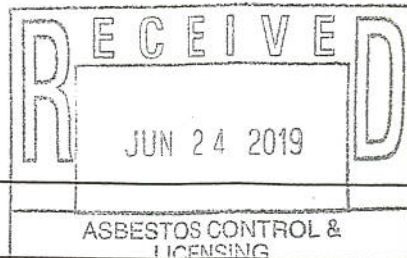


Proj. #: 19-124

Date of Notification (1)  
06/11/18

Name of Building Owner/Operator (2)

Leslie-Ann Ribardo

Street Address

City, State, Zip Code

Westfield, NJ 07090

Name of Contact

Leslie-Ann Ribardo

Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Residential

Street Address

City (5)

Westfield, NJ 07090

County (6)

Union

County Code (7)

(State use only)

Type of Facility (4)

- ☐ School (K - 12)
- ☐ Subchapter 8 (Other than K-12)
- ☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

1,400

# of Floors

02

Bldg. Age

70

Current Use (Prior if being demolished)

Residential

Name of Monitoring Firm Hired by Bldg. Owner (8)

N/A

ASCM No.

Name of Abatement Contractor (9)

KLOMAX, LLC

Street Address

309 W. End Ave

City, State, Zip Code

Hopatcong, NJ 07843

Telephone Number

833-455-6629

License Number

02007

Name of OSHA Monitor

KLOMAX, LLC

Street Address

309 W. End Ave

City, State, Zip Code

Hopatcong, NJ 07843

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

07/01/19

Sched. Completion Date (11)

07/12/2019

Occupancy Status During Abatement (Check only one)

- ☐ Facility closed/vacated during entire period of abatement.
- ☐ Abatement performed outside of normal facility hours-  
Describe: \_\_\_\_\_
- ☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

- ☐ >3 sf or >3 lf ☒ Renovation
- ☒ ≥160 sf or ≥260 lf ☐ Demolition

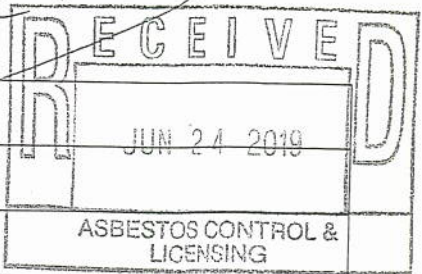
- ☐ Full Containment w/negative pressure
- ☒ Mini-enclosure
- ☒ Glovebag procedure
- ☐ Non-Exempted (\*) and Non-friable procedure

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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		Pipe Insulation	215 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement		<input checked="" type="checkbox"/>		Pipe to be re-cleaned	30 LF	<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"/>

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 038241	Cubic Yards of Waste 3 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Hopatcong, NJ 07843	Disposal Date TBD	City, State TULLYTOWN, PA	
Completed by (Print or Type) Paige Boylan	Title Owner	Signature 	Date 06/18/19



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



Date of Notification (1) 06/10/19		Name of Building Owner/Operator (2) Mont Laurel BOE							
Agencies Notified	Type Notification	Street Address 330 Mt. Laurel Rd.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mont Laurel, NJ 08054							
		Name of Contact Wayne Neville	Telephone Number 856-767-7667						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Harrington Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 514 Mt. Laurel Rd.		Square Feet unknown	# of Floors 2						
City (5) Mont Laurel		Bldg. Age 50+							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) school							
Name of Monitoring Firm Hired by Building Owner (8) ER&M		ASCM No.	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address 20-21 Wagaraw Rd.		Street Address 156 Maple Ave.							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Wallington, NJ 07057							
Project Manager for Monitoring Firm Cathy DiNardo		Telephone No. (973) 949-3525	Telephone No. 862-221-9092						
Start Date (10) 06/24/19		Scheduled Completion Date (11) 07/05/19	License No. 01107						
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 Leslaw Nalodka							
		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"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
room A-11	*			table tops	175 sf.	*			
room A-09	*			table tabs	175 sf.	*			
room D-11	*			table tabs	175 sf.	*			
room D-09	*			table taps	175 sf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409		Cubic Yards of Waste 40	Name of Registered Landfill GCSL				
City, State Newark, NJ				Disposal Date 07/08/19	City, State Pen Argyl, PA				
Completed by Leslaw Nalodka		Title President		Signature 	Date 06/10/19				



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


RECEIVED
JUN 24 2019
CH 1389
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/19/19		Name of Building Owner/Operator (2) Tracy Campanaro	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	[REDACTED]	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended		
<input checked="" type="checkbox"/> DOL	Amendment # _____	City, State, Zip Code Allendale, NJ 07401	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact Tracy Campanaro	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12)	
City (5) Allendale, NJ 07401		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
County (6) Bergen		<input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
County Code (7) (STATE USE ONLY) _____		Square Feet 1,232	# of Floors 2
Name of Monitoring Firm Hired by Building Owner (8)		Bldg. Age 119	
Street Address		Current Use (Prior if being demolished) Home	
City, State, Zip Code		Name of Abatement Contractor (9) Unicorn Contracting Corp.	
Project Manager for Monitoring Firm		Street Address 32 Willow Way	
Telephone No.		City, State, Zip Code Woodland Park, NJ 07424	
Start Date (10) 06/28/18		Telephone No. 973-333-9176	License No. 01331
Scheduled Completion Date (11) 07/01/19		Name of OSHA Monitor Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Fair Lawn, NJ 07410	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
<input type="checkbox"/> Other - Describe: _____			

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

Location of Asbestos-Containing Material (ACM) <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	10 LF	X			

Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Hills Landfill
City, State Woodland Park, New Jersey		Disposal Date TBD		City, State Morrisville, PA
Completed by Zhivko Nikolov	Title President	Signature 		Date 01/10/19



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

CK18981

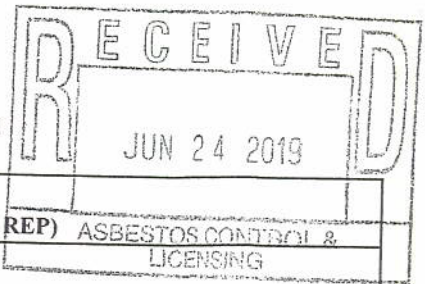
CK18981

RECEIVED  
 JUN 24 2019

Date of Notification (1) 6/20/19 INV-12114		Name of Building Owner/Operator (2) Nancy Wolf							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Westfield, NJ 07090							
Name of Contact Nancy		Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2000							
City (5) Westfield		# of Floors 2							
County (6) Union		Bldg. Age 65							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
City, State, Zip Code		Street Address 4 E Gate Drive, PO Box 483							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276							
Start Date (10) 6/29/19		License No. 703							
Scheduled Completion Date (11) 7/12/19		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: furnace room & crawl space		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
furnace room & crawl space			x	pipe insulation	50 LF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President		Signature 		Date 6/20/19			



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120) Check # 2081



CH 2081

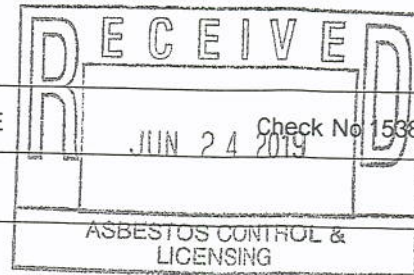
Date of Notification (1) <b>6/21/2019</b> <i>inv-12175</i>			Name of Building Owner/Operator (2) <b>PMG CONSTRUCTION, LLC (OWNER'S REP)</b>		
Agencies Notified		Type Notification			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
STREET ADDRESS <b>209 INVERNESS DRIVE</b>			City, State, Zip Code <b>SWEDESBORO, NJ 08085</b>		
Name of Contact <b>Phil Guinto</b>			Telephone Number <b>609-890-7110</b>		
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>PRIVATE RESIDENCE</b>				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)	
City (5) <b>HADDONFIELD, NJ</b>				Square Feet	# of Floors Bldg. Age
County <b>CAMDEN</b>		County Code (7) (STATE USE ONLY) <i>08033</i>		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>		
Street Address		Street Address <b>15 BLACK FOREST ROAD</b>			
City, State, Zip Code		City, State, Zip Code <b>Hamilton, NJ 08691</b>			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <b>609-890-7110</b>		License No. <b>00676</b>
Start Date (10) <b>6/24/2019</b>		Scheduled Completion Date (11) <b>6/25/2019</b>		Name of OSHA Monitor <b>MECS</b>	
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 <b>EXTERIOR WORK</b> <input checked="" type="checkbox"/>			<b>P.O. BOX 341</b> City, State, Zip Code <b>CROSSWICKS, NJ 08515</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf x $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & 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)
	Yes	No	N/A		
<b>EXTERIOR WORK</b>		<input checked="" type="checkbox"/>		<b>ASBESTOS SIDING</b>	<b>1100 S.F.</b>
Name of Registered Waste Hauler <b>JACK ROBINSON WASTE DISPOSAL</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste <b>12 YDS</b>	Name of Registered Landfill <b>GROWS</b>	
City, State <b>VOORHEES, nj</b>		Disposal Date <b>6/27/2019</b>		City, State <b>MORRISVILLE, PA.</b>	
Completed By <b>DAVID D'ANDREA</b>	Title <b>PRESIDENT</b>		Signature <i>David D'Andrea</i>		Date <b>6/21/2019</b>

ASB-41

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



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 12:20)



CH 1538 INV-12174

Date of Notification (1)  
06/15/2019

Name of Building Owner/Operator (2)  
Hamilton Township School District BOE

Agencies Notified:  
☒ EPA  
☒ DEP  
☒ DOL  
☒ DOH  
☒ DCA

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

Street Address  
90 Park Avenue

City, State, Zip Code  
Hamilton, New Jersey 08330

Name of Contact  
Katherine Attwood

Telephone Number  
609-631-4100 x 3060

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
Nottingham High School

Street Address  
1055 Klockner Road

City (5)  
Hamilton, New Jersey 08619

County (6)  
Mercer

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)  
☒ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☐ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet  
20,000

# of Floors  
1

Bldg. Age  
50+

Current Use (Prior if being demolished)  
Elementary School

Name of Monitoring Firm Hired by Building Owner (8)  
Westchester Environmental LLC

ASCM No.

Name of Abatement Contractor (9)  
Lilich Corporation

Street Address  
1248 Wrights Lane

Street Address  
246 Union Boulevard

City, State, Zip Code  
West Chester, PA 19380

City, State, Zip Code  
Totowa, New Jersey 07512

Project Manager for Monitoring Firm  
Philip Conteh

Telephone No.  
610-431-7545

Telephone No.  
973-225-8400

License No.  
01104

Start Date (10)  
06/25/2019

Scheduled Completion Date (11)  
07/13/2019

Name of OSHA Monitor  
Iris Environmental Laboratories, LLC

Occupancy Status During Abatement (Check Only One)  
☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other - Describe:

Street Address  
2333 Route 22 West

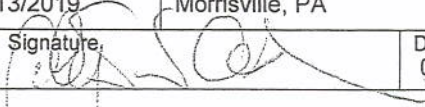
City, State, Zip Code  
Union, NJ 07083

**Scope of Work (Check All That Apply)**

- ☐  $\geq 3$  sf or  $\geq 3$  lf  
☒  $\geq 160$  sf or  $\geq 260$  lf  
☒ Renovation  
☐ Demolition  
☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glove Bag Procedure / Limited Containment & Tent  
☐ 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 of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor Main Office Wing		X		Pipe Insulation/Fitting	480 LF	X			
Women' Faculty		X		Pipe Insulation	10 LF	X			
First Floor Book Room Wing		X		Pipe Insulation/Fitting	169 LF	X			
Entrance to Boys/Girls Locker Rooms/Offices		X		Pipe Insulation/Fitting	101 LF	X			
Store Room		X		Pipe Insulation/Fitting	62 LF	X			
Art Room		X		Pipe Insulation/Fitting	39 LF	X			
Woodshop		X		Pipe Insulation/Fitting	4 LF	X			
Art Room		X		Pipe Fitting Insulation (Wrap & Cut)	24 LF	X			
Wood Shop		X		Pipe Fitting Insulation	3 LF	X			
Girls Locker Room		X		Pipe Insulation (Wrap & Cut)					



Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill	
City, State Totowa, New Jersey			Disposal Date 07/13/2019	City, State Morrisville, PA	
Completed by Adriana Olejarova		Title President		Signature 	Date 06/15/2019

ASB-41 (R-06-08)

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



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

RECEIVED	JUN 24 2019
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06/18/19 <i>INV-12173</i>		Name of Building Owner/Operator (2) New Jersey Community Capital							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	108 Church Street, 3rd Floor							
		City, State, Zip Code							
		New Brunswick, NJ 08901							
		Name of Contact	Telephone Number						
		New Jersey Community Capital	973-841-2674 ext 334						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		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) Totowa	<i>07512</i>	Square Feet 1304	# of Floors 3						
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 06/30/19	Scheduled Completion Date (11) 07/02/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
INTERIOR				PIPE INSULATION	90LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 07/02/19		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 06/18/19			



RECEIVED	
PAGE. 2 / 3	
JUN 14 2019	

**PAID**  
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:20 and 12:120)

Date of Notification (1) <b>6/14/19</b>		Name of Building Owner/Operator (2) SandyAlexander Printing Co.		DOL - 10 DAY ASBESTOS CONTROL & LICENSING	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 200 Entin Road City, State, Zip Code Clifton, NJ 07014 Name of Contact Ashlyn Telephone Number (1) 201-885-8476	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) SandyAlexander Printing			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 6 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 200 Entin Road			Square Feet 4000		
City (5) Clifton			# of Floors 2		
County (6) Passaic			Bldg. Age 61		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Office		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
Street Address				Street Address 185 Vreeland Ave	
City, State, Zip Code				City, State, Zip Code Midland Park, NJ 07432	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-282-5841	
Start Date (10) <b>6/15/19</b>		Scheduled Completion Date (11) <b>6/22/19</b>		License No. 00166	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:				Name of OSHA Monitor Omega Environmental Services Inc.	
				Street Address 280 Huyler Street	
				City, State, Zip Code Hackensack, NJ 07606	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
1st Floor		X		Tile	
				168 SF X	
Name of Registered Waste Hauler Newark Carling, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 1	
City, State Newark, NJ 07105		Disposal Date <b>6/15/19</b>		Name of Registered Landfill Grand Central Sanitary Landfill	
Completed by R. McDonald		Title President		City, State Pen Argyl, PA 08072	
		Signature <i>R. McDonald</i>		Date <b>6/14/19</b>	



# PAID

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

Print Form

RECEIVED

JUN 24 2019

ASBESTOS CONTROL & LICENSING

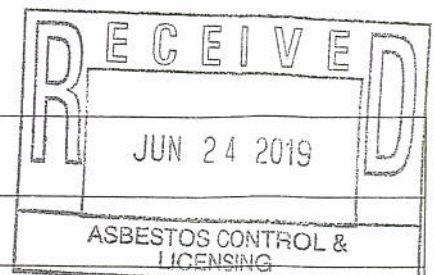
C7539800503

Date of Notification (1) 06/15/2019		Name of Building Owner/Operator (2) Maria Spirer							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input 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	<div>City, State, Zip Code Hillsdale, NJ 07642</div> <div>Name of Contact Maria Spirer</div> <div>Telephone Number</div>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hillsdale		Square Feet N/A	# of Floors N/A						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 0712							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685						
Start Date (10) 06/26/2019		Scheduled Completion Date (11) 06/27/2019	License No. 01311						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor D&S Abatement, Inc.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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		VAT	1200 SF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No: 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central					
City, State Wayne, NJ			Disposal Date TBD	City, State Pen Argyl, PA					
Completed by Oliver Hegedis		Title Project Manager	Signature			Date 06/15/2019			

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



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



Date of Notification (1) <div style="text-align: center;">06 / 17 / 19</div>		Name of Building Owner/Operator (2) <b>Anne Horton</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 [REDACTED] City, State, Zip Code <b>Riverton, NJ 08077</b>							
		Name of Contact <b>Anne Horton</b>	Telephone Number [REDACTED]						
<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>Palmyra</b>	Square Feet <b>2,091</b>	# of Floors <b>2</b>	Bldg. Age <b>72</b>						
County (6) <b>Burlington</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>Management &amp; Enviro. Consulting Services</b>		ASCM No.							
Street Address <b>PO Box 341</b>		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>							
City, State, Zip Code <b>Chesterfield, NJ 08515</b>		Street Address <b>623 Cutler Avenue</b>							
Project Manager for Monitoring Firm <b>Bill Weisgarber</b>		Telephone No. <b>609-298-4070</b>	Telephone No. <b>856-755-0099</b>						
Start Date (10) <div style="text-align: center;">06 / 29 / 19</div>		License No. <b>00842</b>							
Scheduled Completion Date (11) <div style="text-align: center;">07 / 02 / 19</div>		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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
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
Crawlspace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Fairless Landfill</b>					
City, State <b>Freehold, NJ</b>			Disposal Date <b>07/02/2019</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>6/17/19</b>			



**PAID**

**RECEIVED**  
PAGE 27  
JUN 24 2019

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

**DOL - 10 DAY**

Date of Notification (1) 06/05/19 <i>Chillo31</i>		Name of Building Owner/Operator (2) Franklin Township Public Schools		ASBESTOS CONTROL & LICENSING					
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 1755 Amwell Rd. City, State, Zip Code Somerset, NJ 08873 Name of Contact Joe Carretta Telephone Number 732-655-2898					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Franklin BOE Administrative Campus			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 2301 State Highway 27			Square Feet						
City (5) Somerset			# of Floors						
County (6) Somerset			Bldg. Age						
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (B) AHERA Consultants Inc.		ASCM No. 0057		Name of Abatement Contractor (9) Academy Construction Inc.					
Street Address P.O. Box 385		Street Address 205 Route 46 Suite 14		City, State, Zip Code Totowa NJ 07512					
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Totowa NJ 07512		License No. 01379					
Project Manager for Monitoring Firm Eric Clarkson		Telephone No. 609-652-1833		Telephone No. 973 832 4244					
Start Date (10) 06/10/19		Scheduled Completion Date (11) 06/24/19		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 Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	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
Boy's bathroom			X	Linoleum (double layer)	162sf	x		x	
Girl's bathroom			X	Linoleum (double layer)	162sf	x		x	
Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 034422		Cubic Yards of Waste 5		Name of Registered Landfill Fairless Landfill			
City, State Totowa NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Filip Geleski		Title Supervisor		Signature <i>Filip Geleski</i>		Date 06/05/19			



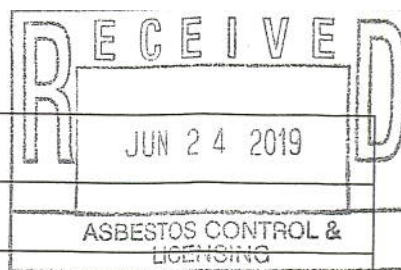
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:50 and 12:12b)

CK# 2648

Date of Notification (1) 6/10/19		Name of Building Owner/Operator (2) Ignatius Spotto							
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 West Milford, NJ							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential 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	# of Floors						
City (5) West Milford		2000	2						
County (6) Passaic		Bldg. Age	50+						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential House							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01255						
Start Date (10) 6/19/19	Scheduled Completion Date (11) 6/23/19	Name of OSHA Monitor Harmony Contracting Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground Floor			x	VAT	800 SF	x			
Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033085	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by E. Cirovic		Title Secretary	Signature <i>E. Cirovic</i>			Date 6/10/19			



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



Date of Notification (1) 06-13-2019		Name of Building Owner/Operator (2) Hamilton Township School District							
Agencies Notified	Type Notification	Street Address 90 Park Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hamilton NJ 08690							
		Name of Contact John Miranda	Telephone Number 609-631-4100						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Sayen Elementary School		Type of Facility (4)							
Street Address 3333 Nottingham Way		<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) Trenton NJ 08690		Square Feet N/A	# of Floors N/A						
County (6) Mercer		Bldg. Age N/A							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Karl & Associates Inc		ASCM No. _____	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address PO BOX 645		Street Address PO BOX 734							
City, State, Zip Code Shillington, PA 19607		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Mike Krisher		Telephone No. 610-856-7700	Telephone No. 973-692-6298						
Start Date (10) 06-24-21-019		Scheduled Completion Date (11) 07-15-2019	License No. 01266						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Amax Contracting LLC							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO BOX 734							
		City, State, Zip Code Woodland Park NJ 07424							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Partial First Floor			X	glue dots	4850 SF	X			
Partial First Floor			X	glue dots	1235 SF	X			
2nd Floor			X	glue dots	6900 SF	X			
Kitchen & Bathrooms			X	glue dots	1170 SF	X			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184		Cubic Yards of Waste 25 CY	Name of Registered Landfill Fairless Hills				
City, State Woodland Park NJ 07424				Disposal Date 07-24-2019	City, State Morrisville PA				
Completed by Tome Maslarkov		Title Project Manager		Signature 		Date 06-13-2019			



