935		
Project Manager for Monitoring Firm Jim Proctor			Telephone Number 609-839-2432		License Number 00807
Scheduled Start Date (10) 06/20/17		Sched. Completion Date (11) 06/26/17		Name of OSHA Monitor Four Strong Builders, 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: <input type="checkbox"/> Other - Describe:			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	E
Room 311, 313, 315, 317 & 319	<input checked="" type="checkbox"/>	VAT & Mastic	4,500 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Four Strong Builders, Inc.	NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.
City, State Clifton, NJ	Disposal Date	City, State Tullytown, PA	
Completed By (Print or Type) Bilyana Kulakovska	Title Office Administrator	Signature 	Date 6/9/17

ASB-41  
JUN 95



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

check # 12733

**GAC Project # 060-17**

Date of Notification (1) <b>June 13, 2017</b>			Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>	
				City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
				Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>SCHOOL OF DENTAL MEDICINE, BLDG# 7253</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>RBHS NEWARK CAMPUS</b>			Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>60+ years</b>		
City (5) <b>NEWARK</b>	County (6) <b>ESSEX</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>ACADEMIC</b>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>0098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
Street Address <b>3 TERRI LANE</b>		Street Address <b>268 MAIN STREET</b>			
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>			
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>		Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>		License Number <b>00840</b>
Scheduled Start Date (10) <b>06/23/17</b>		Scheduled Completion Date (11) <b>06/26/17</b>		Name of OSHA Monitor <b>1 ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>Schedule: 5PM - 5AM (24 HOURS &amp; WEEKENDS AS NEEDED)</b>			Street Address <b>20-21 WARGARAW ROAD</b>		
			City, State, Zip Code <b>FAIRLAWN, NJ</b>		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> > 3 sf or >= 3 lf <input type="checkbox"/> >= 160 sf or >= 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>D717</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>MASTIC</b>		Amount (Specify SF or LF) <b>80 SF</b>	Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>		Cubic Yards of Waste: <b>5 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509				Disposal Date <b>06/26/2017</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Title <b>SENIOR PROJECT MANAGER</b>		Signature <i>Raymond C. Pedalino</i>	Date <b>June 13, 2017</b>

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



Jun 15 17:03:41p

Resource Management Group

6099144661

52

RECEIVE

JUN 22 2017

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:26 and 12:120)

**APPROVED**

ASBESTOS CONTROL &amp; LICENSING

JUN 16 2017

DEPT. OF ENVIRONMENTAL  
ASBESTOS CONTROL

Date of Notification (1)

06-15-2017

Name of Building Owner / Operator (2)

Rider University

Agencies Notified

- ☒ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

- ☒ Initial  
☒ Amended (OCCUPIED)  
☒ Emergency  
☐ Cancellation

Street Address

2093 Lawrenceville Road

City, State &amp; Zip Code

Lawrenceville, NJ 08648

Name of Contact

Mr. Walter Eddy

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

Rider University - Bart Leudeke Dance Center

Street Address

2093 Lawrenceville Road

City (5)

Lawrenceville, NJ 08648

County (6)

Burlington

County Code (7)

Type of Facility (4)

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

Square Feet

25,000

# of Floors

2

Bldg. Age

67

Current Use (Prior if being demolished)

Dance Center

Name of Monitoring Firm Hired by Building Owner (8)

Pennoni &amp; Associates

ASCM No.

00102

Street Address

515 Grove Street

City, State &amp; Zip Code

Haddon Heights, NJ 08035

Project Manager for Monitoring Firm

Brian Clark

Telephone Number

856-547-0605

Name of Abatement Contractor (9)

Resource Management Group, LLC

Street Address

2116 Hamilton Avenue, Suite 202

City, State &amp; Zip Code

Trenton, NJ 08619

Telephone Number

609-877-6159

License Number

01185

Scheduled Start Date (10)

6/20/2017

Scheduled Completion Date (11)

7/7/2017

Name of OSHA Monitor

J&amp;S Environmental Laboratories Inc

Occupancy Status During Abatement (Check only one)

- ☐ Facility Closed/Vacated During Entire Period of Abatement  
☒ Abatement Performed during Normal Hours  
Describe: 9:00AM - 5:00PM  
☒ Facility Occupied During Abatement

Street Address

2333 Route 22 West

City, State &amp; Zip Code

Union, NJ 07083

Scope of Work (Check all that apply)

- ☐  $\leq 3$  sf or  $\leq 3$  lf  
☒  $\geq 160$  sf or  $\geq 250$  lf

- ☒ Renovation  
☐ Demolition

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

Location of  
Asbestos-Containing  
Material (ACM)  
**TO BE ABATED**  
in Facility  
(13)

Is Location  
Normally Used  
Solely by  
Maintenance or  
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

Removal Repair Encapsulated Enclosure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulated	Enclosure
Office #1	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Plaster	480	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office #2	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Plaster	800	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom/Hallway	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Plaster	900	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Plaster	1200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference Room/Maintenance Closet	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe Fittings	87 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Vibration Cloth	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Spray applied fire proofing	1,520	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler

Resource Management Group, LLC

NJDEP Waste

Hauler ID No.

0035218

Cubic Yards

of Waste

TBD

Name of Registered Landfill

Grows Landfill

City, State

Hamilton, NJ 08619

Disposal Date

TBD

City, State

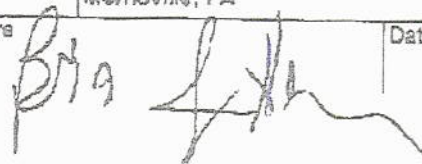
Morrisville, PA

Completed By (Print or Type) Brian Haney

Title:

President

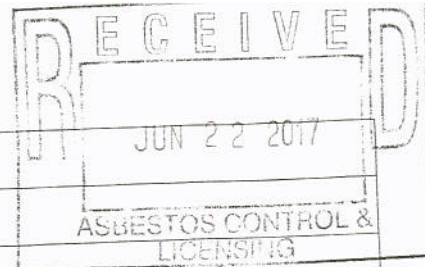
Signature



Date 06-15-2017



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



Date of Notification (1) 06-15-2017		Name of Building Owner / Operator (2) Rider University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address 2083 Lawrenceville Road		City, State & Zip Code Lawrenceville, NJ 08648	
Name of Contact Mr. Walter Eddy		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) Rider University – Bart Leudeke Dance Center			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 2083 Lawrenceville Road			Square Feet 25,000	# of Floors 2	Bldg. Age 57
City (5) Lawrenceville, NJ 08648	County (6) Burlington	County Code (7)	Current Use (Prior if being demolished) Dance Center		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates		ASCM No. 00102	Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address 515 Grove Street		Street Address 2115 Hamilton Avenue, Suite 202			
City, State & Zip Code Haddon Heights, NJ 08035		City, State & Zip Code Trenton, NJ 08619			
Project Manager for Monitoring Firm Brian Clark		Telephone Number 856-547-0505	Telephone Number 609-977-6159	License Number 01185	
Scheduled Start Date (10) 6/20/2017	Scheduled Completion Date (11) 7/7/2017		Name of OSHA Monitor J&S Environmental Laboratories 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 during Normal Hours Describe: 9:00AM – 5:00PM <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West		
			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 ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Office #1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster	480	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office #2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster	600	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom/Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster	900	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster	1200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference Room/Maintenance Closet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	87 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vibration Cloth	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conference Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spray applied fire proofing	1,520	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Hamilton, NJ 08619	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Brian Haney	Title: President	Signature <i>Brian Haney</i>	Date 06-15-2017



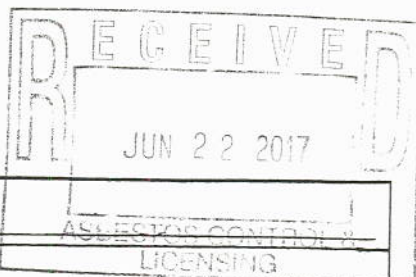
RECEIVED  
JUN 22 2017  
DRUGS CONTROL

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



CK 4254

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



Date of Notification (1) <u>6-16-17</u>		Name of Building Owner/Operator (2) <u>BOB MOOSE</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
City, State, Zip Code <u>BRIGANTINE N.J 08203</u>		Name of Contact <u>BOB</u>							
Telephone Number _____		_____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet <u>1000</u>							
City (5) <u>BRIGANTINE</u>		# of Floors <u>2</u>							
County (6) <u>ATLANTIC</u>		Bldg. Age <u>50+</u>							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) _____							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMCO INC</u>							
Street Address _____		Street Address <u>369 S. SPRUCE AVE</u>							
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>							
Project Manager for Monitoring Firm _____		Telephone No. <u>856-779-0472</u>							
Telephone No. _____		License No. <u>00444</u>							
Start Date (10) <u>6-26-17</u>		Scheduled Completion Date (11) <u>7-3-17</u>							
Name of OSHA Monitor <u>N/A</u>		Street Address _____							
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: _____		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 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) <u>2560SF</u>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>X</u>				
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>ACUA</u>					
City, State <u>MAPLE SHADE N.J</u>		Disposal Date _____	City, State <u>PLEASANTVILLE</u>						
Completed By <u>MICHAEL KLEMM</u>		Title <u>PRES</u>	Signature <u>[Signature]</u>		Date <u>6-16-17</u>				



CK 4254

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

RECEIVED  
JUN 22 2017

Date of Notification (1) <u>6-16-17</u>		Name of Building Owner/Operator (2) <u>AMERICAN CONTRACTOR SERVICES</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>2547 FIRE RD. SUITE A-1</u> City, State, Zip Code <u>EGG HARBOR TWP. N.J. 08234</u>							
		Name of Contact <u>STAN</u>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet <u>1000</u>							
City (5) <u>BELLMAWR</u>		# of Floors <u>1</u>	Bldg. Age <u>50+</u>						
County (6) <u>CAMDEN</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMCO INC.</u>							
Street Address _____		Street Address <u>369 S. SPRUCE AVE</u>							
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>							
Project Manager for Monitoring Firm _____		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>						
Start Date (10) <u>6-26-17</u>	Scheduled Completion Date (11) <u>7-3-17</u>	Name of OSHA Monitor <u>N/A</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____							
		City, State, Zip Code _____							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input 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 IN FACILITY</u> (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) <u>1250 SF</u>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1250 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>GROW'S</u>					
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date _____		City, State <u>TULLYTOWN</u>					
Completed By <u>MICHAEL KLEMM</u>		Title <u>SUP.</u>	Signature <u>[Signature]</u>		Date <u>6-16-17</u>				



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

JUN 22 2017

CK 1237

Date of Notification (1) 6/15/2017		Name of Building Owner/Operator (2) NEWARK PUBLIC SCHOOLS		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 checked="" 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 2 CEDAR STREET		City, State, Zip Code NEWARK, NEW JERSEY 07102		Telephone Number					
Name of Contact BENJAMIN OLAGADEYO									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) ARTS HIGH SCHOOL			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 550 MARTIN KING JR BLVD			Square Feet 1500						
City (5) NEWARK			# of Floors Bldg. Age						
County (6) ESSEX		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) SCHOOL					
Name of Monitoring Firm Hired by Building Owner (8) WHITMAN COMPANIES INC		ASCM No. 00110		Name of Abatement Contractor (9) OPTIMUM ENVIRONMENTAL SOLUTION LLC					
Street Address 7 PLEASANT HILL ROAD		Street Address 2717 LINWOOD ROAD							
City, State, Zip Code CRANBURY, NEW JERSEY 08512		City, State, Zip Code UNION, NEW JERSEY 07083							
Project Manager for Monitoring Firm KEVIN LOVELY		Telephone No. 732-390-5858		License No. 01227					
Start Date (10) 6/27/2017		Scheduled Completion Date (11) 8/27/2017		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: OCCUPIED			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
BOILER ROOM	x			BOILER INSULATION, GASKET	600	x			
BOILER ROOM	x			BREECH INSULATION	900	x			
Name of Registered Waste Hauler TRI-STATE		NJDEP Waste Hauler ID No. 2A456		Cubic Yards of Waste		Name of Registered Landfill MINERVA ENTERPRISE, 900 MINERVA			
City, State 1199 RANDALL STREET, BRONX, NY 10474				Disposal Date		City, State WAYNESBURG, OHIO 44688			
Completed by EMMANUEL CHIOBI		Title CEO/OPERATION MGR.		Signature <i>Emmanuel Chioibi</i>		Date 06/15/2017			