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

Tom Voorhes, DCI  
INV-11858

chk# 3589

Date of Notification (1) <b>6/14/19</b>		Name of Building Owner / Operator (2) <b>State of New Jersey Department of Human Services</b>	
Agencies Notified	Type Notification	Street Address	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JUN 24 2019  ASBESTOS CONTAINED  LICENSING  Telephone Number  <b>609-292-4856</b> </div>
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	<b>P.O. Box 700, 222 South Warren Street</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State & Zip Code <b>Trenton, NJ 08625</b>	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency	Name of Contact <b>Pam Harlan</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Green Brook Regional Center</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>275 Greenbrook Road</b>		Square Feet <b>28000</b>	# of Floors <b>3</b>
City (5) <b>Green Brook</b>	County (6) <b>Somerset</b>	Bldg. Age <b>50+</b>	
County Code (7)		Current Use (Prior if being demolished) <b>Hospital Bldg</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>	
Street Address <b>120 North Warren Street</b>		Street Address <b>1123 Beaver Street</b>	
City, State & Zip Code <b>Trenton, New Jersey 08608</b>		City, State & Zip Code <b>Bristol, PA 19007</b>	
Project Manager for Monitoring Firm <b>Steve Mania</b>		Telephone Number <b>609-392-4200</b>	License Number <b>00509</b>
Scheduled Start Date (10) <b>6/14/19</b>	Scheduled Completion Date (11) <b>6/16/19</b>	Name of OSHA Monitor <b>Bristol Environmental Inc.</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 Hours – 7am to 3pm Describe: <b>4:00PM to 12:00AM</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 Beaver Street</b>	
		City, State & Zip Code <b>Bristol, PA 19007</b>	

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 ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure


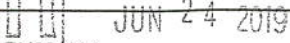



Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 320	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 320	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	80 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"/>
	<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 Inc.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>1 Cu Yds</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>New Castle, DE</b>	Disposal Date <b>6/16/19</b>	City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>	Date <b>6/14/19</b>

GI19130-A

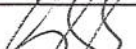


RECEIVED  
JUN 24 2019  
RY28-414  
ASBESTOS CONTROL & LICENSING

Date of Notification (1)		Name of Building Owner/Operator (2)		
6 / 17 19		MERCK SHARP & DOHME CORP.		
Agencies Notified		Street Address		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		126 E. LINCOLN AVENUE, P.O. BOX 2000 RY28-414		
Type Notification		City, State, Zip Code		
<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		RAHWAY, NEW JERSEY 07065		
		Name of Contact		
		PATRICIA JOHNSON		
		Telephone Number		
		732-594-7746		

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)		
MERCK SHARP & DOHME CORPORATION			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
			<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address			Square Feet	# of Floors	Bldg. Age
126 EAST LINCOLN AVENUE - BUILDING 53			123,400	2	46
City (5)	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
RAHWAY	UNION		COMMERCIAL		
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Name of Abatement Contractor (9)	
ENVIRONMETAL HEALTH INVESTIGATIONS, INC.			104	PAR ENVIRONMENTAL CORPORATION	
Street Address			Street Address		
655 WEST SHORE TRAIL			313 SPOOK ROCK ROAD		
City, State, Zip Code			City, State, Zip Code		
SPARTA, NEW JERSEY 07871			SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
WILLIAM S. KERBEL, CIH		973-729-5649	845-369-7500		1101
Expected State Date (10)		Sched. Completion Date (11)		Name of OSHA Monitor	
6 / 12 / 19		6 / 17 / 19		AMERISCI	
Month Day Year		Month Day Year			
Occupancy Status During Abatement (Check only one)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			117 EAST 30TH STREET		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:					
<input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM			City, State, Zip Code		
			NEW YORK, NEW YORK 10016		
Scope of Work (Check all that apply)			Full Containment with Negative Pressure		
<input type="checkbox"/> Demolition			<input type="checkbox"/> Mini Encl ,		
<input checked="" type="checkbox"/> >3SF OR LF			<input type="checkbox"/> Glovebag Procedure		
<input type="checkbox"/> >160 SF OR 260 LF			<input checked="" type="checkbox"/> Non-Friable Procedure		
<input type="checkbox"/> Renovation					

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
ROOF -NORTHEAST CORNER			X	BUILT UP ROOFING	100 SF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	NJDEP Waste Hauler ID No. 15939			Cubic Yards of Waste 10	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752				
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS			Disposal Date 5/9-8/30/2019	Signature 				
				Date 6/17/19					



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


33626

**RECEIVED**  
JUN 24 2019

<b>Date of Notification (1)</b> 6 / 10 / 19		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065	
		<b>Name of Contact</b> PATRICIA JOHNSON	<b>Telephone Number</b> 732-594-7746

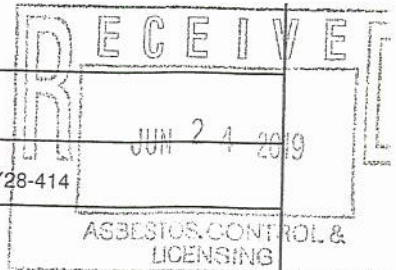
**ASBESTOS CONTROL & LICENSING**

<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION				<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 53				<b>Square Feet</b> 123,400	<b># of Floors</b> 2	<b>Bldg. Age</b> 46
<b>City (5)</b> RAHWAY	<b>County (6)</b> UNION	<b>County Code (7)</b> (STATE USE ONLY)		<b>Current Use (Prior if being demolished)</b> COMMERCIAL		
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.				<b>ASCM No.</b> 104	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>Street Address</b> 655 WEST SHORE TRAIL				<b>Street Address</b> 313 SPOOK ROCK ROAD		
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871				<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901		
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH				<b>Telephone Number</b> 973-729-5649	<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 1101
<b>Expected State Date (10)</b> 6 / 12 / 19		<b>Sched. Completion Date (11)</b> 8 / 30 / 19		<b>Name of OSHA Monitor</b> AMERISCI		
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM				<b>Street Address</b> 117 EAST 30TH STREET		
				<b>City, State, Zip Code</b> NEW YORK, NEW YORK 10016		
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF				<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure		

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
ROOF -NORTHEAST CORNER			X	BUILT UP ROOFING	100 SF	X			
<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 10	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15						
<b>City, State</b> FREEHOLD, NEW JERSEY	<b>Disposal Date</b> 5/9-8/30/2019	<b>City, State</b> MONTGOMERY, PA 17752							
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ	<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 6-10-19						



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



<b>Date of Notification (1)</b> 5 / 8 19			<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.		
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #1 <input type="checkbox"/> EMERGENCY NOTIFICATION		
<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414			<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065		
<b>Name of Contact</b> PATRICIA JOHNSON			<b>Telephone Number</b> 732-594-7746		

<b>FACILITY INFORMATION</b>					
<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION				<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 53				<b>Square Feet</b> 123,400	<b># of Floors</b> 2
<b>City (5)</b> RAHWAY				<b>County (6)</b> UNION	
<b>County Code (7)</b> (STATE USE ONLY)				<b>Current Use (Prior if being demolished)</b> COMMERCIAL	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.				<b>ASCM No.</b> 104	
<b>Street Address</b> 655 WEST SHORE TRAIL				<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871				<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH				<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Expected State Date (10)</b> 5 / 9 /19				<b>Sched. Completion Date (11)</b> 8 / 30 /19	
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM				<b>Telephone Number</b> 845-369-7500	
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF				<b>License Number</b> 1101	
<input checked="" type="checkbox"/> Renovation				<b>Name of OSHA Monitor</b> AMERISCI	
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure				<b>Street Address</b> 117 EAST 30TH STREET	
<b>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</b>				<b>City, State, Zip Code</b> NEW YORK, NEW YORK 10016	

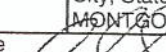
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
ROOF -NORTHEAST CORNER			X	BUILT UP ROOFING	100 SF	X			

<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 10	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State/ MONTGOMERY, PA 17752
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 5/8/19



3461  
RECEIVED  
JUN 24 2019  
ASBESTOS CONTROL &  
HORMONE  
Telephone Number

Date of Notification (1) 4 / 29 19		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY 28-414		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Name of Contact PATRICIA JOHNSON		Telephone Number 732-594-7746	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 53		Square Feet 123,400	# of Floors 2
City (5) RAHWAY	County (6) UNION	Bldg. Age 46	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	License Number 1101
Expected State Date (10) 5 / 9 /19		Sched. Completion Date (11) 8 / 30 /19	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM		Name of OSHA Monitor AMERISCI	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		Is Location normally used solely by Maint/Custodial Staff (12)	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)
		Yes No N/A	Amount (Specify SF or LF)
ROOF -NORTHEAST CORNER			BUILT UP ROOFING
			100 SF
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10
City, State FREEHOLD, NEW JERSEY		Disposal Date 5/9-8/30/2019	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 
		Date 6/29/19	



2019-06-17 14:29

Shade Environmental 1 &gt;&gt; 609 633.0664

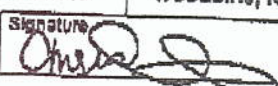
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:26 and 8:27)

DOL - 10 DAY

JUN 24 2019

ASBESTOS CONTROL &amp; LICENSING

WAIVER APPROVED

Date of Notification (1) 06 / 17 / 19		Name of Building Owner/Operator (2) Cornellus Rightley		Street Address [REDACTED]		City, State, Zip Code Villas, NJ 08251		Name of Contact Cornellus Rightley		Telephone Number 267-868-7793	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-6)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<b>FACILITY INFORMATION</b> Name of Facility Where Abatement is Taking Place (3) Rightley Residence Street Address [REDACTED] City (5) Villas County (6) Cape May County Code (7) (STATE USE ONLY)							
Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		Square Feet 1,023		# of Floors 1		Bldg. Age 67		Current Use (Prior to being demolished) Residence			
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services Street Address PO Box 341 City, State, Zip Code Chesterfield, NJ 08515		ASCM No. _____		Name of Abatement Contractor (9) Shade Environmental, LLC Street Address 623 Cutler Avenue City, State, Zip Code Maple Shade, NJ 08052		Telephone No. 856-755-0099		License No. 00842		Project Manager for Monitoring Firm Bill Weisgarber Telephone No. 609-298-4070	
Start Date (10) 06 / 22 / 19		Scheduled Completion Date (11) 06 / 25 / 19		Name of OSHA Monitor BMSL Analytical, Inc. Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077		Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input 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) 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 Encapsulate Enclose			
Living Room, Hallway, 3 Bedrooms		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Floor Tile		552 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. 32425		Cubic Yards of Waste 2		Name of Registered Landfill Cape May County Landfill		City, State Woodbine, NJ			
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 6/17/19					

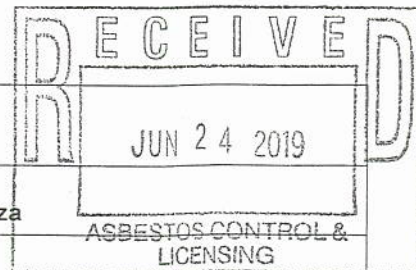
ASB-41  
JAN 13

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



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

NOCK



Date of Notification (1) <u>06</u> / <u>18</u> / <u>19</u>		Name of Building Owner/Operator (2) County of Union	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>Administration Building-Elizabethtown Plaza</b> City, State, Zip Code <b>Elizabeth, NJ 07207</b> Name of Contact <b>Owers Agent - Ryan Jones, C.M.</b> Telephone Number <b>609-276-7382</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Union County Courthouse</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>2 Broad Street</b>			
City (5) <b>Elizabeth</b>	Square Feet <b>55,000</b>	# of Floors <b>5</b>	Bldg. Age <b>80 + yrs.</b>
County (6) <b>Union</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Office Building</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>T and M Associates</b>		ASCM No. <b>00145</b>	Name of Abatement Contractor (9) <b>East Coast Haz Mat Removal, Inc.</b>	
Street Address <b>1455 Broad St., Suite 250</b>		Street Address <b>494 East 41st Street</b>		
City, State, Zip Code <b>Bloomfield, NJ 07003</b>		City, State, Zip Code <b>Paterson, NJ 07504</b>		
Project Manager for Monitoring Firm <b>Kevin Burns</b>		Telephone No. <b>908-347-4396</b>	Telephone No. <b>973-345-0022</b>	License No. <b>00507</b>
Start Date (10) <u>08</u> / <u>27</u> / <u>18</u>	Scheduled Completion Date (11) <u>10</u> / <u>30</u> / <u>19</u>	Name of OSHA Monitor <b>Same as above</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 Time of Abatement: <u>AM-2:30PM</u> / <u>11:pm</u> - <u>PM</u> - <u>AM</u>		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 checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

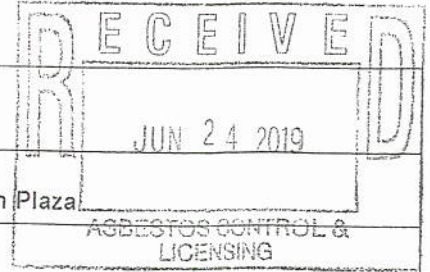
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout Ground, 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> and 4 <sup>th</sup> Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall/ceiling plaster	9,700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Ground, 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> and 4 <sup>th</sup> Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	500 LF	<input checked="" 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>150</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>Various</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>6-18-19</b>	



check #  
9232

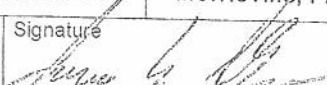
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 08 / 23 / 18		Name of Building Owner/Operator (2) County of Union	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Administration Building-Elizabethtown Plaza City, State, Zip Code Elizabeth, NJ 07207 Name of Contact Owers Agent - Ryan Jones, C.M. Telephone Number 609-276-7382	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Union County Courthouse		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2 Broad Street		Square Feet 55,000	
City (5) Elizabeth		# of Floors 5	
County (6) Union		Bldg. Age 80 + yrs.	
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Office Building	
Name of Monitoring Firm Hired by Building Owner (8) T and M Associates		ASCM No. 00145	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.
Street Address 1455 Broad St., Suite 250		Street Address 494 East 41st Street	
City, State, Zip Code Bloomfield, NJ 07003		City, State, Zip Code Paterson, NJ 07504	
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 908-347-4396	Telephone No. 973-345-0022
License No. 00507		Name of OSHA Monitor Same as above	
Start Date (10) 08 / 27 / 18	Scheduled Completion Date (11) 07 / 22 / 19	Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-2:30PM/11:pmPM-AM	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure - <i>wrap &amp; cut</i> 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/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)
Throughout 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> & 4 <sup>th</sup> Floors	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Wall/ceiling plaster	9,700 SF
Throughout 1st, 2nd, 3rd, 4th Floors	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe Insulation	500 LF
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.	NJDEP Waste Hauler ID No. 419	Cubic Yards of Waste 150	Name of Registered Landfill G.R.O.W.S., North W/M of PA
City, State Paterson, NJ	Disposal Date Various 2018	City, State Morrisville, PA	
Completed By (Print or Type) James Unger	Title Sr. Estimator/Project Mgr.	Signature <i>James Unger</i>	Date P-23-18



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

Date of Notification (1) <u>07</u> / <u>10</u> / <u>18</u>		Name of Building Owner/Operator (2) County of Union		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED  JUN 24 2019  ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address Administration Building-Elizabethtown Plaza			
		City, State, Zip Code Elizabeth, NJ 07207				Name of Contact Owers Agent - Ryan Jones, C.M.			
						Telephone Number 609-276-7382			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Union County Courthouse				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 2 Broad Street				Square Feet 55,000					
City (5) Elizabeth				# of Floors 5					
County (6) Union				Bldg. Age 80 + yrs.					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Office Building							
Name of Monitoring Firm Hired by Building Owner (8) T and M Associates		ASCM No. 00145		Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.					
Street Address 1455 Broad St., Suite 250		Street Address 494 East 41st Street							
City, State, Zip Code Bloomfield, NJ 07003		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 908-347-4396		License No. 00507					
Start Date (10) 07 / 23 / 18		Scheduled Completion Date (11) 07 / 22 / 19		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM-2:30PM/11:pmPM-AM</u>				Street Address					
				City, State, Zip Code					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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) <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
Throughout 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> & 4 <sup>th</sup> Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall/ceiling plaster	9,700 SF	<input checked="" type="checkbox"/>	<input 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"/>
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. 419		Cubic Yards of Waste 150		Name of Registered Landfill G.R.O.W.S., North W/M of PA			
City, State Paterson, NJ		Disposal Date Various 2018		City, State Morrisville, PA					
Completed By (Print or Type) James Unger		Title Sr. Estimator/Project Mgr.		Signature 		Date 7-10-18			



06/17/2019 09:12AM 9736381778

Check#3372

PAID

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

RECEIVED  
PAGE 03/05  
JUN 24 2019  
PAGE#1  
NJ DEPT OF ENVIRONMENTAL CONTROL & PLANNING

Date of Notification (1) 06 / 17 / 19		Name of Building Owner/Operator (2) [REDACTED]							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 8:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Summit, NJ 07901							
Name of Contact Leonard G. Leider		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age							
City (5) Summit, NJ 07901		County (6) Union							
County Code (7) (STATE USE ONLY) Union		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No. [REDACTED]							
Street Address [REDACTED]		Name of Abatement Contractor (9) Gr Tech LLC							
City, State, Zip Code [REDACTED]		Street Address 576 Valley Rd #283							
Project Manager for Monitoring Firm [REDACTED]		City, State, Zip Code Wayne, NJ 07470							
Telephone No. [REDACTED]		Telephone No. 973-638-1777							
Start Date (10) 06 / 18 / 19		Scheduled Completion Date (11) 06 / 21 / 19							
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 Envirovision Consultants, Inc.							
Street Address 20-21 Wagaraw Road, Bldg. # 35E		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >100 sf or >200 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
2nd floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe-wrap&cut	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe-wrap&cut	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe-wrap&cut	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct-wrap&cut	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc.			
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N. Jevtic		Title Owner		Signature [Signature]		Date 06/17/19			

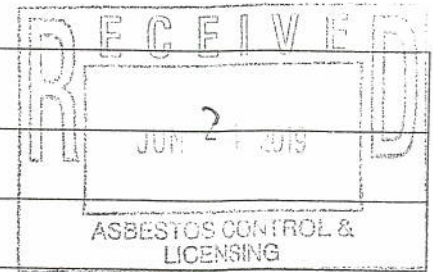
ASB-41  
MAY 11

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



CK-11853  
CK10286 PAID

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

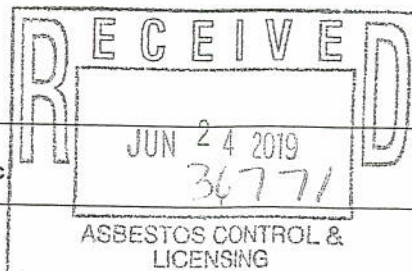


Date of Notification (1) 06 / 14 / 19		Name of Building Owner/Operator (2) Albert Parker							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code Camden NJ 08102							
		Name of Contact Albert Parker	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Same		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Same									
City (5)		Square Feet 3986	# of Floors 3						
		Bldg. Age 129							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) A.E.S.L.	ASCM No. 0021	Name of Abatement Contractor (9) CPR Environmental Service							
Street Address 2200 Patterson Plank Rd. Unit 7		Street Address 8421 Hegerman St							
City, State, Zip Code North bergen NJ 07047		City, State, Zip Code Philadelphia NJ 19136							
Project Manager for Monitoring Firm Carmelo Altamonte	Telephone No. 201 8646563	Telephone No. 215 333-5117	License No. 01328						
Start Date (10) 6 / 15 / 19	Scheduled Completion Date (11) 6 / 16 / 19	Name of OSHA Monitor A.E.S.L.							
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 SAME							
		City, State, Zip Code SAME							
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
DINING ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	168	SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KITCHEN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	114	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"/>
Name of Registered Waste Hauler CENTURY WASTE SERVICES		NJDEP Waste Hauler ID No. 02787	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT					
City, State ELIZABETH NJ			Disposal Date	City, State TULLYTOWN PA					
Completed By (Print or Type) ANTHONY JONES		Title PROJECT MANAGER	Signature <i>Anthony Jones</i>			Date 6.14.19			



110-12105  
OK 36771 PAID

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



Date of Notification (1) <b>06 / 19 / 19</b>			Name of Building Owner/Operator (2) <b>Innovative Construction Solutions, 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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>21675 Gateway Road</b>	
				City, State, Zip Code <b>Brookfield, WI 53045</b>	
			Name of Contact <b>Paul</b>		Telephone Number <b>262-227-1463</b>
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Former Toys R Us</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>1224 Hooper Avenue</b>				Square Feet <b>25,000</b>	
City (5) <b>Toms River</b>				# of Floors <b>1</b>	Bldg. Age <b>40</b>
County (6) <b>Ocean</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Former Toys R Us</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.		Telephone No. <b>732-349-9932</b>	
Start Date (10) <b>06 / 20 / 19</b>		Scheduled Completion Date (11) <b>06 / 21 / 19</b>		License No. <b>00624</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				Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
				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"/> ≥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) <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) <b>250 lf</b>
	Yes	No	N/A		
<b>exterior</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>asbestos caulk-9 windows</b>	<b>250 lf</b>
	<input type="checkbox"/>	<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>2</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>6/21/19</b>		City, State <b>Tullytown, Pennsylvania</b>	
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 	Date <b>6/19/19</b>



18.06.2019 07:10 AM A. Mac Contracting

2012620321

RECEIVED	
PAGE. 2/3	JUN 24 2019
DOL - 10 DAY 66	
ASSESSMENT, L & LICENSING	
JUN 18 2019	
W/VER APPROVED	

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

Date of Notification (1) <b>6/18/19</b>		Name of Building Owner/Operator (2) <b>SUMERU PATEL</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		Type Notification <input checked="" 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>NORTHVALE N.J. 07647</b>	
Name of Contact <b>SAM</b>		Telephone Number <b>11-10</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>PATEL</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <b>165</b>	
City <b>NORTHVALE</b>		# of Floors <b>2</b>	
County (5) <b>BERGEN</b>		Bldg. Age <b>62</b>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>RES. / DEMO</b>	
Name of Monitoring Firm Hired by Building Owner (6)		ASOM No.	
Street Address		Name of Abatement Contractor (8) <b>A. Mac Contracting Inc.</b>	
City, State, Zip Code		Street Address <b>185 Vreeland Ave.</b>	
Project Manager for Monitoring Firm		City, State, Zip Code <b>Midland Park, NJ 07432</b>	
Telephone No.		Telephone No. <b>201-262-5841</b>	
Start Date (10) <b>6/18/19</b>		Scheduled Completion Date (11) <b>6/29/19</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 Other - Describe: _____		License No. <b>00166</b>	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 of or 23 If <input checked="" type="checkbox"/> 160 of or 160 If <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (C) and Non-Friable Procedure		Name of CMA Monitor <b>Omega Environmental Services Inc.</b>	
Street Address <b>280 Huyler Street</b>		City, State, Zip Code <b>Hackensack, NJ 07608</b>	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
		Yes No N/A	
<b>BASEMENT</b>		<b>X</b>	
<b>KITCHEN</b>		<b>X</b>	
<b>OUTSIDE</b>		<b>X</b>	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
<b>PIPE</b>		<b>130 LF</b>	
<b>FLOORING</b>		<b>100 SF</b>	
<b>SIPING</b>		<b>3000 SF</b>	
Name of Registered Waste Hauler <b>Newark Carting Inc.</b>		NJDEP Waste Hauler ID No. <b>04508</b>	
City, State <b>Newark, NJ 07108</b>		Cubic Yards of Waste <b>4</b>	
Completed by <b>R. McDonald</b>		Title <b>President</b>	
Signature <b>R. McDonald</b>		Date <b>6/18/19</b>	
Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>		City, State <b>Pen Argyl, PA 08072</b>	



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

*Check 18965*

<b>Date of Notification (1)</b> 6/17/19 <i>PAID INV-12143</i>		<b>Name of Building Owner/Operator (2)</b> John Mattis		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>          JUN 24 2019          AIR QUALITY CONTROL &amp; NOISE DIVISION       </div>					
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Type Notification</b> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				<b>Street Address</b> <div style="background-color: black; width: 100px; height: 15px;"></div>			
<b>City, State, Zip Code</b> Rumson NJ 07760		<b>Name of Contact</b> Debbie Cairns				<b>Telephone Number</b> _____			
<b>FACILITY INFORMATION</b>									
<b>Name of Facility Where Abatement is Taking Place (3)</b> house				<b>Type of Facility (4)</b> <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.)					
<b>Street Address</b> <div style="background-color: black; width: 100px; height: 15px;"></div>				<b>Square Feet</b> 1800					
<b>City (5)</b> Rumson				<b># of Floors</b> 2					
<b>County (6)</b> Monmouth				<b>Bldg. Age</b> 72					
<b>County Code (7)</b> (STATE USE ONLY) _____		<b>Current Use (Prior if being demolished)</b> house							
<b>Name of Monitoring Firm Hired by Building Owner (8)</b>		<b>ASCM No.</b>		<b>Name of Abatement Contractor (9)</b> ABS Environmental Services, LLC					
<b>Street Address</b>		<b>Street Address</b> PO Box 483, 4 E Gate Drive							
<b>City, State, Zip Code</b>		<b>City, State, Zip Code</b> Glenwood, NJ 07418							
<b>Project Manager for Monitoring Firm</b>		<b>Telephone No.</b>		<b>Telephone No.</b> 973-764-2276					
<b>Start Date (10)</b> 6/20/19		<b>Scheduled Completion Date (11)</b> 7/1/19		<b>License No.</b> 703					
<b>Occupancy Status During Abatement (Check Only One)</b> <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>kitchen</u>				<b>Name of OSHA Monitor</b>					
<b>Street Address</b>				<b>City, State, Zip Code</b>					
<b>Scope of Work (Check All That Apply)</b> <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 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         </div> </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
kitchen			x	floor tile	180 SF	x			
<b>Name of Registered Waste Hauler</b> ABS Environmental Services, LLC		<b>NJDEP Waste Hauler ID No.</b> 104248		<b>Cubic Yards of Waste</b> TBD		<b>Name of Registered Landfill</b> Chrin Brothers Sanitary Landfill			
<b>City, State</b> Newark, NJ		<b>Disposal Date</b> TBD		<b>City, State</b> Easton, PA		<b>Date</b> 6/17/19			
<b>Completed by</b> A. Scott Higgins		<b>Title</b> President		<b>Signature</b> 		<b>Date</b> 6/17/19			



PAID

Check 18965

ASB-41 (R-06-08)

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



PAID

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

Check 18975

Date of Notification (1) 6/19/19 INV-1213		Name of Building Owner/Operator (2) NJ Abaters	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address PO Box 643		City, State, Zip Code Middlesex, NJ 08846	
Name of Contact Raphael Rodrigues		Telephone Number 908-364-0889	

**RECEIVED**  
JUN 24 2019  
ASBESTOS CONTROL & LICENSING

<b>FACILITY INFORMATION</b>			
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	
City (5) Piscataway		# of Floors 2	
County (6) Middlesex		Bldg. Age 75	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) house	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) 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	
Start Date (10) 6/28/19		License No. 703	
Scheduled Completion Date (11) 7/8/19		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: exterior		Street Address	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			X	siding	1,200 SF	X			


Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD		Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA			
Completed by A. Scott Higgins		Title President		Signature 		Date 6/19/19	



PAID

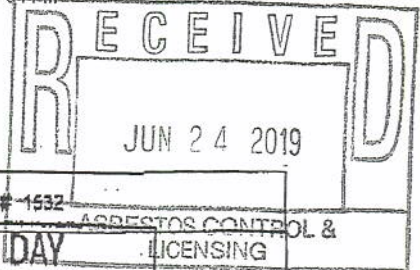
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Check 18968

Date of Notification (1) 6/18/19 INV-12189		Name of Building Owner/Operator (2) A3 Contracting LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JUN 24 2019  NEW JERSEY DEPARTMENT OF  ENVIRONMENTAL PROTECTION  ASBESTOS CONTROL &amp;  LICENSING </div>					
Agencies Notified		Type Notification				Street Address PO Box 1483			
<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 Linden, NJ 07036			
				Name of Contact Charlotte Diakite		Telephone Number 908-486-1005			
<b>FACILITY INFORMATION</b>									
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]									
City (5) Roselle Park				Square Feet 1200		# of Floors 2			
						Bldg. Age 75			
County (6) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) house					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC					
Street Address				Street Address PO Box 483, 4 E Gate Drive					
City, State, Zip Code				City, State, Zip Code Glenwood, NJ 07418					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-764-2276		License No. 703			
Start Date (10) 6/27/19		Scheduled Completion Date (11) 7/8/19		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	110 LF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark, NJ				Disposal Date TBD		City, State Pen Argyl, PA			
Completed by A. Scott Higgins		Title President		Signature 		Date 6/18/19			



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



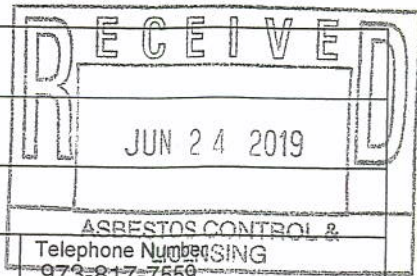
Date of Notification (1) 06/14/2019		Name of Building Owner/Operator (2) Montclair State University		Check # 1532	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		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 1 Normal Ave City, State, Zip Code Montclair, NJ 07043 Name of Contact Amy Ferdinand	
FACILITY INFORMATION				DOL - 10 DAY	
Name of Facility Where Abatement is Taking Place (3) MSU, Bohn Hall				Type of Facility (4) <b>WAIVER APPROVED</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 1 Normal Ave				Square Feet 20,000	
City (5) Montclair				# of Floors 2	
County (6) Essex				Bldg. Age +55	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Educational	
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc				ASCM No.	
Name of Abatement Contractor (9) Lillich Corporation				Street Address 248 Union Boulevard	
Street Address 300 Grand Ave				City, State, Zip Code Totowa, New Jersey 07812	
City, State, Zip Code Englewood, NJ 07631				Telephone No. 973-225-8400	
Project Manager for Monitoring Firm Anthony Valentine				License No. 01104	
Start Date (10) 06/21/2019		Scheduled Completion Date (11) 06/24/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address 2333 Route 22 West	
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 $\geq 250$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				City, State, Zip Code Union, NJ 07083	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
Room 411		X		200 SF	
Name of Registered Waste Hauler Lillich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste .5	
City, State Totowa, New Jersey		Disposal Date 06/24/2019		Name of Registered Landfill Fairless Landfill	
City, State Morrisville, PA		Signature <i>[Signature]</i>		Date 06/14/2019	
Completed by Adriana Olejarova		Title President			



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

# 255

Date of Notification (1) 6/20/19		Name of Building Owner/Operator (2) MGDC, LLC	
Agencies Notified	Type Notification	Street Address 427-CHESTNUT ST. SUITE 302	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code UNION, NJ 07083	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #	Telephone Number 973-817-7559	
<input type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	ASBESTOS CONTROL & TESTING	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12)	
City (5) KENILWORTH, NJ		<input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)	
County (6) UNION		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County Code (7) (STATE USE ONLY)		Square Feet 800	# of Floors 1
Name of Monitoring Firm Hired by Building Owner (8)		Bldg. Age +50	
ASCN No.		Current Use (Prior if being demolished) RESIDENTIAL	
Street Address		Name of Abatement Contractor (9) DINAGO CORP.	
City, State, Zip Code		Street Address 339-LAFAYETTE STREET	
Project Manager for Monitoring Firm		City, State, Zip Code NEWARK, NJ 07105	
Telephone No.		Telephone No. 973-491-0877	License No. 01240
Start Date (10) 6/29/19	Scheduled Completion Date (11) 6/30/19	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
<input type="checkbox"/> Other - Describe:			

Scope of Work (Check All That Apply)

<input 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

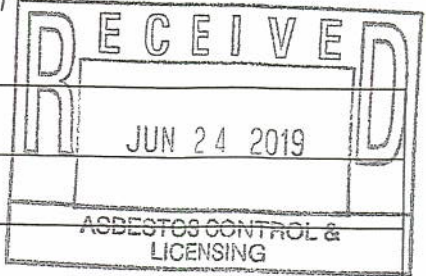
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR SIDING		X		TRANSITE PANELS	260SQ.	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 LANDFILL	
City, State P.O. BOX 5670, NEWARK, NJ 07105				Disposal Date	City, State BETHLEHEM, PA.	
Completed by CARLOS GOMES		Title PRESIDENT		Signature	Date 6/20/19	



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

#25C

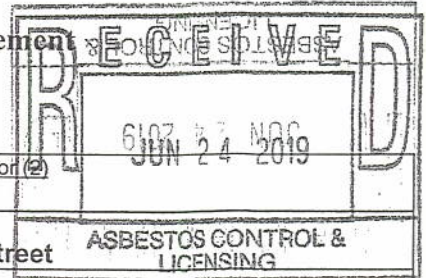


Date of Notification (1) 6/20/19		Name of Building Owner/Operator (2) RONNIE PICKETT							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code MAPLEWOOD, NJ 07040							
		Name of Contact RONNIE	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) MAPLEWOOD, NJ		Square Feet 800	# of Floors 1						
County (6) UNION		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) DINAGO CORP.						
Street Address		Street Address 339-LAFAYETTE STREET							
City, State, Zip Code		City, State, Zip Code NEWARK, NJ 07105							
Project Manager for Monitoring Firm		Telephone No.	License No. 01240						
Start Date (10) 6/30/19	Scheduled Completion Date (11) 7/1/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	8LF	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 LANDFILL					
City, State P.O. BOX 5670, NEWARK, NJ 07105			Disposal Date	City, State BETHLEHEM, PA.					
Completed by CARLOS GOMES		Title PRESIDENT	Signature			Date 6/20/19			



## State of New Jersey Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



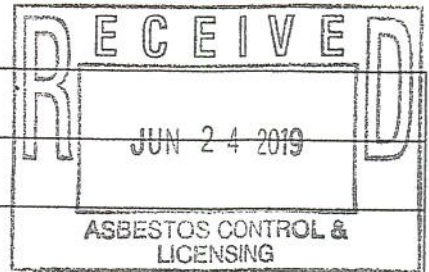
Date of Notification (1) <b>June 19, 2019</b>		Name of Building Owner/Operator (2) <b>Michaels Corp</b>	
Agencies Notified XEPA DCA xDOL x DEP x DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>PO Box 128, 817 Main Street</b>		City, State, Zip Code <b>Brownsville, Wisconsin 53006</b>	
Name of Contact <b>Jake Wetsch</b>		Telephone Number <b>920.924.4300</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Exterior</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>200 Outwater Lane</b>		Sq. Feet: <b>Unknown</b> # of Floors: <b>NA</b> Bldg. Age: <b>NA</b> years	
City (5) <b>Carlstadt</b>	County (6) <b>Bergen</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>NA</b>		ASCM No.	
Street Address		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code		Street Address <b>511 MAIN STREET</b>	
Project Manager for Monitoring Firm		City, State, Zip Code <b>Butler, NJ 07405</b>	
Telephone Number		Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>June 21, 2019</b>		Scheduled Completion Date (11) <b>June 24, 2019</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: <b>Exterior Pipe Trench</b>		Name of OSHA Monitor <b>EMSL inc.</b>	
		Street Address <b>1056 Stelton Road</b>	
		City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$		Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Exterior</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>Asbestos non-friable pipe coating</b>	Amount (Specify SF or LF) <b>20 sf</b>
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>40</b>	Name of Registered Landfill Fairless Landfill Grand Central Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405-NJ DEP # 12561 Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		Disposal Date <b>June 24, 2019</b>	City, State FL-1000 New Ford Rd. Morrisville, PA 19067 Permit No. 18072 GCL-1963 Pen Argyle Rd Pen Argyle, PA 18072 Permit No. 100265
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Marin Graure</i>	Date <b>June 19, 2019</b>

GAC # 2019-679



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

CK4060 PAID



Date of Notification (1) 06/20/2019		Name of Building Owner/Operator (2) Linden Public Schools							
Agencies Notified	Type Notification	Street Address 2 East Gibbons 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 Linden, NJ 07036							
		Name of Contact Lawrence Miranda	Telephone Number 908-486-2800						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Highland Avenue School No. Ten		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 2801 Highland Avenue		Square Feet 70,000	# of Floors 2						
City (5) Linden		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.						
Street Address 20-21 Wagaraw Road Bldg.35E		Street Address 265A Route 46 Suite 3D							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Frederick Larson		Telephone No. 973-636-9145	License No. 0666						
Start Date (10) 07/12/2019	Scheduled Completion Date (11) 07/24/2019	Name of OSHA Monitor Bako Construction & Restoration, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 265A Route 46 Suite 3D							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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 137	X			Boiler Breeching/ Ducting	170 SF	X			
Boiler Room 137	X			Pipe insulation	320 LF	X			
Boiler Room 137	X			Fittings	70 LF	X			
Boiler Room 137	X			Boiler door packing/rope/gasket	<3 SF	X			
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889		Cubic Yards of Waste 30yd	Name of Registered Landfill Fairless hills/Waste management				
City, State Totowa, NJ				Disposal Date 07/24/2019	City, State Morrisville, PA				
Completed by Damir Valjevac		Title Project Manager		Signature 		Date 06/20/2019			



Check # 774

PAID

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:66 and 12:120)

RECEIVED	Print Form
JUN 24 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 05/23/2019		Name of Building Owner/Operator (2) La Casa Don Pedro					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 317 Roseville Avenue		City, State, Zip Code Newark, NJ, 07107					
Name of Contact Chris Pagan		Telephone Number 973-485-7555					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet N/A					
City (5) Newark		# of Floors N/A					
County (6) Essex		Bldg. Age N/A					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Private House					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.					
Street Address		Name of Abatement Contractor (9) EHW ABATEMENT LLC					
City, State, Zip Code		Street Address 89 FRANKLIN STREET					
Project Manager for Monitoring Firm		City, State, Zip Code PATERSON, NJ, 07524					
Telephone No.		Telephone No. 973-333-5144					
Start Date (10) 05/24/2019		License No. 01274					
Scheduled Completion Date (11) 05/25/2019		Name of OSHA Monitor EHW ABATEMENT LLC					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIE		Street Address 89 FRANKLIN STREET					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code PATERSON, NJ, 07524					
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			
				Removal	Repair	Encapsulate	Enclosure
BASEMENT	Yes No N/A X	PIPE INSULATION	50 LF	X			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095		Cubic Yards of Waste N/A		Name of Registered Landfill Tri State Transfer	
City, State PATERSON, NJ		Disposal Date TBD		City, State Bronx, NY			
Completed by Victor Espiritu		Title Project Manager		Signature <i>Victor Espiritu</i>		Date 05/23/2019	



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

Check # 22116

<b>RECEIVE</b>	
CHECK #	JUN 24 2019
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) <b>6/13/19</b>		Name of Building Owner / Operator (2) <b>Cumberland County Improvement Authority</b>	
Agencies Notified	Type Notification	Street Address <b>745 Lebanon Road</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code <b>Millville, NJ 08332</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	Name of Contact <b>Mort Isaacson</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number <b>856-825-3700</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

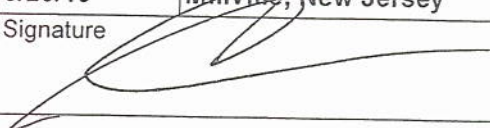
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>House - Vacant</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>660 Buckshutem Road</b>			Square Feet <b>NA</b>	# of Floors <b>NA</b>	Bldg. Age <b>NA</b>
City (5) <b>Bridgeton</b>	County (6) <b>Cumberland</b>	County Code (7) <b>NA</b>	Current Use (Prior if being demolished) <b>Vacant/None</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Atlas Environmental</b>			Name of Abatement Contractor (9) <b>Enterprise Network Resolutions Contracting, LLC</b>		
Street Address <b>PO Box 11645</b>			Street Address <b>874 Piney Hollow Road, PO Box 70</b>		
City, State & Zip Code <b>Philadelphia, PA</b>			City, State & Zip Code <b>Winslow, NJ 08095</b>		
Project Manager for Monitoring Firm <b>Jason Dua</b>		Telephone Number <b>267-784-4693</b>	Telephone Number <b>609-567-0600</b>	License Number <b>01263</b>	
Scheduled Start Date (10) <b>5/29/2019</b>		Scheduled Completion Date (11) <b>6/20/2019</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 Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			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"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9" floor tile	560 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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>Bull Waste &amp; Recycling, Inc.</b>	NJDEP Waste Hauler ID No. <b>21435</b>	Cubic Yards of Waste <b>20 cy</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>
City, State <b>Berlin, NJ</b>	Disposal Date <b>6/20/19</b>	City, State <b>Millville, New Jersey</b>	
Completed By (Print or Type) <b>Theodore S. Budzynski</b>	Title <b>President</b>	Signature 	Date <b>6/13/19</b>



NOCK

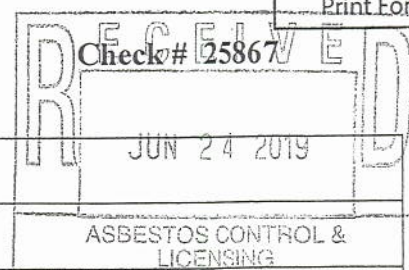
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

<b>RECEIVED</b>	
JUN 24 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 5/8/2019		Name of Building Owner/Operator (2) Tenacre							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	953 Great Rd.							
City, State, Zip Code Princeton, NJ 08540									
Name of Contact Michael Baldorossi - DVP		Telephone Number (609) 955-2064							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Post Office Building # 2		Type of Facility (4)							
Street Address 953 Great Rd		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Princeton, NJ 08540		Square Feet 4000	# of Floors 2						
County (6) Mercer		Bldg. Age 100 +/-							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.							
Street Address PO Box 341		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
City, State, Zip Code Chesterfield, NJ 08515		Street Address PO Box 322							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	Telephone No. 609 259-9688						
License No. 00493		Start Date (10) 5/20/2019							
Scheduled Completion Date (11) 7/19/2019		Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Thermal Spray-on	750 sf	X			
Various Areas		X		Thermal Pipe Insulation	140 lf	X			
Post Office Area		X		Sheet Flooring	480 sf	X			
Boiler Room	X			Transite /Wall Boards	122 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292		Cubic Yards of Waste 15	Name of Registered Landfill Fairless Landfill				
City, State Allentown, NJ				Disposal Date 7/19/2019	City, State Morrisville, PA				
Completed by Mahlon E. Stevens		Title Project Manager		Signature		Date 6/7/2019			



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



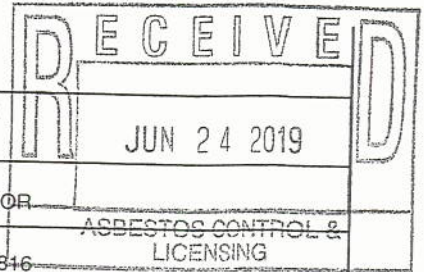
Date of Notification (1) 5/8/2019		Name of Building Owner/Operator (2) Tenacre							
Agencies Notified	Type Notification	Street Address 953 Great Rd.	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 Princeton, NJ 08540							
		Name of Contact Michael Baldorossi - DVP	Telephone Number (609) 955-2064						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Post Office Building # 2		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 953 Great Rd.		Square Feet 4000	# of Floors 2						
City (5) Princeton, NJ 08540		Bldg. Age 100 +/-							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	License No. 00493						
Start Date (10) 5/20/2019	Scheduled Completion Date (11) 6/7/2019	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Thermal Spray -on	750 sf	X			
Various Areas		X		Thermal Pipe Insulation	140 lf	X			
Post Office Area		X		Flooring Sheet	480 sf	X			
Boiler Room	X			Transite /Wall Board	122 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 15	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 6/7/2019	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager	Signature	Date 5/8/2019					