**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

CL# 3218

JUN 22 2017

Date of Notification (1) <b>6/15/17</b>		Name of Building Owner / Operator (2) <b>Public Schools of Plainfield</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address <b>920 Park Avenue</b> City, State & Zip Code <b>Plainfield NJ</b> Name of Contact <b>Sean Sutton</b>	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Telephone Number	

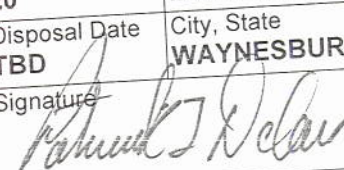
ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) <b>Cedarbrook Elem 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>1049 Central Avenue</b>			Square Feet <b>20,000</b>	# of Floors <b>1</b>	Bldg. Age <b>50</b>
City (5) <b>Plainfield</b>	County (6) <b>Union</b>	County Code (7)	Current Use (Prior if being demolished) <b>School</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI</b>			Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>		
Street Address <b>1253 N. Church Street</b>			Street Address <b>1123 BEAVER STREET</b>		
City, State & Zip Code <b>Moorestown NJ 08057</b>			City, State & Zip Code <b>BRISTOL, PA 19007</b>		
Project Manager for Monitoring Firm <b>Mike Stocku</b>			Telephone Number <b>856-840-8800</b>	Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>
Scheduled Start Date (10) <b>June 20, 2017</b>		Scheduled Completion Date (11) <b>June 25, 2017</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL 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 Hours - 7am to 3pm Describe: 10pm - 6am <input type="checkbox"/> Facility Occupied During Abatement					

Scope of Work (Check all that apply)

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

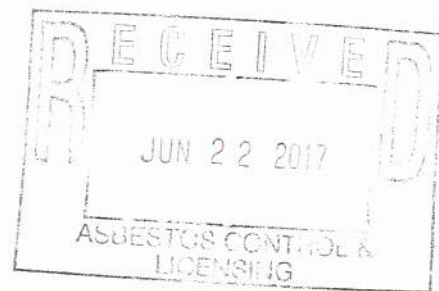
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor Custodial Hallway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation/Fittings	350LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>TBD</b>		City, State <b>WAYNESBURG, OH 44688</b>	
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title <b>Estimator</b>	Signature 		Date <b>6/15/17</b>



A Service Disabled Veteran  
Owned Small Business

TTI Environmental Incorporated  
1253 N. Church Street  
Moorestown, New Jersey 08057  
Tel: 856-840-8800  
Fax: 856-840-8815



June 14, 2017

Mr. Tom Voorhees  
New Jersey Department Labor  
Asbestos Control & Licensing  
1 John Fitch Plaza, 3<sup>rd</sup> floor  
Trenton, NJ 08625-0949

RE: Request for Waiver of 10-Day Notification  
Emergency Asbestos Removal  
Cedarbrook Elementary School- First Floor Custodial Hallway  
1049 Central Avenue  
Plainfield, New Jersey 07060

Dear Mr. Voorhees:

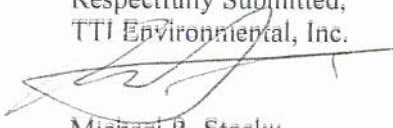
The above referenced project is considered an emergency due to the fact that existing pipe containing asbestos insulation continues to fail within the First Floor Custodial Hallway of the Cedarbrook Elementary School. Each time the pipe fails, it creates a situation that could negatively impact the health and operations within the building. To avoid this potential environmental hazard from reoccurring, Plainfield Public Schools has decided to replace the entire section of failing pipe. The school will be completely unoccupied from Tuesday, June 20 through Sunday June 25, 2017, and therefore, the District would like to address this situation during that timeframe. The below table includes the location, material and approximate quantity included within the proposed emergency scope of work.

<b>Location</b>	<b>Asbestos-Containing Materials</b>	<b>Approximate Quantities</b>
First Floor Custodial Hallway	Pipe Insulation/ Fittings	350 Linear Feet

Accordingly, the existing situation requires that abatement activities be performed immediately within the First Floor Custodial Hallway. Delaying the abatement activities could negatively impact the health of the affected area and adjacent spaces. The emergency abatement activities are urgently required to provide safe working conditions as the plumbers occupy this space for the necessary repairs.

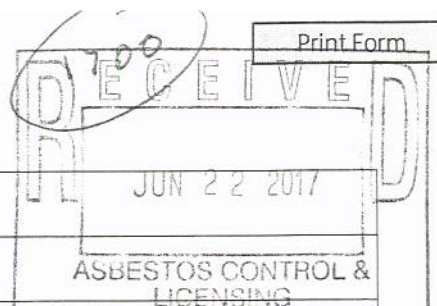
Thank you for your assistance with this matter. Please call me on my cell phone (609-304-3969) if you have any questions or require additional information.

Respectfully Submitted,  
TTI Environmental, Inc.