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



<b>Date of Notification (1)</b> 6 / 14 /19		<b>Name of Building Owner/Operator (2)</b> NJIND TALMADGE ROAD LLC	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Street Address</b> 2 TOWER CENTER BLDV. , 20TH FLOOR	
<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		<b>City, State, Zip Code</b> EAST BRUNSWICK, NEW JERSEY 08846	
		<b>Name of Contact</b> MOSHE STERN	<b>Telephone Number</b> 732-509-8931

<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> 145 TALMADGE ROAD		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>City (5)</b> EDISON	<b>County (6)</b> MIDDLESEX	<b>County Code (7)</b> (STATE USE ONLY)	<b>Current Use (Prior if being demolished) Pharm. Lab. COMMERCIAL</b>
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> GZA		<b>ASCM No.</b> 17	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION
<b>Street Address</b> 55 LANE ROAD		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>City, State, Zip Code</b> FAIRFIELD, NEW JERSEY 07004		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Project Manager for Monitoring Firm</b> BEN SALLEMI		<b>Telephone Number</b> 973-774-3311	<b>License Number</b> 1101
<b>Expected State Date (10)</b> 6 / 14 /19		<b>Sched. Completion Date (11)</b> 9 / 30 /19	
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM - 3:30 PM		<b>Name of OSHA Monitor</b> QUALITY ENVIRONMENTAL	
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Criticals with Negative Pressure <input type="checkbox"/> Mini-Enclo , <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1ST FLOOR SUITE 107			X	FLOOR TILE & MASTIC	700 SF	X			

<b>Name of Registered Waste Hauler</b> NEWARK CARTING	<b>NJDEP Waste Hauler ID No.</b> 913	<b>Cubic Yards of Waste</b> 20	<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY LANDFILL
<b>City, State</b> NEWARK, NJ 07105		<b>Disposal Date</b> 6/13-9/30/2019	<b>City, State</b> PLAINFIELD TOWNSHIP, PA
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ	<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 6/14/19



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

Date of Notification (1) 6 / 4 /19		Name of Building Owner/Operator (2) NJIND TALMADGE ROAD 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		Street Address 2 TOWER CENTER BLDV. , 20TH FLOOR City, State, Zip Code EAST BRUNSWICK, NEW JERSEY 08816 Name of Contact MOSHE STERN Telephone Number 732-509-8931	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		ASBESTOS CONTROL & LICENSING JUN 24 2019	

Name of Facility Where Abatement is Taking Place (3) 145 TALMADGE ROAD				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 145 TALMADGE ROAD				Square Feet 645,000	# of Floors 1	Bldg. Age 52
City (5) EDISON	County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pharm. Lab. COMMERCIAL			
Name of Monitoring Firm Hired by Building Owner (8) GZA			ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
Street Address 55 LANE ROAD			Street Address 313 SPOOK ROCK ROAD			
City, State, Zip Code FAIRFIELD, NEW JERSEY 07004			City, State, Zip Code SUFFERN, NEW YORK 10901			
Project Manager for Monitoring Firm BEN SALLEMI		Telephone Number 973-774-3311	Telephone Number 845-369-7500	License Number 1101		
Expected State Date (10) 6 / /14 19		Sched. Completion Date (11) 9 / 30 /19		Name of OSHA Monitor QUALITY ENVIRONMENTAL		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM - 3:30 PM				Street Address 1376 ROUTE 9		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input type="checkbox"/> Criticals with Negative Pressure <input type="checkbox"/> Mini-Enclo , <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure		
<input checked="" type="checkbox"/> Renovation				City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590		

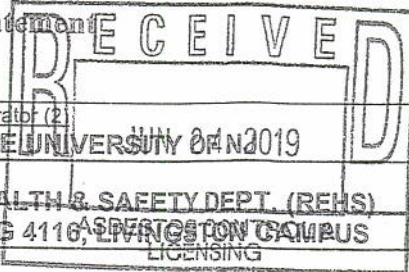
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1ST FLOOR SUITE 107			X	FLOOR TILE & MASTIC	700 SF	X			

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 20	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NJ 07105	Disposal Date 6/13-9/30/2019	City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 6/4/19



*NO CK*  
GAC Project # 060-19

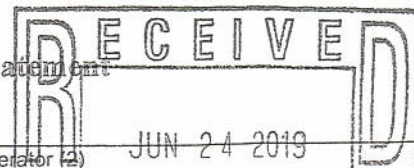
State of New Jersey - Notification of Asbestos Abatement  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



Date of Notification (1) <b>May 20, 2019</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #4 - CANCELLED <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancelled	
Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>		Telephone Number <b>848-445-2550</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>LIPMAN HALL, BLDG# 6025</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Occupied <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>COOK CAMPUS</b>		Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years	
City (5) <b>NEW BRUNSWICK</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Street Address <b>511 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		City, State, Zip Code <b>BUTLER, NJ 07405</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>06/20/2019</b>		Scheduled Completion Date (11) <b>07/01/19</b>	
Name of OSHA Monitor <b>ENVIROVISION, INC.</b>		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</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: Bldg. Occupied Work Area Vacated - Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Scope of Work (Check all that apply)  <input type="checkbox"/> $\geq 3$ sf or $>3$ lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Rooms 310, 312, 313	<input checked="" type="checkbox"/>	TSI	350 LF
Rooms 310, 312, 313	<input checked="" type="checkbox"/>	VAT	600 SF
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>25 CY</b>
Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>		Disposal Date <b>07/01/2019</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		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>May 20, 2019</b>



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

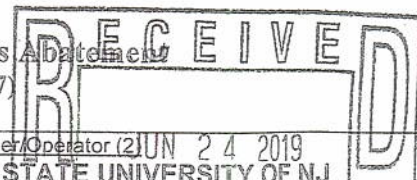


GAC Project # 060-19

Date of Notification (1) <b>May 17, 2019</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 - New Start & Completion Dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>	
		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
		Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>	Telephone Number <b>848-445-2550</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>LIPMAN HALL, BLDG# 6025</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Occupied <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>COOK CAMPUS</b>		Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years	
City (5) <b>NEW BRUNSWICK</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3 TERRI LANE</b>		Street Address <b>511 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 R. KEARNEY</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>06/20/2019</b>	Scheduled Completion Date (11) <b>07/01/19</b>	Name of OSHA Monitor <b>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: Bldg. Occupied Work Area Vacated - Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ 07410</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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) Abatement Type Remove Repair Encap Enclose
Rooms 310, 312, 313	<input checked="" type="checkbox"/>	TSI	350 LF <input checked="" type="checkbox"/>
Rooms 310, 312, 313	<input checked="" type="checkbox"/>	VAT	600 SF <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>25 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>07/01/2019</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>May 17, 2019</b>



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

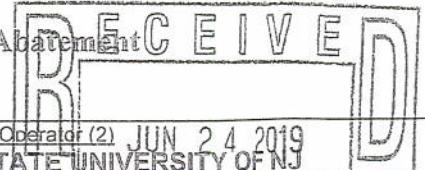


GAC Project # 060-19

Date of Notification (1) <b>May 11, 2019</b>			Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 - Typographical error on dates should have been "06" not "05" <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116 LIVINGSTON CAMPUS</b>	
				City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
		Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>		Telephone Number <b>848-445-2550</b>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>LIPMAN HALL, BLDG# 6025</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Occupied <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>COOK CAMPUS</b>			Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years		
City (5) <b>NEW BRUNSWICK</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC		
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
Street Address <b>3 TERRI LANE</b>		Street Address <b>511 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 R. KEARNEY</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>06/17/2019</b>		Scheduled Completion Date (11) <b>06/27/19</b>		Name of OSHA Monitor <b>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: Bldg. Occupied Work Area Vacated - Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)			Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>		
			City, State, Zip Code <b>FAIRLAWN, NJ 07410</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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose	
Rooms 310, 312, 313	<input checked="" type="checkbox"/>	TSI	350 LF	<input checked="" type="checkbox"/>	
Rooms 310, 312, 313	<input checked="" type="checkbox"/>	VAT	600 SF	<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>25 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>06/27/2019</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>May 11, 2019</b>		



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

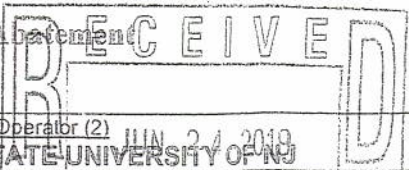


GAC Project # 060-19

Date of Notification (1) <b>May 10, 2019</b>			Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 - New start & completion dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>	
				City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
				Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>	
				Telephone Number <b>848-445-2550</b>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>LIPMAN HALL, BLDG# 6025</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Occupied <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>COOK 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>00098</b>		
Street Address <b>3 TERRI LANE</b>			Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>			Street Address <b>511 MAIN STREET</b>		
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>			City, State, Zip Code <b>BUTLER, NJ 07405</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>05/17/2019</b>		Scheduled Completion Date (11) <b>05/27/19</b>		Name of OSHA Monitor <b>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: Bldg. Occupied Work Area Vacated - Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)			Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>		
			City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> $\geq 3$ sf or $>3$ 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"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type <u>Remove</u> <u>Repair</u> <u>Encap</u> <u>Enclose</u>	
Rooms 310, 312, 313	<input checked="" type="checkbox"/>	TSI	350 LF	<input checked="" type="checkbox"/>	
Rooms 310, 312, 313	<input checked="" type="checkbox"/>	VAT	600 SF	<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>25 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>05/27/2019</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>May 10, 2019</b>	



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



GAC Project # 060-19

<b>Date of Notification (1)</b> <b>April 30, 2019</b>		<b>Name of Building Owner/Operator (2)</b> <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
<b>Agencies Notified</b> <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		<b>Notification Type</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
<b>Street Address</b> <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS)</b> <b>74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>		<b>City, State, Zip Code</b> <b>PISCATAWAY, NJ 08854</b>	
<b>Name of Contact</b> <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>		<b>Telephone Number</b> <b>848-445-2550</b>	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> <b>LIPMAN HALL, BLDG# 6025</b>		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Occupied <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) <b>Sq. Feet: N/A      # of Floors: 4      Bldg. Age: 80+ years</b>	
<b>Street Address</b> <b>COOK CAMPUS</b>		<b>Current Use (prior if being demolished):</b> ACADEMIC	
<b>City (5)</b> <b>NEW BRUNSWICK</b>	<b>County (6)</b> <b>MIDDLESEX</b>	<b>County Code (7) (State Use Only)</b>	
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> <b>ATC</b>		<b>ASCM No.</b> <b>00098</b>	
<b>Street Address</b> <b>3 TERRI LANE</b>		<b>Name of Contractor (9)</b> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
<b>City, State, Zip Code</b> <b>BURLINGTON, NJ 08016</b>		<b>Street Address</b> <b>511 MAIN STREET</b>	
<b>Project Manager for Monitoring Firm</b> <b>BRIAN R. KEARNEY</b>		<b>City, State, Zip Code</b> <b>BUTLER, NJ 07405</b>	
<b>Telephone Number</b> <b>609-386-8800</b>		<b>Telephone Number</b> <b>973-492-0477</b>	<b>License Number</b> <b>00840</b>
<b>Scheduled Start Date (10)</b> <b>05/10/2019</b>		<b>Scheduled Completion Date (11)</b> <b>05/20/19</b>	
<b>Name of OSHA Monitor</b> <b>ENVIROVISION, INC.</b>		<b>Street Address</b> <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
<b>Occupancy Status During Abatement (Check only one)</b> <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: Bldg. Occupied Work Area Vacated - Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		<b>City, State, Zip Code</b> <b>FAIRLAWN, NJ 07410</b>	
<b>Scope of Work (Check all that apply)</b> <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"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES      NO      NA	<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b>	<b>Amount (Specify SF or LF)</b>
<b>Rooms 310, 312, 313</b>	<input checked="" type="checkbox"/>	<b>TSI</b>	<b>350 LF</b>
<b>Rooms 310, 312, 313</b>	<input checked="" type="checkbox"/>	<b>VAT</b>	<b>600 SF</b>
<b>Name of Reg. Waste Hauler</b> <b>See Hauler Below #1 &amp; 2</b>		<b>NJDEP Waste Hauler ID #</b> <b>See Below</b>	<b>Cubic Yards of Waste:</b> <b>25 CY</b>
<b>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> NJDEP # 12561		<b>Name of Registered Landfill</b> <b>G.R.O.W.S. North Landfill</b>	
<b>Hauler #2) Newark Carting, Inc., Newark, NJ 04509</b> NJ DEP # 4509		<b>Disposal Date</b> <b>05/20/2019</b>	<b>City, State</b> <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> <b>215-736-1700</b>
<b>Completed by (Print or Type)</b> <b>RAYMOND C. PEDALINO</b>	<b>Title</b> <b>SENIOR PROJECT MANAGER</b>	<b>Signature</b> <i>Raymond C. Pedalino</i>	<b>Date</b> <b>April 30, 2019</b>

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



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

check # 13565

GAC Project # 060-19

**PAID**

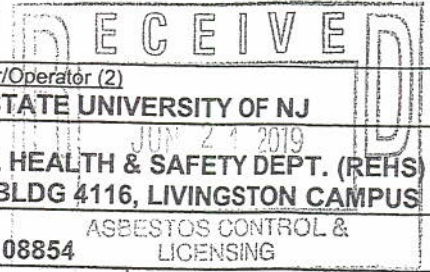
**RECEIVED**

INV-12198

Date of Notification (1) <b>May 17, 2019</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 - New Start & Completion Dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116 LIVINGSTON CAMPUS</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>		Telephone Number <b>848-445-2550</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>LIPMAN HALL, BLDG# 6025</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Occupied <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>COOK 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)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</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 R. KEARNEY</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>06/20/2019</b>	Scheduled Completion Date (11) <b>07/01/19</b>	Name of OSHA Monitor <b>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: Bldg. Occupied Work Area Vacated - Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ 07410</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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) <b>350 LF</b>
Rooms 310, 312, 313	<input checked="" type="checkbox"/>	<b>TSI</b>	<input checked="" type="checkbox"/>
Rooms 310, 312, 313	<input checked="" type="checkbox"/>	<b>VAT</b>	<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>25 CY</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
		Disposal Date <b>07/01/2019</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>May 17, 2019</b>



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



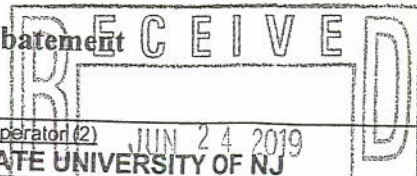
**GAC Project # 060-19**

Date of Notification (1) <b>May 11, 2019</b>			Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 – Typographical error on dates should have been “06” not “05” <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>	
				City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
				ASBESTOS CONTROL & LICENSING	
		Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>		Telephone Number <b>848-445-2550</b>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>LIPMAN HALL, BLDG# 6025</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Occupied <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>COOK 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>00098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
Street Address <b>3 TERRI LANE</b>		Street Address <b>511 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 R. KEARNEY</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>06/17/2019</b>		Scheduled Completion Date (11) <b>06/27/19</b>			
Name of OSHA Monitor <b>ENVIROVISION, INC.</b>			Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</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: Bldg. Occupied Work Area Vacated - Schedule: 5PM – 5AM (24 HOURS & WEEKENDS AS NEEDED)			City, State, Zip Code <b>FAIRLAWN, NJ 07410</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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)		Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose
Rooms 310, 312, 313	<input checked="" type="checkbox"/>	TSI		350 LF	<input checked="" type="checkbox"/>
Rooms 310, 312, 313	<input checked="" type="checkbox"/>	VAT		600 SF	<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>25 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>06/27/2019</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>May 11, 2019</b>

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



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



GAC Project # 060-19

Date of Notification (1) <b>May 10, 2019</b>			Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 - New start & completion dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>	
				City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
		Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>		Telephone Number <b>848-445-2550</b>	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>LIPMAN HALL, BLDG# 6025</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Occupied <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>COOK CAMPUS</b>			Sg. Feet: <u>N/A</u> # of Floors: <u>4</u> Bldg. Age: <u>80+ years</u>		
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>			ASCN No. <b>00098</b>		
Street Address <b>3 TERRI LANE</b>			Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>			Street Address <b>511 MAIN STREET</b>		
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>			City, State, Zip Code <b>BUTLER, NJ 07405</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>05/17/2019</b>		Scheduled Completion Date (11) <b>05/27/19</b>		Name of OSHA Monitor <b>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: Bldg. Occupied Work Area Vacated - Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)			Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>		
			City, State, Zip Code <b>FAIRLAWN, NJ 07410</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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose	
Rooms 310, 312, 313	<input checked="" type="checkbox"/>	TSI	350 LF	<input checked="" type="checkbox"/>	
Rooms 310, 312, 313	<input checked="" type="checkbox"/>	VAT	600 SF	<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>25 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>05/27/2019</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>May 10, 2019</b>		

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



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

**RECEIVED**  
APR 24 2019

**GAC Project # 060-19**

<b>Date of Notification (1)</b> <b>April 30, 2019</b>		<b>Name of Building Owner/Operator (2)</b> <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
<b>Agencies Notified</b> <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		<b>Notification Type</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
<b>Street Address</b> <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS)</b> <b>74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>		<b>City, State, Zip Code</b> <b>PISCATAWAY, NJ 08854</b>	
<b>Name of Contact</b> <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>		<b>Telephone Number</b> <b>848-445-2550</b>	

<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> <b>LIPMAN HALL, BLDG# 6025</b>		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Occupied <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
<b>Street Address</b> <b>COOK CAMPUS</b>		<b>Sq. Feet:</b> N/A <b># of Floors:</b> 4 <b>Bldg. Age:</b> 80+ years	
<b>City (5)</b> <b>NEW BRUNSWICK</b>	<b>County (6)</b> <b>MIDDLESEX</b>	<b>County Code (7)</b> (State Use Only)	
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> <b>ATC</b>		<b>ASCM No.</b> <b>00098</b>	
<b>Street Address</b> <b>3 TERRI LANE</b>		<b>Name of Contractor (9)</b> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
<b>City, State, Zip Code</b> <b>BURLINGTON, NJ 08016</b>		<b>Street Address</b> <b>511 MAIN STREET</b>	
<b>Project Manager for Monitoring Firm</b> <b>BRIAN R. KEARNEY</b>		<b>City, State, Zip Code</b> <b>BUTLER, NJ 07405</b>	<b>Telephone Number</b> <b>973-492-0477</b>
<b>Telephone Number</b> <b>609-386-8800</b>		<b>License Number</b> <b>00840</b>	
<b>Scheduled Start Date (10)</b> <b>05/10/2019</b>		<b>Scheduled Completion Date (11)</b> <b>05/20/19</b>	
<b>Name of OSHA Monitor</b> <b>ENVIROVISION, INC.</b>		<b>Street Address</b> <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
<b>Occupancy Status During Abatement (Check only one)</b> <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: Bldg. Occupied Work Area Vacated - Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		<b>City, State, Zip Code</b> <b>FAIRLAWN, NJ 07410</b>	

<b>Scope of Work (Check all that apply)</b>			
<input type="checkbox"/> ≥ 3 sf or >3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type
Rooms 310, 312, 313	<input checked="" type="checkbox"/>	TSI	350 LF	<input checked="" type="checkbox"/>
Rooms 310, 312, 313	<input checked="" type="checkbox"/>	VAT	600 SF	<input checked="" type="checkbox"/>

<b>Name of Reg. Waste Hauler</b> <b>See Hauler Below #1 &amp; 2</b>	<b>NJDEP Waste Hauler ID #</b> <b>See Below</b>	<b>Cubic Yards of Waste:</b> <b>25 CY</b>	<b>Name of Registered Landfill</b> <b>G.R.O.W.S. North Landfill</b>
<b>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> <b>NJDEP # 12561</b> <b>Hauler #2) Newark Carting, Inc., Newark, NJ 04509</b> <b>NJDEP # 4509</b>		<b>Disposal Date</b> <b>05/20/2019</b>	<b>City, State</b> <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> <b>215-736-1700</b>

<b>Completed by (Print or Type)</b> <b>RAYMOND C. PEDALINO</b>	<b>Title</b> <b>SENIOR PROJECT MANAGER</b>	<b>Signature</b> <i>Raymond C. Pedalino</i>	<b>Date</b> <b>April 30, 2019</b>
---	---	--	--------------------------------------

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



up data contact information -  
and Time to work.

Print Form

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

10FZ

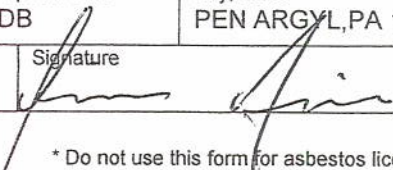
Date of Notification (1) 6/7/2019 check #0227		Name of Building Owner/Operator (2) WINDSOR BERGEN ACADEMY							
Agencies Notified	Type Notification	Street Address 52 PASSAIC ST	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JUN 24 2019  ASBESTOS CONTROL &amp;  NUMBERS INC  201-312-8789 </div>						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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 Ridgewood, NJ 07451							
		Name of Contact LOUIS WRIGHT							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) WINDSOR BERGEN ACADEMY		Type of Facility (4)							
Street Address 52 PASSAIC ST		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Ridgewood, NJ 07451		Square Feet 70,000	# of Floors 2FL						
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Bldg. Age 50 YEARS +						
Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIROMENTAL SERVICE		ASCM No.	Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING INC						
Street Address 280 HUYLER ST		Street Address 24 CHURCH ST							
City, State, Zip Code SOUTH HACKENSACK NJ 07606		City, State, Zip Code ELMWOOD NJ 07407							
Project Manager for Monitoring Firm RICH KUITERS		Telephone No. 201 4898700	License No. 01301						
Start Date (10) JUNE 21 2019	Scheduled Completion Date (11) JULY 8 2019	Name of OSHA Monitor ALL SOLUTIONS CONTRACTING INC							
Occupancy Status During Abatement (Check Only One)		Street Address 24 CHURCH ST							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 7:00AM TO 7:00PM		City, State, Zip Code ELMWOOD NJ 07407							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT BOILER ROOM			X	BOILER FIRE BRICK	120SF	X			
BASEMENT BOILER ROOM			X	BOILER INTERIOR GASKETS	TDB	X			
BASEMENT BOILER ROOM			X	AND OTHER ACM INTERIOR	TDB	X			
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill GRAND CENTRAL					
City, State PEN ARGYL, PA 18072		Disposal Date TDB		City, State PEN ARGYL, PA 18072					
Completed by LUIS ARCILA		Title PRESIDENT	Signature	Date 6/7/2019					



1091

Print Form

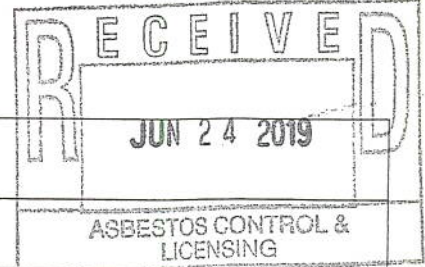
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

Date of Notification (1) 6/7/2019 check #0227		Name of Building Owner/Operator (2) WINDSOR BERGEN ACADEMY							
Agencies Notified	Type Notification	Street Address 52 PASSAIC ST	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JUN 24 2019  ASBESTOS CONTROL &amp;  LICENSING </div>						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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 Ridgewood, NJ 07451							
		Name of Contact LOUIS WRIGHT							
		Telephone Number 201 312 8789							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) WINDSOR BERGEN ACADEMY		Type of Facility (4)							
Street Address 52 PASSAIC ST		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Ridgewood, NJ 07451		Square Feet 70,000	# of Floors 2FL						
		Bldg. Age 50 YEARS +							
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) NON- OCCUPAID							
Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIROMENTAL SERVICE		ASCM No. _____	Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING INC						
Street Address 280 HUYLER ST		Street Address 24 CHURCH ST							
City, State, Zip Code SOUTH HACKENSACK NJ 07606		City, State, Zip Code ELMWOOD NJ 07407							
Project Manager for Monitoring Firm RICH KUITERS		Telephone No. 201 4898700	License No. 01301						
Start Date (10) JUNE 21 2019	Scheduled Completion Date (11) JULY 8 2019	Name of OSHA Monitor ALL SOLUTIONS CONTRACTING INC							
Occupancy Status During Abatement (Check Only One)		Street Address 24 CHURCH ST							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 7:00AM TO 7:00PM		City, State, Zip Code ELMWOOD NJ 07407							
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) <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 BOILER ROOM			X	GASKET	25 LF 1 AND 2	X			
BASEMENT BOILER ROOM			X	TSI	345LF	X			
BASEMENT BOILER ROOM			X	FITTINGS	58	X			
BASEMENT BOILER ROOM			X	DUCT INSULATION	385SF	X			
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste TBD	Name of Registered Landfill GRAND CENTRAL					
City, State PEN ARGYL, PA 18072			Disposal Date TDB	City, State PEN ARGYL, PA 18072					
Completed by LUIS ARCILA		Title PRESIDENT	Signature 			Date 6/7/2019			



Inv# 12197  
Check# 1072

**PAID**  
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 / 21 / 19</div>		Name of Building Owner/Operator (2) <b>Verizon</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1 Verizon Way</b>	
		City, State, Zip Code <b>Basking Ridge, NJ</b>	
		Name of Contact <b>Brian Tilton</b>	Telephone Number <b>215-578-2936</b>

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Verizon</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>2117 Route 50</b>			
City (5) <b>Tuckahoe, NJ 08250</b>		Square Feet <b>10,000</b>	# of Floors <b>3</b>
		Bldg. Age <b>50</b>	
County (6) <b>Cape May</b>	County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Management Inc.</b>		Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>	
Street Address <b>8436 Enterprise Avenue</b>		Street Address <b>47 Foster Road</b>	
City, State, Zip Code <b>Philadelphia, PA 19153</b>		City, State, Zip Code <b>Staten Island NY 10309</b>	
Project Manager for Monitoring Firm <b>Mark Jenkins</b>		Telephone No. <b>215-365-5810</b>	License No. <b>00774</b>
Start Date (10) <div style="text-align: center;">06 / 24 / 19</div>	Scheduled Completion Date (11) <div style="text-align: center;">06 / 28 / 19</div>		Name of OSHA Monitor <b>Testor Tech</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 Time of Abatement: <b>8:00AM-4:30 PM</b> / ____PM-____AM		Street Address <b>10 59 Jackson Avenue</b>	
		City, State, Zip Code <b>LIC NY 11101</b>	

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 type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

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

Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>NJ-566</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>G.R.O.W.S., Inc.</b>	
City, State <b>Hackettstown, NJ</b>		Disposal Date <b>06/25/2019</b>	City, State <b>Morrisville, PA</b>		
Completed By (Print or Type) <b>Ralph Barnhardt</b>	Title <b>Project Manager</b>	Signature 		Date <b>6/29/19</b>	



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

**RECEIVED**  
**JUN 24 2019**  
**ASBESTOS CONTROL & LICENSING**

Notification (1) 06 / 07 / 19		Name of Building Owner/Operator (2) Verizon	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-3.1)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Verizon Way City, State, Zip Code Basking Ridge, NJ Name of Contact Brian Tilton Telephone Number 215-578-2938	

**FACILITY INFORMATION**

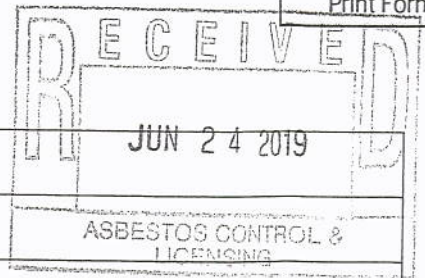
Name of Facility Where Abatement is Taking Place (3) Verizon		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 3 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2117 Route 50		Square Feet 10,000	
City (5) Tuckahoe, NJ 08250		# of Floors 3	Bldg. Age 50
County (6) Cape May	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (3) USA Environmental Management Inc.		ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc.
Street Address 8436 Enterprise Avenue		Street Address 47 Foster Road	
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Staten Island NY 10309	
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810	License No. 00774
Start Date (10) 06 / 19 / 19	Scheduled Completion Date (11) 06 / 21 / 19	Name of OSHA Monitor Testor Tech	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-4:30 PM/ _____ PM- _____ AM		Street Address 10 59 Jackson Avenue City, State, Zip Code LIC NY 11101	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> > 1 sf or > 3 lf <input type="checkbox"/> > 160 sf or > 250 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
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Built up roof field	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S., Inc.	
City, State Hackettstown, NJ		Disposal Date 06/25/2019	City, State Morrisville, PA		
Completed By (Print or Type) Ralph Barnhardt	Title Project Manager	Signature 	Date 06-07-2019		



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



Date of Notification (1) June 21, 2019		Name of Building Owner/Operator (2) NJDOT							
Agencies Notified	Type Notification	Street Address 1035 Parkway Ave; P.O. Box 600							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact Karl Bevans	Telephone Number 609-530-3513						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) NJDOT - Route 7 Wittpenn Bridge - Contract 4		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address Route 7		Square Feet N/A	# of Floors Bldg. Age						
City (5) Kearny	County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Utilities						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) George Harms Construction Co., Inc.						
Street Address		Street Address 62 Yellowbrook Road							
City, State, Zip Code		City, State, Zip Code Howell, NJ 07731							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-751-2089						
Start Date (10) April 8, 2019		Scheduled Completion Date (11) August 31, 2019	License No. 01055						
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>Utility Installation</u>		Name of OSHA Monitor							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Gas Mains			X	Mastic on Gas Main	500 LF	X			
Name of Registered Waste Hauler George Harms Construction Co., Inc.		NJDEP Waste Hauler ID No. 05885	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management					
City, State Howell, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Sam Hahn		Title Project Engineer		Signature		Date			



inv# 12066  
check# 159

PAID

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

RECEIVED  
JUN 24 2019  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06-18-2019		Name of Building Owner/Operator (2) Rustom Shahani & Ravina Malani							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Easr Rutherford NJ 07071							
		Name of Contact Daniel Darpino	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) East Rutherford NJ 07071		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) Standard Environmental		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 2108 Fulton St Suite 2A		Street Address PO BOX 734							
City, State, Zip Code Brooklyn NY 11233		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Kayode Adefisoye		Telephone No. 347-241-7673	Telephone No. 973-692-6298						
Start Date (10) 06-19-21-019		Scheduled Completion Date (11) 06-23-2019	License No. 01266						
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 Amax Contracting LLC							
		Street Address PO BOX 734							
		City, State, Zip Code Woodland Park NJ 07424							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Kitchen			x	VAT	110 SF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 4 CY	Name of Registered Landfill Fairless Hills					
City, State Woodland Park NJ 07424			Disposal Date 06-30-2019	City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager	Signature 			Date 06-18-2019			



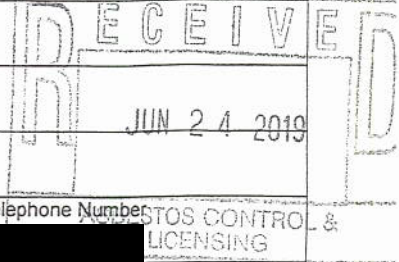
check replacement # 0137 NOT Good  
Print Form

Inv # 11779

**PAID**

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

new check ck# 1148  
ok



Date of Notification (1) 6/11/2019		Name of Building Owner/Operator (2) Private property	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Lodi NJ 07031	
		Name of Contact Mark	Telephone Number [REDACTED]

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Lodi NJ 07031		Square Feet 1100 SF	# of Floors 1
County (6) Bergen County		Bldg. Age +50	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) 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. 201-552-9685	License No. 01384
Start Date (10) 6/21/2019		Scheduled Completion Date (11) 6/25/2019	
Name of OSHA Monitor Iris Environmental Laboratories			
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 checked="" type="checkbox"/> Other - Describe: 7:00 AM to 4:00 PM		Street Address 2333 Route 22 West	
		City, State, Zip Code Union NJ 07803	

Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input 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			x	transite	1600SF	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 Galo Zumba		Title Principal	Signature 	Date 6/11/2019	

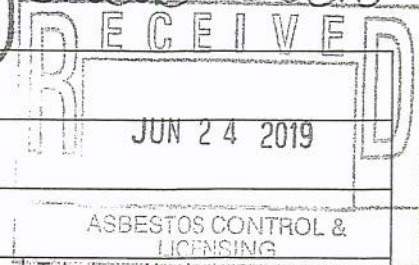


As per Peter INV# 12153

NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:26)

PAID

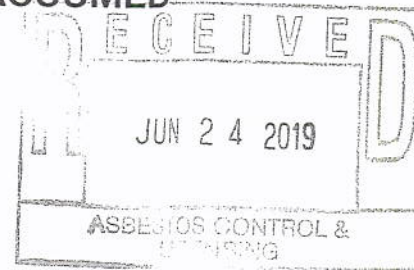
Check # 15228



Date of Notification (1) June 19, 2019		Name of Building Owner/Operator (2) Bishop George AHR High School						
Agencies Notified	Type Notification	Street Address 1 Tingley Lane						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Edison, NJ 08830						
		Name of Contact John Karabin	Telephone Number 732-549-1108 x609					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Bishop George AHR High School		Type of Facility (4)						
Street Address 1 Tingley lane		<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) Edison		Square Feet 50,000	# of Floors 3					
County (6) Middlesex		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) Finishing Touch Asbestos Abatement Corp.					
Street Address 20-21 Wagaraw Road		Street Address 17 Thompson Street						
City, State, Zip Code Fair Lawn		City, State, Zip Code West Long Branch, NJ 07764						
Project Manager for Monitoring Firm Steve Audenried		Telephone No.	License No.					
Start Date (10) 7-1-19		Scheduled Completion Date (11) 7-8-19	Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check Only One)		Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
See Attached List		X						
Name of Registered Waste Hauler FTAA		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 2 CY	Name of Registered Landfill Fairless Landfill				
City, State West Long Branch, NJ			Disposal Date 6/29/19	City, State Mofrrisville, PA				
Completed by Joseph P. Miller		Title President	Signature 		Date 6/19/19			



**ROOMS AND AREAS TO BE WET WIPED AND HEPA VACUUMED  
AS DETAILED IN DUST SAMPLING RESULTS**



- |                             |                              |
|-----------------------------|------------------------------|
| 1. CLASSROOM 229            | HEPA VACUUM FLOOR            |
| 2. SUPPLY ROOM 229          | WET WIPE COUNTERS AND TABLES |
| 3. CLASSROOM 231            | HEPA VACUUM FLOOR            |
| 4. CLASSROOM 231            | WET WIPE TABLE               |
| 5. CENTER 2ND FLOOR         | HEPA VACUUM & WET MOP        |
| HALLWAY FLOOR               |                              |
| 6. CLASSROOM 233            | HEPA VACUUM FLOOR            |
| 7. SUPPLY ROOM 233          | WET WIPE TABLE & COUNTER     |
| 8. CLASSROOM 235            | WET WIPE TABLE               |
| 9. CLASSROOM 235            | WET WIPE TEACHER TABLE       |
| 10. HALLWAY FLOOR @ 238     | HEPA VACUUM & WET MOP        |
| 11. HALLWAY FLOOR @213      | HEPA VACUUM & WET MOP        |
| 12. BACK STAIRWAY LANDING   | HEPA VACUUM & WET MOP        |
| 13. 1ST FLOOR HALLWAY FLOOR |                              |
| @ NURSE'S OFFICE            | HEPA VACUUM & WET MOP        |

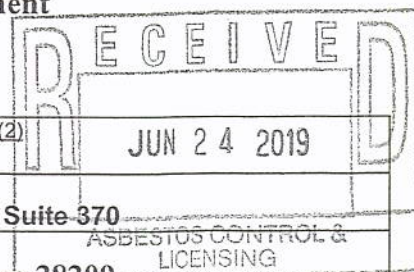


mv#12149  
Check #13508

# PAID

## State of New Jersey Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



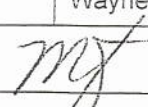
Date of Notification (1) <b>June 21, 2019</b>		Name of Building Owner/Operator (2) <b>CSX/ AECOM</b>	
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>5925 Carnegie Boulevard, Suite 370</b>		City, State, Zip Code <b>Charlotte, North Carolina 28209</b>	
Name of Contact <b>Walter Klock</b>		Telephone Number <b>716.923.1272</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Box Car # CNW 157032</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.) <b>Train Car</b>	
Street Address <b>CSX Train Yard at 611 Delancy Street</b>		Sq. Feet: <b>Unknown</b> # of Floors: <b>1</b> Bldg. Age: <b>60 years</b>	
City (5) <b>Newark</b>	County (6) <b>Essex</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>AECOM</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Street Address <b>30 Knightsbridge Road, Suite 520</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>Piscataway, NJ 08854</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Project Manager for Monitoring Firm <b>Walter Klock</b>	Telephone Number <b>716.923.1272</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>June 24, 2019</b>	Scheduled Completion Date (11) <b>June 30, 2019</b>	Name of OSHA Monitor <b>EMSL inc.</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: <b>Vacant Box Car</b>		Street Address <b>1056 Stelton Road</b>	
		City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$		Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Train Car # CNW 157032</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>Caulking</b>	Amount (Specify SF or LF) <b>1,545 lf</b>
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>5</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405, NJ DEP # 12561 Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		Disposal Date <b>June 30, 2019</b>	Name of Registered Landfill <b>Fairless Landfill Grand Central Landfill</b>
City, State <b>FL-1000 New Ford Rd. Morrisville, PA 19067 Permit No. 18072 GCL-1963 Pen Argyle Rd Pen Argyle, PA 18072 Permit No. 100265</b>			
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Marin Graure</i>	Date <b>June 21, 2019</b>

GAC # 2019-677



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

**Inv# 12069**

Date of Notification (1) 06/20/19		Check # 3400		Name of Building Owner/Operator (2) Maarif School Foundation (St. Valentine Church)					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 125 N Spring St City, State, Zip Code Bloomfield, NJ, 07003 Name of Contact Bob Telephone Number 862-202-0698					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Maarif School Foundation				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 125 N Spring St				Square Feet 10,000+					
City (5) Bloomfield				# of Floors 2					
County (6) Essex				Bldg. Age 50+					
County Code (7) (STATE USE ONLY) _____				Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) EA Services					
Street Address N/A		Street Address 426 69th st		City, State, Zip Code Guttenberg, NJ, 07093					
City, State, Zip Code N/A		Telephone No. N/A		License No. 01074					
Project Manager for Monitoring Firm N/A		Telephone No. 201-295-1700		Name of OSHA Monitor Same as above					
Start Date (10) 07/01/19		Scheduled Completion Date (11) 07/03/19		Street Address N/A					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 9am				City, State, Zip Code N/A					
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
Boiler Room		X		ACM Debris	3 SF	X			
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No 19551		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Enterprise			
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Michael Fajardo		Title Office Clerk		Signature 		Date 06/20/19			



JUN 24 2019

in 20 2019 03:41PM NJ Asbestos  
Inu# 12145  
Choc# 1540

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 6:60 and 12:120)

Date of Notification (1) 06/18/2019	Name of Building Owner/Operator (2) Manville Board of Education	Check No. 1540 <b>DOI = 10 DAY</b> JUN 21 2019 Telephone Number 908-623-0883 MANVILLE BOARD OF EDUCATION							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1200 Brooks Boulevard  City, State, Zip Code Manville, New Jersey 08835  Name of Contact Keith Gardner							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Manville High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 1100 Brooks Road		Square Feet 15,000	# of Floors 1						
City (5) Manville, New Jersey 08835		Bldg. Age 60+							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Elementary School							
Name of Monitoring Firm Hired by Building Owner (8) Whitman		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 7 Pleasant Hill Road		Street Address 246 Union Boulevard							
City, State, Zip Code Cranbury, New Jersey 08512		City, State, Zip Code Totowa, New Jersey 07612							
Project Manager for Monitoring Firm Kevin T Lively		Telephone No. 732-390-6868	License No. 01104						
Start Date (10) 06/24/2019	Scheduled Completion Date (11) 08/30/2019	Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 2333 Route 22 West							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		City, State, Zip Code Union, NJ 07083							
		<input 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 / Limited Containment & Test <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedures							
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	Enclose
Library		X		Transite (wall)	360 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill					
City, State Totowa, New Jersey		Disposal Date 06/29/2019		City, State Montville, PA					
Completed by Adriana Olmearova		Title President	Signature <i>[Signature]</i>			Date 06/18/2019			



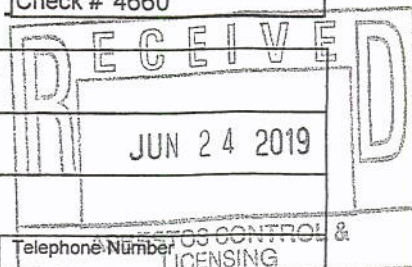
PAID

Project #

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

Check # 4660

Date of Notification (1) 06/18/2019		Name of Building Owner/Operator (2) Montville School District	
Agencies Notified	Type Notification	Street Address 86 River Rd	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Montville, 07405	
<input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Steve Toth	Telephone Number 973-334-7100



Name of Facility Where Abatement is Taking Place (3) Valley View El 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 30 Montgomery Ave		Square Feet	# of Floors
City (5) Montville NJ	County Code (7) 07045 (STATE USE ONLY)	Bldg. Age	
County (6) Morris	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) Aero Environmental		Name of Abatement Contractor (9) Nick Restoration LLC	
Street Address 275 Rt 10 East		Street Address 72 Brookside Rd	
City, State, Zip Code Succassuna, NJ 07876		City, State, Zip Code Randolph, NJ 07869	
Project Manager for Monitoring Firm Michael Berta		Telephone No. 973-920-9061	License No. 01358
Start Date (10) 06/29/2019	Scheduled Completion Date (11) 07/01/2019	Name of OSHA Monitor Nick Restoration LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 72 Brookside Rd	
		City, State, Zip Code Randolph, NJ 07869	

Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input 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
mechanical room				TSI	8 LF	X			
Name of Registered Waste Hauler Newark carting		NJDEP Waste Hauler ID No. 04507		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S				
City, State Randolph, NJ				Disposal Date TBD	City, State Tullytown, Pa				
Completed by Nikica Mrda		Title President		Signature <i>Nikica Mrda</i>		Date 06/18/2019			



Inv# 12183  
Check # 17327

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

**PAID RECEIVED**  
JUN 24 2019

Date of Notification (1) 6 / 20 / 19		Name of Building Owner/Operator (2) Victaullic REH, LLC		ASBESTOS CONTROL & LICENSING								
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 4901 Kesslerville Road		City, State, Zip Code Easton, PA 18044-0031										
Name of Contact Kraig Hume		Telephone Number 610-559-3300										
<b>FACILITY INFORMATION</b>												
Name of Facility Where Abatement is Taking Place (3) Victaulic REH, LLC. - Slab next to former Building #2				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 119 Edison Road				Square Feet 2,000								
City (5) Stewartsville				# of Floors 0								
County (6) Warren				Bldg. Age 112								
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) vacant										
Name of Monitoring Firm Hired by Building Owner (8) EHI, Inc.		ASCM No. 00104		Name of Abatement Contractor (9) Neuber Environmental Services, Inc.								
Street Address 655 West Shore Trail		Street Address 1100 Grosser Road, Suite C										
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Gilbertsville, PA 19525										
Project Manager for Monitoring Firm JP von Doehren		Telephone No. 973 729-5649		License No. 00836								
Start Date (10) 7 / 8 / 19		Scheduled Completion Date (11) 7 / 26 / 19		Name of OSHA Monitor Neuber Environmental Services, Inc.								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 1100 Grosser Road, Suite C								
				City, State, Zip Code Gilbertsville, PA 19525								
Scope of Work (Check all that apply)												
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) ~ 600 SF		Abatement Type				
		Yes	No					N/A	Removal	Repair	Encapsulate	Enclosure
Under Concrete Slab in Stone/Soil		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSI Debris Mixed with Stone/Soil				<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 Clean Harbors Environmental Services Inc		NJDEP Waste Hauler ID No. 16666		Cubic Yards of Waste ~ 60		Name of Registered Landfill Waste Connections						
City, State Norwell, MA		Disposal Date July/Aug 19		City, State Bethlehem, PA								
Completed By (Print or Type) Patrick Larney		Title Project Manager		Signature 		Date 6-20-19						