  
Michael R. Stocku  
Project Manager



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



Date of Notification (1) 06/07/17		Name of Building Owner/Operator (2) Dolly VanHollen							
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 Far Hills, NJ 07931							
		Name of Contact John Beatie	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) VanHollen Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2,500.	# of Floors 2						
City (5) Far Hills		Bldg. Age 50+							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address		Street Address 156 Maple Ave.							
City, State, Zip Code		City, State, Zip Code Wallington, NJ 07057							
Project Manager for Monitoring Firm		Telephone No. 862-221-9092	License No. 01107						
Start Date (10) 06/17/16	Scheduled Completion Date (11) 06/20/17	Name of OSHA Monitor Leslaw Nalodka							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 156 Maple Ave							
		City, State, Zip Code Wallington, NJ07057							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			*	pipe insulation	80lf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 2	Name of Registered Landfill GCSL					
City, State Newark, NJ			Disposal Date 06/21/17	City, State Pen Argyl, PA					
Completed by Leslaw Nalodka		Title President	Signature 			Date 06/07/17			

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

*Check # 3023*  
**RECEIVED**  
JUN 22 2017  
ASBESTOS CONTROL & REMEDIATION

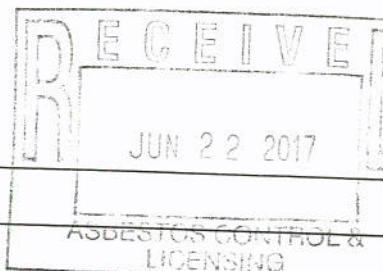
GAC Project # 060-17

Date of Notification (1) <b>June 12, 2017</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>	
		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
		Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>AIR FORCE ROTC, BLDG# 3164</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>COLLEGE AVENUE CAMPUS</b>		Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>80+ years</b>	
City (5) <b>NEW BRUNSWICK</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>ACADEMIC</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>0098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3 TERRI LANE</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>		Telephone Number <b>609-386-8800</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>06/23/17</b>	Scheduled Completion Date (11) <b>06/26/17</b>	Name of OSHA Monitor <b>1 ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>Schedule: 5PM - 5AM (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Street Address <b>20-21 WARGARAW ROAD</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>001</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>	Amount (Specify SF or LF) <b>400 SF</b>
		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>10 CY</b>
Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>			
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>06/26/2017</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>June 12, 2017</b>

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



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



NO CK

Date of Notification (1) 6/14/17		Name of Building Owner/Operator (2) Butler Board of Education	
Agencies Notified	Type Notification	Street Address 38 Bartholdi Ave.	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code Butler, NJ 07405	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	Name of Contact Barbara Murphy	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # 1	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Aaron Decker 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 98 Decker Road		Square Feet 30,000 +	# of Floors 1
City (5) Butler		Bldg. Age 40+ yrs	
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, LLC		ASCM No. 00079	Name of Abatement Contractor (9) Unicorn Contracting Corp.
Street Address 20-21 Wagaraw Rd., Bldg. 35-E		Street Address 32 Willow Way	
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm Frederick Larson		Telephone No. 973-636-9145	Telephone No. 973-333-9176
Start Date (10) 6/23/17		Scheduled Completion Date (11) 7/3/17	License No. 01331
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 Envirovision Consultants, Inc.	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Fair Lawn, NJ 07410	
<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			

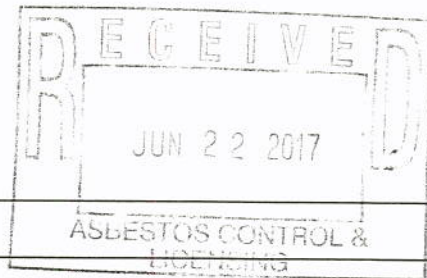
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BOILER ROOM	XX			Pipe Insulation, fittings, elbows, joints, valves, etc.	467 LF	XX			
BOILER ROOM	XX			Breeching/Duct Insulation	300 SF	XX			

Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 20+	Name of Registered Landfill Fairless Hills Landfill
City, State Woodland Park, New Jersey	Disposal Date TBD	City, State Morrisville, PA	
Completed by Dimo Golcev	Title General Manager	Signature 	Date 6/14/17



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



Date of Notification (1) <b>6/14/17</b>		Name of Building Owner/Operator (2) <b>Butler Board of Education</b>	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	<b>38 Bartholdi Ave.</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # 1	<b>Butler, NJ 07405</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<b>Barbara Murphy</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Butler High School</b>			Type of Facility (4)		
Street Address			<input checked="" type="checkbox"/> School (K-12)		
<b>38 Bartholdi Avenue</b>			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5) <b>Butler</b>			<input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)		
County (6) <b>Morris</b>		County Code (7) (STATE USE ONLY) _____	Square Feet <b>30,000+</b>	# of Floors <b>3</b>	Bldg. Age <b>60+ yrs</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>Envirovision Consultants, LLC</b>			Current Use (Prior if being demolished) <b>School</b>		
ASCM No. <b>00079</b>			Name of Abatement Contractor (9) <b>Unicorn Contracting Corp.</b>		
Street Address <b>20-21 Wagaraw Rd., Bldg. 35-E</b>			Street Address <b>32 Willow Way</b>		
City, State, Zip Code <b>Fair Lawn, NJ 07410</b>			City, State, Zip Code <b>Woodland Park, NJ 07424</b>		
Project Manager fo Monitoring Firm <b>Frederick Larson</b>		Telephone No. <b>973-636-9145</b>	Telephone No. <b>973-333-9176</b>	License No. <b>01331</b>	
Start Date (10) <b>6/28/17</b>		Scheduled Completion Date (11) <b>7/11/17</b>	Name of OSHA Monitor <b>Envirovision Consultants, Inc.</b>		
Occupancy Status During Abatement (Check Only One)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			<b>20-21 Wagaraw Rd., Bldg. 35-E</b>		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			City, State, Zip Code		
<input type="checkbox"/> Other - Describe: _____			<b>Fair Lawn, NJ 07410</b>		