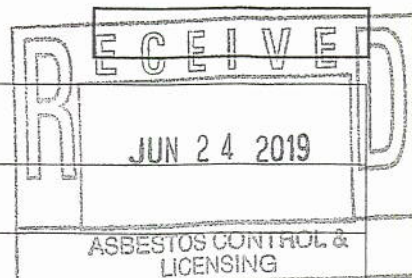


mv# 12184

Check#3373

PAID

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



Date of Notification (1) 06 / 20 / 19		Name of Building Owner/Operator (2) Nasrin Conticelli							
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 Basking Ridge, NJ 07920							
		Name of Contact Nasrin Conticelli	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Basking Ridge, NJ 07920		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code	ASCM No. Telephone No.	Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.						
Start Date (10) 06 / 29 / 19	Scheduled Completion Date (11) 07 / 01 / 19	Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	250 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed By (Print or Type) N. Jevtic		Title Owner	Signature <i>N. Jevtic</i>		Date 06/20/19				



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

Inv# 10185  
Date of Notification (1)  
**6/20/2019**

Agencies Notified      Type Notification

☐ EPA                      ☒ Initial Notification

☐ DEP                      ☐ Amended Notification

☒ DOL                      ☐ EMERGENCY

☒ DOH                      ☐ Cancellation

☐ DCA

Name of Building Owner/Operator (2)  
**Mike Bozzaotra**

Street Address  
[REDACTED]

City, State, Zip Code  
**Montclair, NJ, 07042**

Name of Contact  
**Mike Bozzaotra**

Telephone Number

**RECEIVED**  
JUN 24 2019  
ASBESTOS CONTROL & LICENSING

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
**Mike Bozzaotra**

Street Address

City

**Montclair**

County

**Essex**County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet      # of Floors      Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)  
**N/A**

Street Address

City, State, Zip Code

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)      Sched. Completion Date (11)

**07    01    19                      07    03    19**

Month    Day    Year                      Month    Day    Year

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»

Name of OSHA Monitor  
**N/A**

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

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

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
<b>Basement</b>			<b>X</b>	<b>Pipe Insulation</b>	<b>190 LF</b>	<b>X</b>			

Name of Registered Waste Hauler  
**AZTECH MANAGEMENT, INC.**

NJDEP Waste Hauler ID No.  
**17040**

Cubic Yards of Waste  
**1.5**

Name of Registered Landfill  
**Tri - State**

City, State  
**Montclair, NJ 07042**

Disposal Date  
**07/03/19**

City, State  
**Bronx, NY, 10474**

Completed By (Print or Type)      Title  
**Constantine Vivian      President**

Signature

*Constantine Vivian*

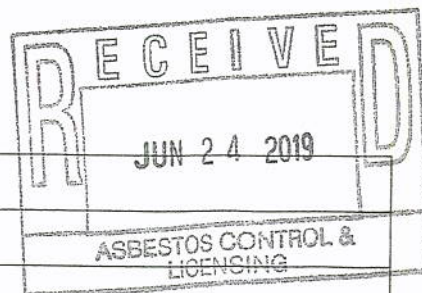
Date  
**6/20/2019**

67 Llewellyn Rd



Inv# 12187  
Check # 2019

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



Date of Notification (1) 6-20-2019		Name of Building Owner / Operator (2) The East Hill							
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 type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address PO Box 644							
		City, State & Zip Code Englewood, NJ 07631							
		Name of Contact Harold Knebel	Telephone Number 201-394-0257						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) East Garden Apartments UNIT K		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 14 Bliss Avenue		Square Feet 30,000	# of Floors 2						
City (5) Tenafly, NJ		County (6) Bergen	Bldg. Age 45						
County Code (7) 07670		Current Use (Prior if being demolished) Security Building							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address PO Box 365		Street Address 2115 Hamilton Ave, Suite 202							
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Jim Proctor		Telephone Number 856-839-2432	License Number 01185						
Scheduled Start Date (10) 7-5-2019	Scheduled Completion Date (11) 7-12-2019	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 regular operating Hours: Describe: 8:30am - 5:30pm <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 checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> $\geq 160$ sf $\geq 260$ lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Boiler room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Wrap	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill					
City, State Trenton, NJ 08619		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 			Date 6-20-2019			



Inv# 12188  
Check # 3021

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



Date of Notification (1) 6-20-2019		Name of Building Owner / Operator (2) The East Hill	
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 type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address PO Box 644	
		City, State & Zip Code Englewood, NJ 07631	
		Name of Contact Harold Knebel	
		Telephone Number 201-394-0257	

ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) East Garden Apartments UNIT Q			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 14 Bliss Avenue			Square Feet 30,000	# of Floors 2	Bldg. Age 45
City (5) Tenafly, NJ	County (6) Bergen	County Code (7) 071070	Current Use (Prior if being demolished) Security Building		
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address PO Box 365			Street Address 2115 Hamilton Ave, Suite 202		
City, State & Zip Code Berlin, NJ 08009			City, State & Zip Code Trenton, NJ 08619		
Project Manager for Monitoring Firm Jim Proctor		Telephone Number 856-839-2432	Telephone Number 609-914-4279	License Number 01185	
Scheduled Start Date (10) 7-5-2019	Scheduled Completion Date (11) 7-12-2019		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 regular operating Hours: Describe: 8:30am - 5:30pm <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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input 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

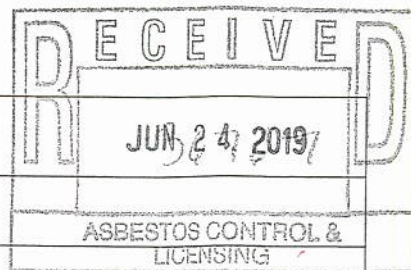
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Boiler room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Wrap	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ 08619		Disposal Date TBD	City, State Morrisville, PA		
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 		Date 6-20-2019



Inv# 11933  
Check# 36767

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



**PAID**

Date of Notification (1) 06 / 17 / 19		Name of Building Owner/Operator (2) Pennsauken Twp. Board of Education	
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 1695 Hylton Road City, State, Zip Code Pennsauken, NJ 08110 Name of Contact Frank Warwick Telephone Number 856-662-8505 X6521	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Pennsauken High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 800 Hylton Road		Square Feet 50,000	
City (5) Pennsauken		# of Floors 2	Bldg. Age 60
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US, Inc		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address 10 Friends Lane, Suite 100		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code Newtown, PA 08940		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm David Hilinski		Telephone No. 908-635-4069	License No. 00624
Start Date (10) 06 / 18 / 19	Scheduled Completion Date (11) 07 / 03 / 19	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

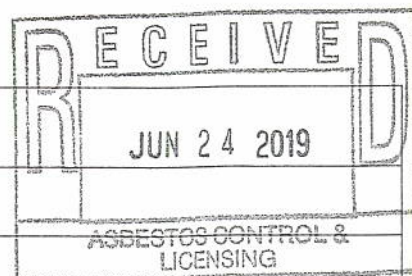
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
Room 101	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	glue dots from chalkboard	120 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 1	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey			Disposal Date 07/03/19	City, State Tullytown, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 6/17/19	



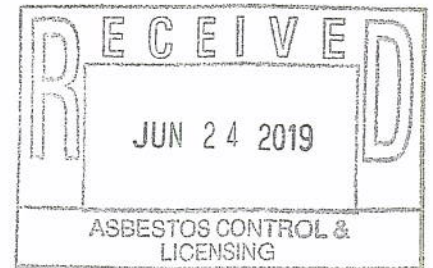
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>06</u> / <u>20</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>North Wildwood Board of Education</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 checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1201 Atlantic Avenue</b> City, State, Zip Code <b>North Wildwood, NJ 08260</b>							
		Name of Contact <b>Rose Millar</b>	Telephone Number <b>609-729-4649</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Margaret Mace 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>1201 Atlantic Avenue</b>									
City (5) <b>North Wildwood</b>		Square Feet <b>80,000</b>	# of Floors <b>3</b>						
		Bldg. Age <b>90</b>							
County (6) <b>Cape May</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>TTI Environmental, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>						
Street Address <b>1253 North Church Street</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Jim Guilardi</b>	Telephone No. <b>856-840-8800</b>	Telephone No. <b>856-755-0099</b>	License No. <b>00842</b>						
Start Date (10) <u>06</u> / <u>19</u> / <u>19</u>	Scheduled Completion Date (11) <u>06</u> / <u>28</u> / <u>19</u>	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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Crawlspaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris Clean-up (O&M)	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom No. 10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	263 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom No. 15	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Carpet Mastic	291 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classrooms in 1920 Section	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Uni-Vent Hood Caulk	60 LF	<input checked="" 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>Cape May County Landfill</b>					
City, State <b>Freehold, NJ</b>			Disposal Date <b>06/28/2019</b>	City, State <b>Woodbine, NJ</b>					
Completed By (Print or Type) <b>Christina Lynch</b>		Title <b>Vice President of Operations</b>		Signature 			Date <b>6/20/19</b>		



Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility	Is Location Normally Used Solely by Maintenance/Custodial Staff?			Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal
	Yes	No	N/A			
Woodshop Storage Room		X		Pipe Fitting Insulation	8 LF	X

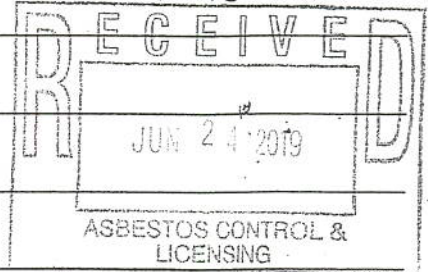




PAID

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

Inv # 12193



Date of Notification (1) <b>6/18/2019</b>		Name of Building Owner/Operator (2) <b>Ephraim &amp; Debra Nganga</b>	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	[REDACTED]	<b>Nutley, NJ, 07110</b>
		Name of Contact <b>Ephraim &amp; Debra Nganga</b>	Telephone Number [REDACTED]

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Ephraim &amp; Debra Nganga</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 <b>Nutley</b>	County	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>		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>6-27-19</b>	Sched. Completion Date (11) <b>7-2-19</b>	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  
☒ Glovebag 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			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
Basement			X	Pipe insulation	190LF	X			
Basement			X	VAT Floor tile	250SF	X			

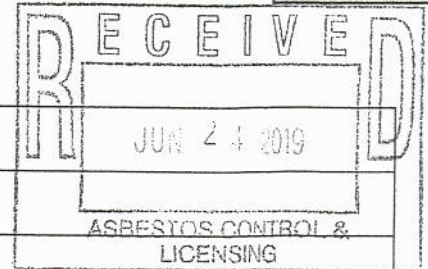
Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>2.0</b>	Name of Registered Landfill <b>Tri - State</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>7-3-19</b>	City, State <b>Bronx, NY, 10474</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>6/18/2019</b>		

282 Grant Ave



Inv #12194  
CK 7428 PAID

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

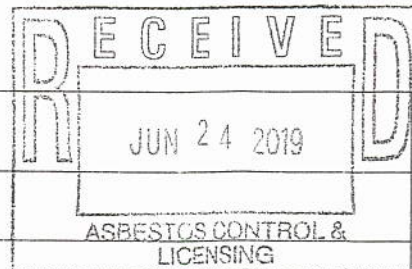


Date of Notification (1) 6/17/19		Name of Building Owner/Operator (2) Patrick Foulke Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Haddon Township NJ 08108							
		Name of Contact Jennifer	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Patrick Foulke Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000+	# of Floors 2						
City (5) Haddon Township NJ 08108		Bldg. Age 50+							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		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) 6/27/19	Scheduled Completion Date (11) 7/12/19	Name of OSHA Monitor Same							
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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	2000 sf	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 6	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 7/12/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 6/17/19		



Inv # 12195  
 CK 5810 PAID

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



Date of Notification (1) 06 / 17 / 19		Name of Building Owner/Operator (2) Francis Ochoa	
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 [REDACTED] City, State, Zip Code <b>Mount Holly, NJ 08060</b>	
		Name of Contact Francis Ochoa	Telephone Number [REDACTED]

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Ochoa Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Mount Holly		Square Feet 1,380	# of Floors 2
		Bldg. Age 61	
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC
Street Address PO Box 341		Street Address 623 Cutler Avenue	
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Bill Weisgarber	Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842
Start Date (10) 06 / 29 / 19	Scheduled Completion Date (11) 07 / 02 / 19	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 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 checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <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 checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	250 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 Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill
City, State Freehold, NJ		Disposal Date 07/02/2019	City, State Morrisville, PA
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 	Date 6/17/19

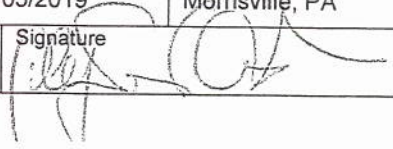


OK 1539

PAID

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

Inv# 12201

Date of Notification (1) 06/18/2019		Name of Building Owner/Operator (2) Ramsey Board of Education		Check No. 1539					
Agencies Notified	Type Notification	Street Address 266 East Main Street		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JUN 24 2019  STATE OF NEW JERSEY  DEPARTMENT OF ENVIRONMENTAL CONTROL &amp; LICENSING </div>					
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ramsey, New Jersey 07446							
		Name of Contact Greg Bohacik							
				Telephone Number 201-803-4304					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Tisdale Elementary School			Type of Facility (4)						
Street Address 200 Island Avenue			<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Ramsey, New Jersey 07446			Square Feet 20,000	# of Floors 2	Bldg. Age 50+				
County (6) Bergen	County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Elementary School						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 5434 King Avenue		Street Address 246 Union Boulevard							
City, State, Zip Code Pennsauken, New Jersey 08109		City, State, Zip Code Totowa, New Jersey 07512							
Project Manager for Monitoring Firm Tim Gromen		Telephone No. 856-616-9516	Telephone No. 973-225-8400	License No. 01104					
Start Date (10) 06/29/2019	Scheduled Completion Date (11) 07/05/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC						
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Union, NJ 07083						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> 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"/> Glove Bag Procedure / Limited Containment & Tent <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 of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Vestibule/Main Entrance			X	Plaster	21 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill					
City, State Totowa, New Jersey		Disposal Date 07/05/2019	City, State Morrisville, PA						
Completed by Adriana Olejarova	Title President	Signature 		Date 06/18/2019					



Inv# 12203  
CK 3592 PAID

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

CK# 3592

Date of Notification (1) 6 / 18 / 19		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   JUN 24 2019   ASBESTOS CONTROL &amp; LICENSING  412-633-4021 </div>					
Agencies Notified <input 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 15 East Montgomery Street			
		City, State, Zip Code Pittsburgh, PA 15212				Name of Contact Anthony Porta			
						Telephone Number 412-633-4021			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Pompton Lakes Central Office				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 8-12 Hamburg Pike				Square Feet 33,035					
City (5) Riverdale				# of Floors 3					
County (6) Morris				Bldg. Age +- 50					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon Communications							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations, Inc.		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 655 West Shore Trail		Street Address 1123 BEAVER STREET							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Tom Januszkeski		Telephone No. 973-729-5649		License No. 00509					
Start Date (10) 7 / 8 / 19		Scheduled Completion Date (11) 7 / 15 / 19		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/5:00PM-1:00AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <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 Mech. Equip. Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Power Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Mech. Equip. Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	3 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Power Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	2 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State YARDLEY, PA		Disposal Date TBD		City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature Dillan DeCaro		Date 6-19-19			

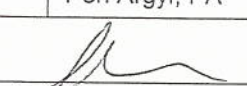


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

*Inv # 12205*  
*CK 18976 PAID*

*Check 18976*

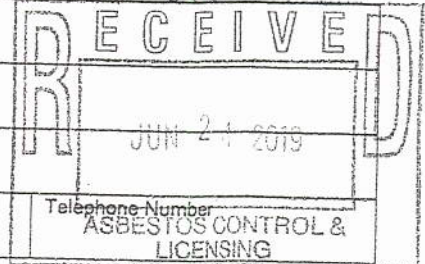
**RECEIVED**  
JUN 24 2019  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/19/19		Name of Building Owner/Operator (2) Johanna Acuria							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hackettstown, NJ Name of Contact Johanna							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hackettstown		Square Feet 2200	# of Floors 2						
County (6) Warren		Bldg. Age 80							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) house							
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							
Project Manager for Monitoring Firm		PO Box 483, 4 E Gate Drive							
Telephone No.		City, State, Zip Code							
Start Date (10) 6/29/19		Glenwood, NJ 07418							
Scheduled Completion Date (11) 7/13/19		Telephone No. 973-764-2276	License No. 703						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	120 LF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President		Signature 			Date 6/19/19		



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

CK # 2657



Inv # 12200  
PAID

Date of Notification (1) 6/19/19		Name of Building Owner/Operator (2) ANH Management							
Agencies Notified	Type Notification	Street Address 958 Main St							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paterson, NJ 07503							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Paterson		Square Feet 2000	# of Floors 2						
County (6) Passaic		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential House							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01255						
Start Date (10) 6/28/19		Scheduled Completion Date (11) 7/10/19							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Harmony Contracting Inc							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Scheduled for Demo</u>		Street Address 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM); (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Roof Flashing	1200 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill TBD					
City, State Newark, NJ		Disposal Date TBD		City, State TBD					
Completed by Stevan Lazarevich		Title President	Signature <i>Stevan Lazarevich</i>			Date 6/19/19			

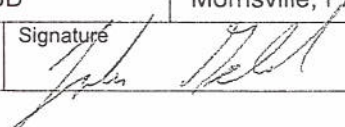


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

OK 29910

PAID

Inv #12202

Date of Notification (1) 06/12/19		Name of Building Owner/Operator (2) Caldwell/West Caldwell Public Schools		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   JUN 24 2019   ASBESTOS CONTROL &amp; LICENSING  973-228-1724 </div>					
Agencies Notified	Type Notification	Street Address 104 Gray St.							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Caldwell, NJ 07006							
		Name of Contact Frank Ennis							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Harrison School			Type of Facility (4)						
Street Address 104 Gray 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) West Caldwell			Square Feet	# of Floors	Bldg. Age				
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc.		ASCM No. 0057		Name of Abatement Contractor (9) Academy Construction Inc.					
Street Address P.O. Box 385		Street Address 205 Route 46 Suite 14							
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm Eric Clarkson		Telephone No. 609-652-1833		Telephone No. 973 832 4244	License No. 01379				
Start Date (10) 06/22/19		Scheduled Completion Date (11) 07/22/19		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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boy's & Girl's Restrooms			x	Elbows	30-40lf	x		x	
Name of Registered Waste Hauler Academy Construction Inc.		NJDEP Waste Hauler ID No. 034422		Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill				
City, State Totowa NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by John Geleski		Title PM		Signature 			Date 06/12/19		



PAID

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

Inv# 17209

Date of Notification (1)

6/17/2019

Name of Building Owner/Operator (2)

Teachers Club of Montclair

Street Address

35 Park St

City, State, Zip Code

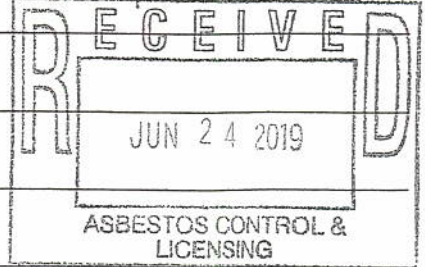
Montclair, NJ, 07042

Name of Contact

Donna Karanja

Telephone Number

(973) 632-9524



Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial Notification☐ Amended Notification☐ EMERGENCY☐ Cancellation

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Teachers Club of Montclair

Type of Facility (4)

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

Street Address

35 Park St

City

Montclair

County

Essex

County Code (7)  
(STATE USE ONLY)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

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)

06 27 19

Month Day Year

Sched. Completion Date (11)

06 29 19

Month Day Year

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☒ Glovebag Procedure☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
Basement			X	Pipe Insulation	250 LF	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

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

07/07/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

Date

6/17/2019

35 Park St



Inv# 12210  
GAC Project # 060-19

PAID

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

check# 3251

RECEIVED

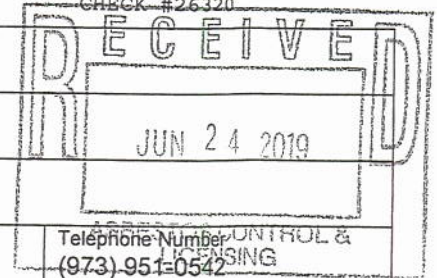
Date of Notification (1) <b>June 11, 2019</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ 2019</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <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. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>		Telephone Number <b>848-445-2550</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>SMITH HALL, BLDG# 7223</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>4</b> Bldg. Age: <b>60+ years</b>	
Street Address <b>NEWARK CAMPUS</b>		Current Use (prior if being demolished): <b>ACADEMIC</b>	
City (5) <b>NEWARK</b>	County (6) <b>ESSEX</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Street Address <b>511 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		Telephone Number <b>609-386-8800</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>06/21/2019</b>	Scheduled Completion Date (11) <b>06/24/19</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: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>		City, State, Zip Code <b>FAIRLAWN, 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"/> 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>Room 357</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>120 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>2 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>06/24/2019</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 11, 2019</b>