Scope of Work (Check All That Apply)

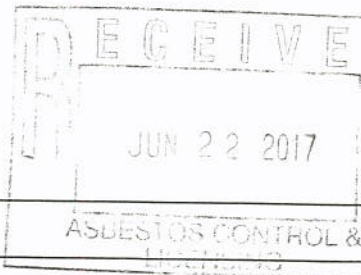
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/>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

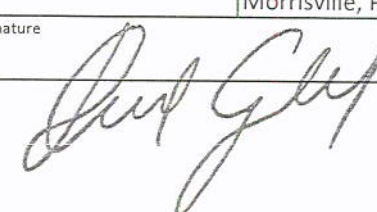
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BOILER ROOM	XXX			Pipe Insulation, fittings, elbows, joints, valves, etc.	830 LF	XX			
BOILER ROOM	XXX			Breeching/Duct Insulation	460 SF	XX			

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>6/14/17</b>	



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



Date of Notification (1) <b>6/14/17</b>		Name of Building Owner/Operator (2) <b>Butler Board of Education</b>							
Agencies Notified	Type Notification	Street Address <b>38 Bartholdi Ave.</b>							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Butler, NJ 07405</b>							
		Name of Contact <b>Barbara Murphy</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Richard Butler 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>3 Pearl Place</b>		Square Feet <b>22,000+</b>	# of Floors <b>1</b>						
City (5) <b>Butler</b>		Bldg. Age <b>50+ yrs</b>							
County (6) <b>Morris</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>Envirovision Consultants, LLC</b>		ASCM No. <b>00079</b>	Name of Abatement Contractor (9) <b>Unicorn Contracting Corp.</b>						
Street Address <b>20-21 Wagaraw Rd., Bldg. 35-E</b>		Street Address <b>32 Willow Way</b>							
City, State, Zip Code <b>Fair Lawn, NJ 07410</b>		City, State, Zip Code <b>Woodland Park, NJ 07424</b>							
Project Manager fo Monitoring Firm <b>Frederick Larson</b>		Telephone No. <b>973-636-9145</b>	Telephone No. <b>973-333-9176</b>						
		License No. <b>01331</b>							
Start Date (10) <b>6/30/17</b>	Scheduled Completion Date (11) <b>7/11/17</b>	Name of OSHA Monitor <b>Envirovision Consultants, 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>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 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	XXX			Pipe Insulation, fittings, elbows, joints, valves, etc.	276 LF	XX			
BOILER ROOM	XXX			Breeching/Duct Insulation	140 SF	XX			
Name of Registered Waste Hauler <b>Unicorn Contracting Corp.</b>		NJ/DEP 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>6/14/17</b>		

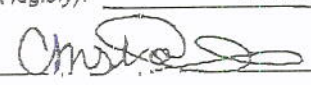
CK 4047

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

APPROVED  
NJ Dept of Health & Senior Services  
(signature)  
Date: 6/14/17 Time: 3:27  
JUN 14 2017  
ASBESTOS CONTROL & LICENSING

# NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

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

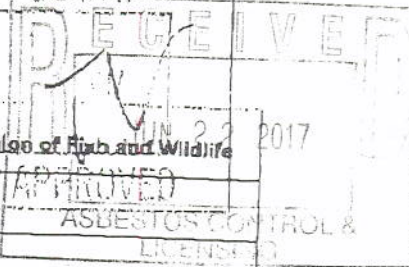
I. NOTIFICATION INFORMATION			
Date of Notification: <u>6 / 14 / 2017</u>			
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> Emergency (must include justification)			
Type of Work: <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation			
II. BUILDING INFORMATION			
Name of Building Owner/Operator: <u>NJ Department of Environmental Protection, Division of Fish &amp; Wildlife</u>			
Street Address: <u>501 East State Street</u>		City: <u>Trenton</u>	State: <u>NJ</u> Zip: <u>08625</u>
Name of Contact: <u>Al Payne</u>		Telephone No. _____	
III. FACILITY INFORMATION			
Name of Facility Where Work Activity is to Take Place: <u>Sportsman Clubhouse-Lenape Farms</u>			
Describe Facility Use: <u>Clubhouse</u>			
Street Address: <u>Steele Rd &amp; Steele Landing Rd</u>		City: <u>Mays Landing</u>	State: <u>NJ</u> Zip: <u>08330</u>
County Name: <u>Atlantic</u>		County Code (State Use Only): _____	
Scheduled Start Date: <u>6 / 16 / 2017</u>		Scheduled Completion Date: <u>6 / 19 / 2017</u>	
Occupancy Status During Activity (check only one):			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Activity			
<input type="checkbox"/> Activity Performed Outside Normal Facility Hours—Describe: _____			
<input type="checkbox"/> Other—Describe: _____			
Scope of Work (check all that apply):			
<input checked="" type="checkbox"/> Floor Tile	Square Footage: <u>224 SF</u>	Percentage Asbestos: <u>      </u> %	
<input checked="" type="checkbox"/> Mastic	Square Footage: <u>224 SF</u>	Percentage Asbestos: <u>      </u> %	
IV. CONTRACTOR INFORMATION			
Company Name: <u>Shade Environmental, LLC</u>		Telephone No.: <u>856-755-0099</u>	
Street Address: <u>623 Cutler Avenue</u>		City: <u>Maple Shade</u>	State: <u>NJ</u> Zip: <u>08052</u>
New Jersey Asbestos License Number (if applicable): <u>00842</u>			
Monitoring Firm (if applicable): <u>USA Environmental Management, Inc.</u>		Telephone No.: <u>609-656-8101</u>	
V. SIGNATURE			
Completed By (type or print legibly): <u>Christina Lynch</u>		Title: <u>Vice President of Operations</u>	
Signature: <u></u>		Date: <u>June 14, 2017</u>	



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 8:15)

NO. 125-1-002

DOL - 10 DAY



Date of Notification (1) 8 / 14 / 17		Name of Building Owner/Operator (2) NJ Department of Environmental Protection, Division of Risk and Wildlife
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOI <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 501 East State Street City, State, Zip Code Trenton, NJ 08625
		Name of Contact Al Payne

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sportsman Clubhouse-Lenape Farms		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address Steelman Road and Steelman Landing Road		Square Feet 5,200	# of Floors 2
City (5) Mays Landing		Bldg. Age 70	
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Clubhouse	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 344 West State Street		Street Address 823 Cutler Avenue	
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm John Duggan		Telephone No. 609-658-8101	Telephone No. 856-755-0088
Start Date (10) 08 / 16 / 17	Scheduled Completion Date (11) 08 / 10 / 17	License No. 00842	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM- _____ AM		Name of OSHA Monitor EMGL Analytical, Inc.	
		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	


## Scope of Work (Check all that apply)

- ☒  $\geq 3$  sf or  $\geq 3$  ft  
☐  $\geq 100$  sf or  $\geq 280$  ft  
☒ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☒ Non-Exempted (\*) and Non-Flammable 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	Encapsulation	Enclosure
First Floor Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Ceiling Panels	40 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 Shade Environmental, LLC	NJDEP Waste Hauler ID No. 32426	Cubic Yards of Waste 1	Name of Registered Landfill Atlantic County Utilities Authority
City, State Maple Shade	Disposal Date 06/18/2017	City, State Egg Harbor Township, NJ	
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 	Date 6/14/17

RECEIVED  
OK # 1014 JUL 3 2017  
QUESTIONS CONTROL & LICENSING

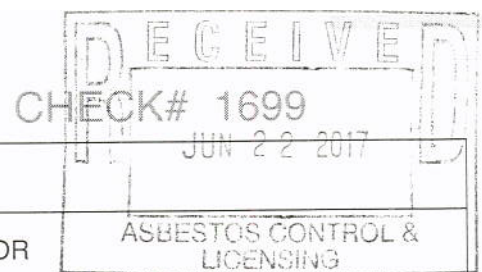
Date of Notification (1) <b>6/13/2017</b>		Name of Building Owner/Operator (2) <b>New Providence Board of Education</b>		ASBESTOS CONTROL & LICENSING					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<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>Allen W. Roberts 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>80 Jones Drive</b>				Square Feet <b>76,000</b>	# of Floors <b>1</b>				
City (5) <b>New Providence</b>				Bldg. Age <b>55 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</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>	License No. <b>01331</b>				
Start Date (10) <b>7/7/2017</b>		Scheduled Completion Date (11) <b>7/21/2017</b>		Name of OSHA Monitor <b>Envirovision Consultants, 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>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
<b>** SEE CONTINUATION SHEET **</b>			<b>** SEE CONTINUATION SHEET **</b>						
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>		



RECEIVED  
JUN 22 2017  
ASBESTOS CONTROL &  
LICENSING

[illegible]

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



Date of Notification (1) 06/06/2017		Name of Building Owner/Operator (2) K. HOVNANIAN HOMES, LLC.	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 110 FIELDCREST AVE. 5TH FLOOR	
		City, State, Zip Code EDISON NJ 08837	
		Name of Contact BOB KIEFFER	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2104	# of Floors 2
City (5) EAST BRUNSWICK		Bldg. Age 43	
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8) HEALTH & SAFETY SERVICES		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.
Street Address 318 12TH STREET		Street Address 570 CLEMS RUN	
City, State, Zip Code HAMMONTON NJ 08037		City, State, Zip Code MULLICA HILL NJ 08062	
Project Manager for Monitoring Firm JIM PROCTOR		Telephone No. 609-704-8550	License No. 01145
Start Date (10) 06/15/2017	Scheduled Completion Date (11) 06/16/2016	Name of OSHA Monitor EMSL	
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 200 RT. 130 NORTH	
		City, State, Zip Code CINNAMINSON NJ 08077	

Scope of Work (Check All That Apply)

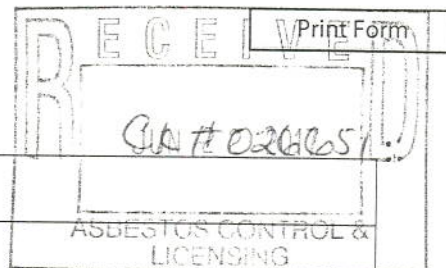
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked=""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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
GARAGE CEILING			X	GLUE DOTS	25 SF	X			

Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES	NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 6	Name of Registered Landfill MINERVA LANDFILL
City, State MULLICA HILL NJ		Disposal Date 06/16/2017	City, State WAYNESBURG, OH
Completed by RON SWANSON	Title GENERAL MANAGER	Signature 	Date 06/06/2017

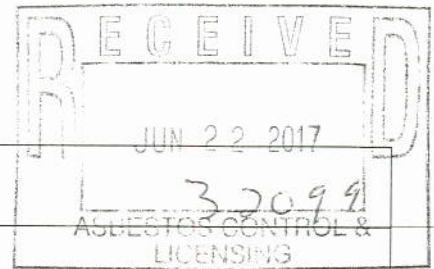


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06/14/17		Name of Building Owner/Operator (2) Guttenberg Board of Education							
Agencies Notified	Type Notification	Street Address 301 69th Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Guttenberg, NJ 07093							
		Name of Contact Sal Albenese	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Anna L. Klein Elementary School		Type of Facility (4)							
Street Address 301 69th Street		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Guttenberg		Square Feet 10,000 +	# of Floors 4 +						
County (6) Hudson		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental, Inc.		ASCM No. 00149	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address 56 East Bridge Street		Street Address 1141 Route 23							
City, State, Zip Code Morrisville, PA 19067		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm Mr. James Frisbee		Telephone No. 609-392-4200	Telephone No. 973-628-9200						
Start Date (10) 06/26/17		Scheduled Completion Date (11) 07/10/17	License No. 00408						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Enviro Vision Consultants, Inc.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 20-21 Wagaraw Road, Bldg. #35E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3rd Floor Hallway			X	Cove Base Plaster	261 SF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 20	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey		Disposal Date		City, State Pen Argyl, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager		Signature			Date 06/14/17		