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

Inv# 12211

CHECK #26320

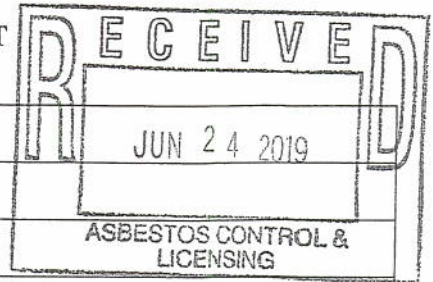


Date of Notification (1) 06-13-19		Name of Building Owner/Operator (2) Verizon Communication							
Agencies Notified	Type Notification	Street Address 700 Hidden Ridge Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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 Irving, TX 75038							
		Name of Contact Renzo Contreras	Telephone Number (973) 951-0542						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 502 Main Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Fort Lee		Square Feet 45,000SF	# of Floors 3						
County (6) Bergen		Bldg. Age 45 yrs.							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 1253 North Church Street		Street Address 200 Broad Street							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Kris Smith		Telephone No. (609) 313-8218	Telephone No. 201-939-6565						
License No. 00756									
Start Date (10) 07-08-19	Scheduled Completion Date (11) 12-31-19	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 10-59 Jackson Avenue							
<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: _____		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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: Boiler Room			x	Pipe Insulation	160LF	x			
Basement: Boiler Room			x	Duct Insulation	1,000SF	x			
Basement: Fire Pump Room			x	Pipe Insulation	40LF	x			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. North Landfill					
City, State Newark, NJ 07105		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by Joseph Patrick		Title Project Manager		Signature <i>Joseph Patrick</i>		Date 06-13-19			



Inv # 12212  
OK 1073 PAID

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)



Date of Notification (1): 6/12/2019		Name of Building Owner/Operator (2) The Newark Public Schools	
Agencies Notified	Type Notification	Street Address: 190 Muhammad Ali Avenue Room 209	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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: Newark, NJ 07108	
		Name of Contact: Mr. Benjamin Olagadeyo	Telephone Number: 973-733-7200

**FACILITY INFORMATION**

Name of Facility: Newark Vocational High School			Type of Facility (4): <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
301 West Kinney Street			Square Feet: # of Floors:	
City/ (5) Newark	County (6): Essex	County Code (7): 07103	Bldg. Age Current Use: School	
Name of Monitoring Firm Hired by Building Owner: WHITMAN		ASCM No.: 00110	Name of Abatement Contractor (9): <b>Apex Development, Inc.</b>	
Street Address: 17 Pleasant Hill Road			Street Address: <b>358 Broadway</b>	
City, State, Zip Code: Cranbury, NJ 08512			City, State, Zip Code: <b>Newark, NJ 07104</b>	
Project Manager for Monitoring Firm: Kevin Lovely		Telephone No.: 732-642-1751	Telephone No.: <b>(973) 350-0101</b>	License No.: <b>01215</b>
Start Date (10): 6/25/19	Scheduled Completion Date (11): 7/25/19		Name of OSHA Monitor: Metro Analytical Laboratories	
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 <i>occupied sub 8</i> Describe:			Street Address: <b>255 West 36<sup>th</sup> Street, Suite 203</b>	
			City, State, Zip Code: <b>New York, New York, 10018</b>	

Scope of Work (Check all that apply):

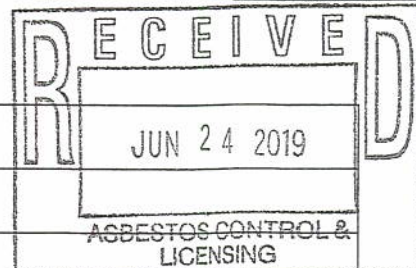
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) 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	Encapsulat	Enclosure
GROUND FLOOR		X		WALL TILE PLASTER	1,860 SF	*			*
GROUND FLOOR		X		CEILING PLASTER	257 SF	*			*
		X				*			*

Name of Registered Waste Hauler: Newark Carting, Inc.	NJDEP Waste Hauler ID No.: 04509	Cubic Yards of Waste: 30	Name of Registered landfill: Gran Central Sanitary Landfill
City, State: Hillside, NJ 07205	Disposal Date:	City, State: Pen Argyl, PA 18072	
Completed By: Chinvelu Oraeghunam	Title: Vice President	Signature: <i>[Signature]</i>	Date: 6/12/2019



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



Date of Notification (1) 06/13/2019		Name of Building Owner/Operator (2) Toms River Township							
Agencies Notified	Type Notification	Street Address 33 Washington Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Toms River, NJ 08753							
		Name of Contact Robert Chankalian	Telephone Number 732-341-1000 ext. 8335						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Red Carpet Inn		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 2 W Water Street		Square Feet 36,000 sf	# of Floors 3						
City (5) Toms River		Bldg. Age 30+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Hotel							
Name of Monitoring Firm Hired by Building Owner (8) T&M Associates		ASCM No. 0145	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address 11 Tindall Road		Street Address 6861 Washington Ave							
City, State, Zip Code Middletown, NJ 07748		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 732-671-6400	Telephone No. 609-567-1250						
Start Date (10) 6/17/2019		Scheduled Completion Date (11) 6/24/2019	License No. 01172						
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: _____		Name of OSHA Monitor T&M Associates							
		Street Address 11 Tindall Road							
		City, State, Zip Code Middletown, NJ 07748							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First, Second, Third Floor Spaces			X	Selective Pipe Chase	120 lf	X			
Third Floor Electrical Room			X	Floor Tile	160 sf	X			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS Landfill					
City, State Egg Harbor Township, NJ			Disposal Date 6/24/2019	City, State Morrisville, PA 19067					
Completed by Eric Keys		Title OM	Signature 			Date 06/13/2019			



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

INV # 12/32  
OK 2028 PAID

Date of Notification (1) <b>June 18, 2019</b>		Name of Building Owner / Operator (2) <b>J. P. Morgan Chase</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  JUN 24 2019  ASBESTOS CONTROL &amp; LICENSING </div>
Agencies Notified	Type Notification	Street Address  <b>1111 Polaris Parkway</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 <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Columbus, OH 43240</b>		
		Name of Contact <b>Jill Rice - JLL for JPMorgan Chase</b>		

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Chase Bank</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, home, etc.)	
Street Address <b>215 Main Street</b>		Square Feet <b>5,500</b>	# of Floors <b>1</b>
City (5) <b>Chatham</b>		Bldg. Age <b>50 Years</b>	
County (6) <b>Morris County</b>	County Code (7) <b>USE ONLY</b>	Current Use (Prior if being demolished) <b>Bank</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Apex Companies, LLC</b>		ASCM No.	Name of Abatement Contractor (9) <b>Synatech, Inc.</b>
Street Address <b>120D Wilbur Place</b>		Street Address <b>829 Radio Road</b>	
City, State & Zip Code <b>Bohemia, NY 11716</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Project Manager for Monitoring Firm <b>Steve Cotrone</b>		Telephone Number <b>631-567-1777</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>June 29, 2019</b>	Scheduled Completion Date (11) <b>August 15, 2019</b>	Name of OSHA Monitor <b>Synatech, Inc.</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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

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

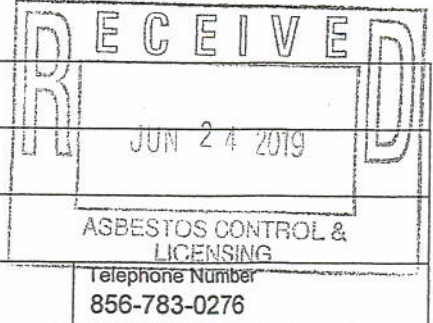
- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> $\geq 3$ sf or $\geq$ lf                  | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure              |
| <input checked=""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

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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
Throughout Bank			X	Carpet Mastic	2,500 SF	X			

Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>14</b>	Name of Registered Landfill <b>Fairless Hills</b>
City, State <b>Little Egg Harbor, NJ 08087</b>	Disposal Date <b>August 16, 2019</b>	City, State <b>Morrisville, PA</b>	
Completed By <b>Diane Aloia</b>	Title <b>Exec. Administrator</b>	Signature <i>Diane Aloia</i>	Date <b>June 18, 2019</b>



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

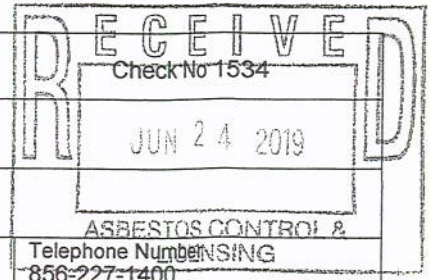


Date of Notification (1) 6/19/19		Name of Building Owner/Operator (2) Lindenwold Board of Education							
Agencies Notified	Type Notification	Street Address 801 Egg Harbor Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lindenwold NJ 08021							
		Name of Contact Kathleen Huber	Telephone Number 856-783-0276						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Lindenwold Preschool		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 100 South Avenue									
City (5) Lindenwold NJ 08021		Square Feet 1000	# of Floors 3						
		Bldg. Age 35+							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group Inc.		ASCM No. 00073	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address PO Box 316		Street Address PO Box 329							
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Steve		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 7/8/19	Scheduled Completion Date (11) 7/16/19	Name of OSHA Monitor Same							
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"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Grd FL Boys Rm Kitchen OT RM		x		Pipe & Pipe Fittings	140 LF	x			
1st FI Hall Rm 4,5,6,7,8 Faculty		x		Pipe & Pipe Fittings	212 LF	x			
Section 1st FI Office Rm 1, 2, 3, Hal		x		Pipe & Pipe Fittings	40 LF	x			
hallway lavatory									
Name of Registered Waste Hauler Pernaco Inc.		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S.					
City, State West Berlin NJ			Disposal Date 7/16/19	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 6/19/19			



NOCK

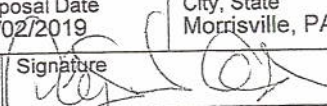
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06/19/2019		Name of Building Owner/Operator (2) Gloucester Township Public Schools							
Agencies Notified	Type Notification	Street Address	City, State, Zip Code						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	17 Erial Road	Blackwood, New Jersey 08012						
		Name of Contact	Telephone Number						
		John Bilodeau	856-227-1400						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Blackwood Elementary School		Type of Facility (4)							
Street Address 260 Blenheim Erial Road		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Blackwood, New Jersey 08012		Square Feet 20,000	# of Floors 1						
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Elementary School							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		ASCM No. 00057	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 515 Grove Street, Suite 1B		Street Address 246 Union Boulevard							
City, State, Zip Code Haddon Heights, New Jersey 08035		City, State, Zip Code Totowa, New Jersey 07512							
Project Manager for Monitoring Firm Thomas Leisse		Telephone No. 856-547-0505	Telephone No. 973-225-8400						
		License No. 01104							
Start Date (10) 06/19/2019	Scheduled Completion Date (11) 07/02/2019	Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied 7:00AM-3:30PM weekdays &amp; Sat 6/22</u>		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ 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"/> Glove Bag Procedure / Limited Containment & Tent <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 of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Boiler 1, Interior Insulation	6'x4'x5'	X			
Boiler Room	X			Boiler 2, Interior Insulation	6'x4'x5'	X			
Boiler Room	X			Breeching	100 SF	X			
Boiler Room	X			Flue patching on brick chimney	4 SF	X			
Boiler Room	X			Fitting assoc w/fiberglass pipe insulation	25 ea	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill				
Lilich Corporation		18724		20	Fairless Landfill				
City, State Totowa, New Jersey				Disposal Date 07/02/2019	City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President		Signature	Date 06/19/2019				



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

Date of Notification (1) 06/14/2019		Name of Building Owner/Operator (2) Gloucester Township Public Schools		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  JUN 24 2019  OSHA CONTROL &amp; LICENSING </div>					
Agencies Notified		Type Notification							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 17 Erial Road		City, State, Zip Code Blackwood, New Jersey 08012		Name of Contact John Bilodeau					
Telephone Number 856-227-1400		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Blackwood Elementary School			Type of Facility (4)						
Street Address 260 Blenheim Erial Road			<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Blackwood, New Jersey 08012			Square Feet 20,000	# of Floors 1	Bldg. Age 50+				
County (6) Gloucester		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Elementary School						
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		ASCM No. 00057	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 515 Grove Street, Suite 1B			Street Address 246 Union Boulevard						
City, State, Zip Code Haddon Heights, New Jersey 08035			City, State, Zip Code Totowa, New Jersey 07512						
Project Manager for Monitoring Firm Thomas Leisse		Telephone No. 856-547-0505	Telephone No. 973-225-8400	License No. 01104					
Start Date (10) 06/19/2019		Scheduled Completion Date (11) 07/02/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>			City, State, Zip Code Union, NJ 07083						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <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			Boiler 1, Interior Insulation	6'x4'x5'	X			
Boiler Room	X			Boiler 2, Interior Insulation	6'x4'x5'	X			
Boiler Room	X			Breeching	100 SF	X			
Boiler Room	X			Flue patching on brick chimney	4 SF	X			
Boiler Room	X			Fitting assoc w/fiberglass pipe insulation	25 ea	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill				
City, State Totowa, New Jersey		Disposal Date 07/02/2019		City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President		Signature 			Date 06/14/2019		



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



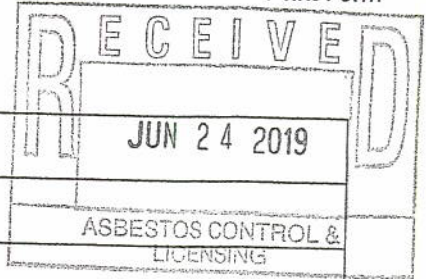
Date of Notification (1) June 21, 2019		Name of Building Owner/Operator (2) Verizon							
Agencies Notified	Type Notification	Street Address 1050 Virginia Drive, 4th Floor							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <i>Courtesy</i> <input type="checkbox"/> Cancellation	City, State, Zip Code Fort Washington, P 19034							
		Name of Contact Chris Atkinson	Telephone Number 215-789-7774						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Not a facility		Type of Facility (4)							
Street Address Hanover Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Pemberton		Square Feet N/A	# of Floors N/A						
County (6) Burlington		County Code (7) (STATE USE ONLY)	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address		Street Address 303 B National Road							
City, State, Zip Code		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm		Telephone No. 484-872-8884	License No. 01161						
Start Date (10) 6/24/19	Scheduled Completion Date (11) 6/24/19	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North							
<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>Not occupied</u>		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Underground along roadway			X	Telecommunications transite con	96 LF	X			
Name of Registered Waste Hauler ecoservices, LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Hills North					
City, State Exton, PA		Disposal Date 6/24/19		City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>			Date 6/21/19		



Inv# 11432  
Check# 773

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

Print Form



Date of Notification (1) 05/23/2019		Name of Building Owner/Operator (2) La Casa Don Pedro							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 317 Roseville Avenue		City, State, Zip Code Newark, NJ, 07107							
Name of Contact Chris Pagan		Telephone Number 973-485-7555							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A							
City (5) Nutley		# of Floors N/A							
County (6) Essex		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Private House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) EHW ABATEMENT LLC							
City, State, Zip Code		Street Address 89 FRANKLIN STREET							
Project Manager for Monitoring Firm		City, State, Zip Code PATERSON, NJ, 07524							
Telephone No.		Telephone No. 973-333-5144							
Start Date (10) 05/25/2019		License No. 01274							
Scheduled Completion Date (11) 05/26/2019		Name of OSHA Monitor EHW ABATEMENT LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIE		Street Address 89 FRANKLIN STREET							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code PATERSON, NJ, 07524							
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	40 LF	X			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095		Cubic Yards of Waste N/A		Name of Registered Landfill Tri State Transfer			
City, State PATERSON, NJ		Disposal Date TBD		City, State Bronx, NY					
Completed by Victor Espiritu		Title Project Manager		Signature <i>[Signature]</i>		Date 05/23/2019			



Inv # 12199  
Check # 830

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

Print Form

R	RECEIVED	D
	JUN 24 2019	
ASBESTOS CONTROL & LICENSING		

Date of Notification (1) 06/20/2018		Name of Building Owner/Operator (2) G&L and Son Renovation LLC	
Agencies Notified	Type Notification	Street Address 323 Vose Avenue	ASBESTOS CONTROL & LICENSING
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Orange, NJ, 07079	
		Name of Contact David Caputo	Telephone Number 973-650-4132

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private 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) South Orange	07079	Square Feet N/A	# of Floors N/A
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) PRIVATE HOUSE	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) EHW ABATEMENT LLC	
Street Address		Street Address 89 FRANKLIN STREET	
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524	
Project Manager for Monitoring Firm		Telephone No. 973-333-5144	License No. 01274
Start Date (10) 06/29/2019	Scheduled Completion Date (11) 06/30/2019	Name of OSHA Monitor EHW ABATEMENT LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 89 FRANKLIN STREET	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code PATERSON, NJ, 07524	

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		VAT/MASTIC	500SF	X			

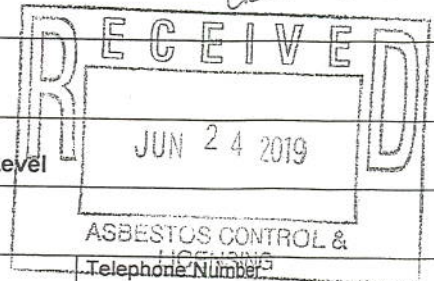
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill TRI STATE TRANSFER	
City, State PATERSON, NJ		Disposal Date TBD	City, State BRONX, NY		
Completed by Victor Espiritu		Title Project Manager	Signature <i>[Signature]</i>	Date 06/20/2019	



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

CL # 3594

Inv #3594 PAID



Date of Notification (1) 6 / 21 / 19		Name of Building Owner/Operator (2) Verizon							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Place, Lower Level City, State, Zip Code Pittsburgh, PA 15212 Name of Contact Anthony Porta Telephone Number 412-633-4021							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Verizon White Horse CO		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 3101 Broad St		Square Feet							
City (5) Hamilton		# of Floors							
County (6) Mercer		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Office							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		ASCM No.							
Street Address 8436 Enterprise Ave		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code Philadelphia, PA 19153		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Mark Jenkins		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 215-365-5810		Telephone No. 215-788-6040							
Start Date (10) 7 / 10 / 19		License No. 00509							
Scheduled Completion Date (11) 7 / 19 / 19		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/5:00PM-1:30AM		Street Address 1123 BEAVER STREET							
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code BRISTOL, PA 19007							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement Equipment Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor AC unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roofing materials	502 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"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL INC		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill FAIRLESS HILLS LANDFILL				
City, State BRISTOL, PA		Disposal Date		City, State MORRISVILLE, PA					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro / jl			Date 6/21/19		

ASB-41  
MAY 11 BS 19068

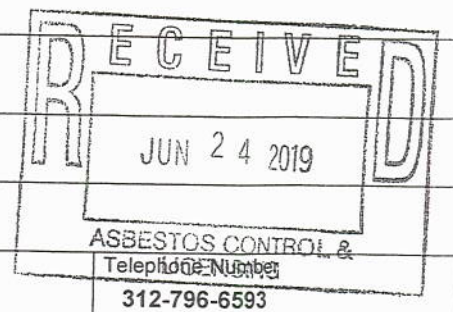
\* Do not use this form for asbestos licensure exempted activities.



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

CK # 3593

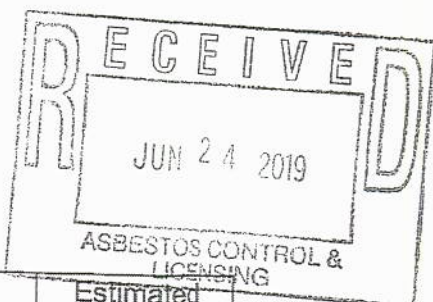
Inv # 12180 PAID



Date of Notification (1) 6 / 21 / 19		Name of Building Owner/Operator (2) HRP Mercer LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 401 N Michigan Ave. City, State, Zip Code Chicago, IL Name of Contact Genaro Holguin Telephone Number 312-796-6593							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Mercer Generating Station		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 1366 Lamberton Rd		Square Feet      # of Floors      Bldg. Age							
City (5) Trenton		County Code (7) (STATE USE ONLY)							
County (6) MERCER		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) WCD Group		ASCN No.							
Street Address 23 Rt 31		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code Pennington, NJ 08534		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Scott McDonald		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 609-730-0007		Telephone No. 215-788-6040							
Start Date (10) 7 / 8 / 19		License No. 00509							
Scheduled Completion Date (11) 12 / 31 / 19		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ _____ PM- _____ AM		Street Address 1123 BEAVER STREET							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code BRISTOL, PA 19007							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL				
City, State YARDLEY, PA		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Project Manager		Signature <i>Brian Scafiro</i>			Date 6/21/19		



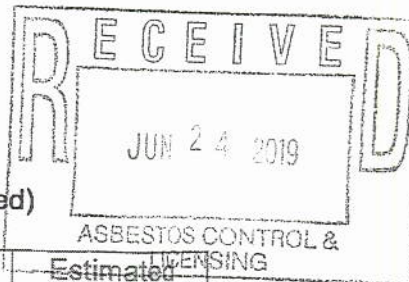
**Table 1: ACM Estimated Quantity Summary**



Homogeneous Group #	Material Description	Estimated Quantity
<b>Turbine Building</b>		
TC1	Turbine interior texture coating	9,000 S.F.
PI2	Pipe insulation (6" to 5' O.D.)	9,344 L.F.
AC1	½" asbestos-cement board	4,700 S.F.
CA1	Exterior caulk ~2" wide	10,080 L.F.
RTC1	Turbine roof at seams	4,000 S.F.
<b>Office Building</b>		
PI2	Pipe insulation (4" to 6" O.D.)	880 L.F.
MF1	Mudded fitting/valve/tee insulation associated with fiberglass straight pipe insulation	84 Ftgs.
RD1/MF2/PI8	Mudded roof drain, fitting and pipe insulation	20 L.F.
FT2/AD4	9" x 9" floor tile and black mastic (some under carpet or other non-ACM flooring)	7,385 S.F.
FT5	12" x 12" floor tile (mastic is negative)	2,720 S.F.
DI1	Duct insulation	750 S.F.
MM2	Insulation panels and debris	10 S.F.
CA1	Exterior caulk ~2" wide	3,300 L.F.
<b>Boilers</b>		
PI2	Pipe insulation (4" to 12" O.D.)	750 L.F.