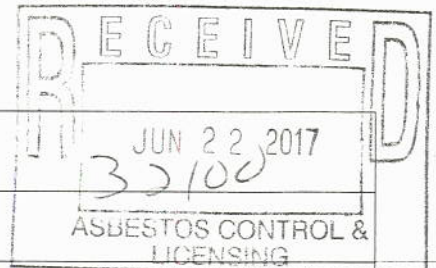
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>06 / 15 / 17</b>		Name of Building Owner/Operator (2) <b>Lynx Waste &amp; Recycling, Inc.</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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>P O Box 188</b>							
		City, State, Zip Code <b>Spring Lake, NJ 07762</b>							
		Name of Contact <b>Richard Hyde</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>Sea Bright</b>		Square Feet <b>800</b>	# of Floors <b>1</b>						
		Bldg. Age <b>65</b>							
County (6) <b>Monmouth</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>		ASCM No.	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. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <b>06 / 26 / 17</b>	Scheduled Completion Date (11) <b>06 / 27 / 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"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	800 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>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>06/28/17</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>			

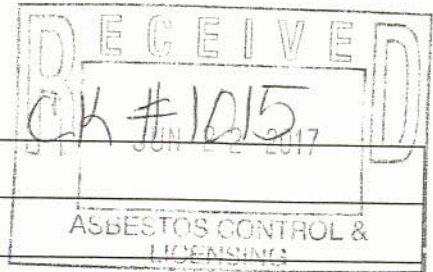


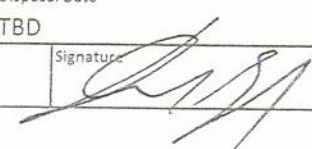
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>06 / 15 / 17</b>		Name of Building Owner/Operator (2) <b>Lynx Waste &amp; Recycling, Inc.</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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>P O Box 188</b>							
		City, State, Zip Code <b>Spring Lake, NJ 07762</b>							
		Name of Contact <b>Richard Hyde</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>Avon By the Sea</b>		Square Feet <b>800</b>	# of Floors <b>1</b>						
County (6) <b>Monmouth</b>		County Code (7)(STATE USE ONLY)	Bldg. Age <b>65</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	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. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <b>06 / 26 / 17</b>	Scheduled Completion Date (11) <b>06 / 27 / 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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>exterior garage</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>asbestos siding</b>	<b>600 sf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>asbestos pipe insulation</b>	<b>10 lf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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>06/28/17</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>					

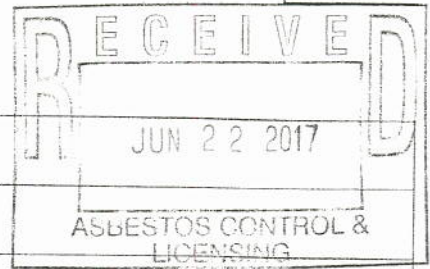
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <b>6/14/2017</b>		Name of Building Owner/Operator (2) <b>New Providence Board of Education</b>							
Agencies Notified	Type Notification	Street Address <b>356 Elkwood Avenue</b>							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <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>New Providence Middle/High 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>75,000+</b>	# of Floors <b>1</b>						
City (5) <b>New Providence</b>		Bldg. Age <b>55+ 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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Entrance Vestibule		X		Suspect Glue/Mastic Behind Wooden Wainscot Panel	10 SF	X			
Name of Registered Waste Hauler <b>Unicorn Contracting Corp.</b>		NJDEP Waste Hauler ID No. <b>0035844</b>		Cubic Yards of Waste <b>1 cy</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>6/14/2017</b>			



**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) Bloomfield Board of Education	
Agencies Notified	Type Notification	Street Address 155 Broad St	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Bloomfield, NJ 07003	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Joe Carretta	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Franklin School		Type of Facility (4)	
Street Address 85 Curtis St		<input checked="" type="checkbox"/> School (K-12)	
City (5) Bloomfield		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
County (6) Essex		<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County Code (7) (STATE USE ONLY) _____		Square Feet	# of Floors
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		Bldg. Age	
ASCN No. 0004		Current Use (Prior if being demolished)	
Street Address 3 Crosswicks St		Name of Abatement Contractor (9) Academy Construction Inc	
City, State, Zip Code Bordentown, NJ 08505		Street Address 205 Route 46 Suite 14	
Project Manager for Monitoring Firm Michael Hoodak		City, State, Zip Code Totowa NJ 07512	
Telephone No. 609 298-5520		Telephone No. 973 832 4244	License No. 01155
Start Date (10) 06/26/17	Scheduled Completion Date (11) 08/20/17	Name of OSHA Monitor Same as above	

Occupancy Status During Abatement (Check Only One)	Street Address
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours	City, State, Zip Code
<input type="checkbox"/> Other - Describe: _____	

Scope of Work (Check All That Apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input checked="" 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 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			Breeching Insulation	400sf	X		X	
Boiler Room	X			Boiler Insulation	800sf	X		X	
Boiler Room	X			Pipe Insulation	300lf	X		X	
Boiler Room	X			Tank Insulation	40sf	X		X	

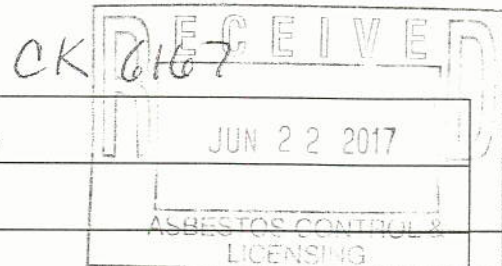
Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 0034422	Cubic Yards of Waste 20	Name of Registered Landfill GROWS Landfill	
City, State Totowa NJ		Disposal Date TBD	City, State Tullytown PA		
Completed by John Geleski	Title VP	Signature 	Date 06/15/17		



*\* Emergency \**

Print Form

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

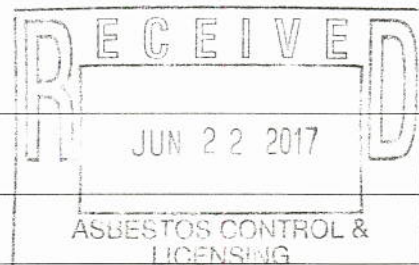


Date of Notification (1) 6/14/17		Name of Building Owner/Operator (2) Elizabeth Crawford Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Haddon Heights NJ 08035							
		Name of Contact Elizabeth	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Elizabeth Crawford Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Haddon Heights NJ 08035		Square Feet 1000+	# of Floors 1.5						
County (6) Camden		County Code (7) (STATE USE ONLY) _____	Bldg. Age 35+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 6/15/17	Scheduled Completion Date (11) 6/16/17	Name of OSHA Monitor Same							
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>Home owner occupied</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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Floor tile only	700 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 6/16/17		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 6/14/17			



Check #  
9003

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



Date of Notification (1) <u>06</u> / <u>12</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>Manuel Lima</b>	
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 <b>Union City, NJ 07087</b>	
		Name of Contact <b>Manuel Lima</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>Union City</b>	Square Feet <b>1,800</b>	# of Floors <b>2</b>	Bldg. Age <b>80 yrs.</b>
County (6) <b>Hudson</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>House</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>East Coast Haz Mat Removal, Inc.</b>
Street Address		Street Address <b>494 East 41st Street</b>	
City, State, Zip Code		City, State, Zip Code <b>Paterson, NJ 07504</b>	
Project Manager for Monitoring Firm		Telephone No. <b>973-345-0022</b>	License No. <b>00507</b>
Start Date (10) <u>06</u> / <u>24</u> / <u>17</u>	Scheduled Completion Date (11) <u>06</u> / <u>30</u> / <u>17</u>	Name of OSHA Monitor <b>Same as above</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address	
		City, State, Zip Code	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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>East Coast Haz Mat Removal, Inc.</b>		NJDEP Waste Hauler ID No. <b>419</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>G.R.O.W.S., North W/M of PA</b>	
City, State <b>Paterson, NJ</b>		Disposal Date <b>6-30-17</b>		City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>James Unger</b>	Title <b>Sr. Estimator/Project Mgr.</b>	Signature 		Date <b>6-12-17</b>	

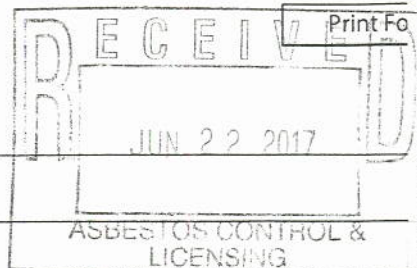
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

CH 2280

Date of Notification (1) 6-12-2017		Name of Building Owner/Operator (2) BRW Limited Holdings, LLC		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED  JUN 22 2017  ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified	Type Notification	Street Address P.O. Box 1987							
<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 Hoboken, NJ 07030		Name of Contact Matt Dolinsky					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4)						
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Hoboken, NJ 07030			Square Feet 2204	# of Floors 4	Bldg. Age 80+				
County (6) Hudson		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. 201-333-8855	License No. 01174				
Start Date (10) 6-22-2017		Scheduled Completion Date (11) 6-24-2017		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
2nd Floor, Apt 3, Kitchen		X		Off white linoleum	96 SF	X			
2nd Floor, Apt 4		X		Grey Floor Linoleum	128 SF	X			
3rd Floor, Apt 5 Kitchen		X		Grey Floor Linoleum	96 SF	X			
Roof / Parapet Wall		X		Roofing Material	1985 SF	X			
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889		Cubic Yards of Waste 7	Name of Registered Landfill G.R.O.W.S. North landfill				
City, State Jersey City, NJ				Disposal Date 6-24-2017	City, State Morrisville, PA				
Completed by Liliana Serrano		Title Office manager		Signature <i>Liliana Serrano</i>		Date 6-12-2017			



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



CK 2279

Date of Notification (1) 6-9-2017		Name of Building Owner/Operator (2) BRW Limited Holdings, LLC	
Agencies Notified	Type Notification	Street Address P.O. Box 1987	ASBESTOS CONTROL & LICENSING
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hoboken, NJ 07030	
		Name of Contact Matt Dolinsky	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2204	# of Floors 4
City (5) Hoboken, NJ 07030		Bldg. Age 80+	
County (6) Hudson	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. 201-333-8855	License No. 01174
Start Date (10) 6-19-2017	Scheduled Completion Date (11) 6-21-2017	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input checked="" 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 - Over furnace		X		White Joint Compound	300 SF	X			
1st floor, Apt 1 - Entry		X		Brown Linoleum	100 SF	X			
1st floor, Apt 1 - Kitchen		X		Brown Linoleum	96 SF	X			
Roof		X		Roofing material	1625 SF	X			

Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 6	Name of Registered Landfill G.R.O.W.S. North landfill	
City, State Jersey City, NJ		Disposal Date 6-21-2017		City, State Morrisville, PA	
Completed by Liliana Serrano		Title Office manager	Signature <i>Liliana Serrano</i>		Date 6-9-2017