N.Q. = Not Quantified    S.F. = Square Feet    L.F. = Linear feet    Ftgs. = Fittings/Valves/Tees





**Table 1: ACM Estimated Quantity Summary (continued)**

Homogeneous Group #	Material Description	Estimated Quantity
<b>Coal Unloading Building</b>		
AC4	Asbestos-cement ½" thick gray panel	20,600 S.F.
PI2	Pipe insulation (4"-6" O.D.)	30 L.F.
<b>Coal Crusher Building</b>		
AC4	Asbestos-cement ½" thick gray panel	15,700 S.F.
<b>Coal Yard Building</b>		
AC4	Asbestos-cement ½" thick gray panel	5,700 S.F.
PI2	Pipe insulation (4"-6" O.D.)	20 L.F.
<b>Generator Building</b>		
ES3	Corrugated metal "Galbestos" sidewall	1,200 S.F.
PI2	Pipe insulation (6"-10" O.D.)	560 L.F.
AC1	½" asbestos-cement board	4,700 S.F.
AD11	Remnant black mastic	400 S.F.
<b>NPDES Building</b>		
FT6	12" x 12" floor tile	1,160 S.F.
AC7	Laboratory tabletops and sinks	110 S.F.
<b>Warehouse</b>		
AC6	Corrugated asbestos-cement roof panels	21,000 S.F.

N.Q. = Not Quantified    S.F. = Square Feet    L.F. = Linear feet    Ftgs. = Fittings/Valves/Tees

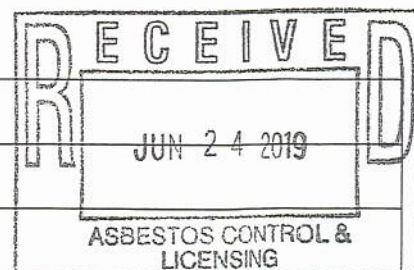


Inv #12168

Print Form

OK 2184 PAID

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



Date of Notification (1) 6/21/19		Name of Building Owner/Operator (2) John Dowdie							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westwood, NJ 07675							
		Name of Contact John Dowdie							
		Telephone Number 1 _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Westwood		Square Feet 2000	# of Floors 2						
		Bldg. Age 65 +/-							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No. _____							
Street Address		Name of Abatement Contractor (9) All Stages Abatement							
City, State, Zip Code		Street Address 280 N. Midland Ave.							
Project Manager for Monitoring Firm		City, State, Zip Code Saddle Brook, NJ 07663							
Telephone No. _____		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 6/24/19	Scheduled Completion Date (11) 6/28/19	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: 8 A.M to 4 P.M		Street Address _____							
		City, State, Zip Code _____							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT	559 SF	X			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 3 yd	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President		Signature 			Date 6/21/19		



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

CR # 3595

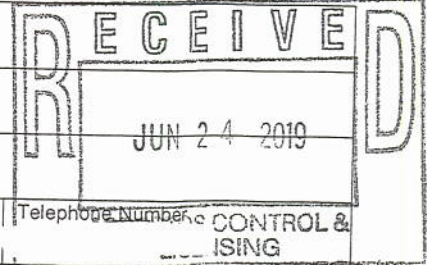
IN# 1218 PAID

Date of Notification (1) 6 / 21 / 19		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JUN 24 2019  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>			
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 200 Elm Dr. City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego Telephone Number 609-258-1841	
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Princeton University				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)			
Street Address 31 Edwards Place				Square Feet			
City (5) Princeton				# of Floors 70			
County (6) MERCER				County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc				Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.			
Street Address 1253 North Church Rd				Street Address 1123 BEAVER STREET			
City, State, Zip Code Moorestown, NJ 08057				City, State, Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm Michael Keehn				Telephone No. 609-386-8800			
Start Date (10) 7 / 1 / 19				Scheduled Completion Date (11) 7 / 31 / 19			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM/____PM-____AM				Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.			
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				Street Address 1123 BEAVER STREET			
City, State, Zip Code BRISTOL, PA 19007							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)			
		Yes No N/A		Amount (Specify SF or LF)			
Throughout		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Joint Compound			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste			
City, State BRISTOL, PA 19007		Disposal Date		Name of Registered Landfill FAIRLESS LANDFILL			
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro / jl			
				Date 6/21/19			



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

Check 18960



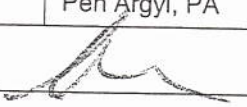
Date of Notification (1) 6/17/19		Name of Building Owner/Operator (2) Oliver Patraniku							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <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 Alpine, NJ 07620							
		Name of Contact Lorence	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
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) Alpine		Square Feet 2200	# of Floors 2						
County (6) Bergen		Bldg. Age 70							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) house							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 6/25/19	Scheduled Completion Date (11) 7/5/19	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: exterior		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
exterior			x	siding	3,500 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 6/17/19			



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

In# 12137 PAID

Check 189661

Date of Notification (1) 6/17/19		Name of Building Owner/Operator (2) NJ Abaters		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  JUN 24 2019  ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified	Type Notification	Street Address PO Box 643							
<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 Middlesex, NJ 08846							
		Name of Contact Raphael Rodrigues							
		Telephone Number 908-361-0889							
<b>FACILITY INFORMATION</b>									
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) Summit			Square Feet 1900	# of Floors 2	Bldg. Age 74				
County (6) Union		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) house						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276	License No. 703					
Start Date (10) 7/8/19		Scheduled Completion Date (11) 7/20/19		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: attic			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
attic			x	vermiculite	700 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President		Signature 		Date 6/17/19			



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

Inv# 18966  
 Check 18966

Date of Notification (1) 6/17/19		Name of Building Owner/Operator (2) Jamie Abrosini		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JUN 24 2019  CONTROL &amp; </div>					
Agencies Notified		Type Notification				Street Address			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Morristown NJ 07960  Name of Contact Jamie			
<div style="text-align: center;"><b>FACILITY INFORMATION</b></div>									
Name of Facility Where Abatement is Taking Place (3) house				Type of Facility (4)					
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Morristown				Square Feet 2000	# of Floors 2				
County (6) Morris				County Code (7) (STATE USE ONLY)	Bldg. Age 72				
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					
Project Manager for Monitoring Firm				PO Box 483, 4 E Gate Drive					
Telephone No.				City, State, Zip Code					
Start Date (10) 6/19/19				Glenwood, NJ 07418					
Scheduled Completion Date (11) 6/28/19				Telephone No. 973-764-2276					
Occupancy Status During Abatement (Check Only One)				License No. 703					
<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: kitchen				Name of OSHA Monitor					
Scope of Work (Check All That Apply)				Street Address					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf				City, State, Zip Code					
<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
kitchen			x	floor tile	275 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President		Signature			Date 6/17/19		

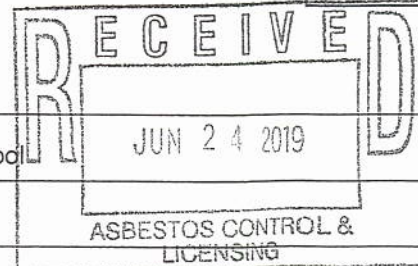


Inv # 12131

OK 33910

PAID

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



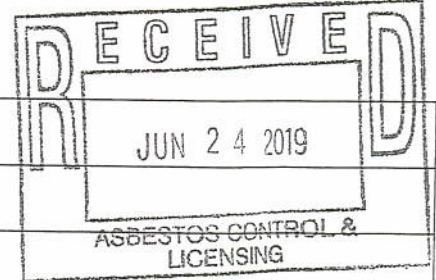
Date of Notification (1) 06/13/19		Check #3396		Name of Building Owner/Operator (2) St. Anastasia/Community High School					
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		1095 Teaneck Road					
				City, State, Zip Code Teaneck, NJ, 07666					
				Name of Contact Ken Columbo					
				Telephone Number 201-362-6358					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Community High School				Type of Facility (4)					
Street Address 1095 Teaneck Road				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Teaneck				Square Feet 10,000+	# of Floors 3				
				Bldg. Age 50+					
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCN No. N/A		Name of Abatement Contractor (9) EA Services					
Street Address N/A				Street Address 426 69th st					
City, State, Zip Code N/A				City, State, Zip Code Guttenberg, NJ, 07022					
Project Manager for Monitoring Firm N/A		Telephone No.		Telephone No. 201-295-1700	License No. 01074				
Start Date (10) 06/25/19		Scheduled Completion Date (11) 06/29/19		Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check Only One)				Street Address N/A					
<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: 3pm				City, State, Zip Code N/A					
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
Basement Boiler Room		X		ACM Pipe Insulation	3 LF		X		
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprise				
City, State Bronx, NY				Disposal Date TBD	City, State Waynesburg, OH				
Completed by Michael Fajardo		Title Office Clerk		Signature 		Date 06/13/19			



INV# 11844  
CK 3395

PAID

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



Date of Notification (1) June 13/2019		Check #3395		Name of Building Owner/Operator (2) St Michael's Parish					
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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 19 E Central Boulevard City, State, Zip Code Palisades Park, NJ 07650-1799					
Name of Contact Rev Minhyun Cho				Telephone Number 201-994-1061					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) St Michael's Parish			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 19 E Central Boulevard			Square Feet 70,000						
City (5) Palisades Park			# of Floors 3		Bldg. Age 50+				
County (6) BERGEN		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School/Church					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) EA Services Corporation					
Street Address		Street Address 426 69th Street							
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-295-1700					
Start Date (10) 6/14/19		Scheduled Completion Date (11) 6/27/19		License No. 01074					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM			Name of OSHA Monitor Same as above						
			Street Address						
			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) 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
Church Crawl Space			x	Pipe insulation-wrap & cut-	800 LF	x			
				and Clean-up debris					
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises Inc				
City, State Wayne, NJ				Disposal Date TBD	City, State Bethlehem, PA				
Completed by Gina Betances		Title Office Manger		Signature 	Date 6/13/19				



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

*\* Emergency \**  
**PAID**  
Inv# 11918  
CK 7426  
CK 7426

Date of Notification (1) 6/17/19		Name of Building Owner/Operator (2) Allrisk							
Agencies Notified	Type Notification	Street Address 801 East Clements Bridge Road							
<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 Runnemede, NJ 08078							
		Name of Contact Lou Crisci	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vickie Vaughn & Daniel Mayberry		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000 +							
City (5) Berlin NJ 08009		# of Floors 1							
County (6) Camden		Bldg. Age 35+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) Pernaco Inc.							
City, State, Zip Code		Street Address PO Box 329							
Project Manager for Monitoring Firm		City, State, Zip Code West Berlin NJ 08091							
Telephone No.		Telephone No. 856-753-9800							
Start Date (10) 6/18/19		License No. 00727							
Scheduled Completion Date (11) 6/21/19		Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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 & mastic	500 SF	x			
Name of Registered Waste Hauler United Roll Off		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 7/5/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature [Signature]			Date 6/17/19		

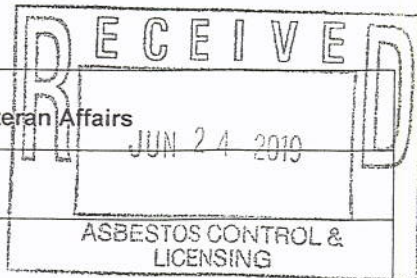


Inv # 12186

C/K 58008

PAID

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



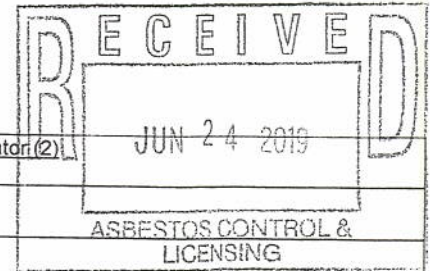
Date of Notification (1) 06 / 17 / 19		Name of Building Owner/Operator (2) New Jersey Department of Military & Veteran Affairs							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (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 101 Eggerts Crossing Road							
		City, State, Zip Code Lawrenceville, NJ 08648							
		Name of Contact Edward Sain	Telephone Number 732-974-4894						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Sea Girt National Guard Training 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 and commercial buildings, homes, etc.)							
Street Address 1 Camp Drive									
City (5) Sea Girt		Square Feet 50,000	# of Floors 2						
		Bldg. Age 80							
County (6) Monmouth		County Code (7) (STATE USE ONLY)							
		Current Use (Prior if being demolished) Offices							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 1253 North Church Street		Street Address 623 Cutler Avenue							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Mike Stocku		Telephone No. 856-840-8800	Telephone No. 856-755-0099						
		License No. 00842							
Start Date (10) 07 / 03 / 19	Scheduled Completion Date (11) 07 / 08 / 19	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM		Street Address 200 Route 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 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
RSP Commander's Office Bldg 35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	550 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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 07/08/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations		Signature 		Date 6-17-19				



Inv # 12071  
CK 29268

PAID

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

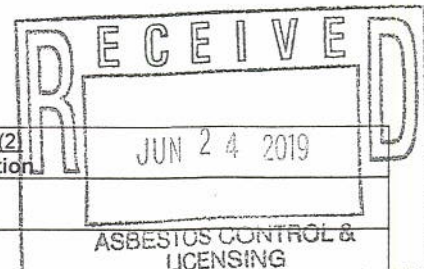


Date of Notification (1) <i>ck 29208</i>		Name of Building Owner/Operator (2) Delbarton School	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	
Street Address 230 Mendham Road		City, State, Zip Code Morristown, NJ 07960	
Name of Contact Fr. Michael Tidd O.S.B.		Telephone Number 973-538-3231 x 3020	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Delbarton School Trinity Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: # of Floors: 3 Bldg. Age: 1960's Current Use (prior if being demolished): Private Catholic High School	
Street Address 230 Mendham Road		City, State, Zip Code Morristown, NJ 07960	
City (5) Morristown	County (6) Morris	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Envirovision Consultants		ASCM No.	
Street Address 20-21 Wagaraw Road		Name of Contractor (9) Panoramic Window & Door Systems, Inc.	
City, State, Zip Code Fairlawn NJ		Street Address 712 Sergeantsville Road	
Project Manager for Monitoring Firm Fred Larson		Telephone Number 973-636-9145	License Number 01237
Scheduled Start Date (10) 07/01/19		Scheduled Completion Date (11) 08/22/19	
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 IAQ GURU LLC	
Street Address 87 Main Street		City, State, Zip Code Lincoln Park, NJ 07035	
Source 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"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)
Exterior Panels associated with curtain wall window system		ACM CAULK	1800 LF
Exterior window system		ACM Transite	460 SF
Abatement Type Remove Repair Encap Enclose			
Name of Reg. Waste Hauler Panoramic Window & Dr Sys Inc	NJDEP Waste Hauler ID # 0036057	Cubic Yards of Waste	Name of Registered Landfill Chrin Bros. Sanitary Landfill
Disposal Date		City, State Easton, PA	
Completed by (Print or Type) Mark M Jovic	Title Project Manager	Signature <i>[Signature]</i>	Date 06/19/19



Inv #12069  
CK 29007 PAID

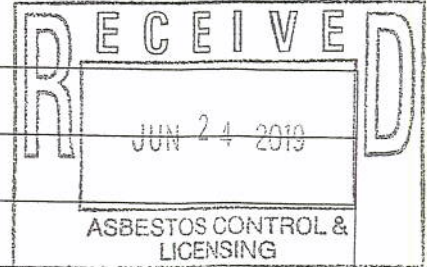
State of New Jersey  
Notification of Asbestos Abatement  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



<u>Date of Notification (1)</u> ck# 29007		<u>Name of Building Owner/Operator (2)</u> South Plainfield Board of Education	
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	
<u>Street Address</u> 165 Jackson Ave		<u>City, State, Zip Code</u> South Plainfield, NJ 07080	
<u>Name of Contact</u> Tom Wiggins		<u>Telephone Number</u> 908-731-4356	
<b>FACILITY INFORMATION</b>			
<u>Name of Facility Where Abatement is Taking Place (3)</u> South Plainfield Middle School		<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: NA # of Floors: 2 Bldg. Age: 1930's	
<u>Street Address</u> 2201 Plainfield Ave		<u>Current Use (prior if being demolished):</u> Building Vacated for approx. 2 years	
<u>City (5)</u> South Plainfield	<u>County (6)</u> Union	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Omega Environmental Services Inc.		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Panoramic Window & Door Systems, Inc.
<u>Street Address</u> 280 Huyler Street		<u>Street Address</u> 712 Sergeantsville Road	
<u>City, State, Zip Code</u> South Hackensack, NJ 07606		<u>City, State, Zip Code</u> Stockton, NJ 08559	
<u>Project Manager for Monitoring Firm</u> Geiser Fajardo	<u>Telephone Number</u> 201-489-8700	<u>Telephone Number</u> P (732)926-0900	<u>License Number</u> 01237
<u>Scheduled Start Date (10)</u> 07/01/19	<u>Scheduled Completion Date (11)</u> 09/30/19	<u>Name of OSHA Monitor</u> IAQ GURU LLC	
<u>Occupancy Status During Abatement (Check only one)</u> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe  Other - Describe:		<u>Street Address</u> 87 Main Street  <u>City, State, Zip Code</u> Lincoln Park, NJ 07035	
<u>Source of Work (Check all that apply)</u>  <div style="display: flex; justify-content: space-between;"> <div> <p>≥ 3 sf or ≥ 3 lf</p> <p><input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf</p> </div> <div> <p><input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition</p> </div> <div> <p><input checked="" type="checkbox"/> Full Containment SUB-8 <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure</p> </div> </div>			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</u>	<u>Amount (Specify SF or LF)</u>
Exterior Window systems		ACM perimeter Caulk & window pane glaze	Exactly 429 Windows
<u>Name of Reg. Waste Hauler</u> Panoramic Window & Dr Sys Inc	<u>NJDEP Waste Hauler ID #</u> 0036057	<u>Cubic Yards of Waste</u>	<u>Name of Registered Landfill</u> Chrin Landfill
		<u>Disposal Date</u>	<u>City, State</u> Easton, PA
<u>Completed by (Print or Type)</u> Mark M Jovic	<u>Title</u> Project Manager	<u>Signature</u> 	<u>Date</u> 06/19/19



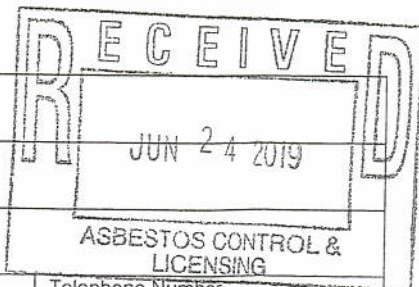
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06/17/2019		Name of Building Owner/Operator (2) Township of Randolph							
Agencies Notified	Type Notification	Street Address 502 Millbrook Road							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Randolph, NJ 07869							
		Name of Contact Ralph Carchia	Telephone Number 973-989-7066						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Randolph Museum		Type of Facility (4)							
Street Address 630 Millbrook Avenue		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Randolph		Square Feet	# of Floors						
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Museum							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services		ASCM No. 00120	Name of Abatement Contractor (9) VMC Company Inc.						
Street Address 280 Huyler Street		Street Address 208 Piaget Avenue							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm Stan Blackman		Telephone No. 201-489-8700	License No. 00704						
Start Date (10) 07/22/2019	Scheduled Completion Date (11) 07/29/2019	Name of OSHA Monitor VMC Company Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe/fitting insulation	250 LF	X			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Newark, NJ		Disposal Date		City, State Morrisville, PA					
Completed by Voytek Roszkowski		Title President	Signature <i>V. Roszkowski</i>			Date 06/17/2019			



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

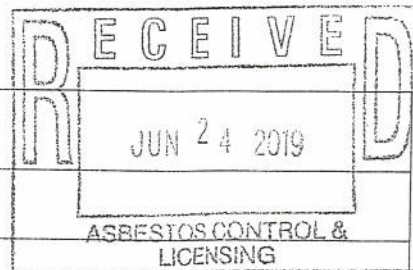


Date of Notification (1) 06/17/2019		Name of Building Owner/Operator (2) Township of Randolph							
Agencies Notified	Type Notification	Street Address 502 Millbrook Road							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Randolph, NJ 07869							
		Name of Contact Ralph Carchia	Telephone Number 973-989-7066						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Randolph Museum		Type of Facility (4)							
Street Address 630 Millbrook Avenue		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Randolph		Square Feet	# of Floors Bldg. Age						
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Museum							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services		ASCM No. 00120	Name of Abatement Contractor (9) VMC Company Inc.						
Street Address 280 Huyler Street		Street Address 208 Piaget Avenue							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm Stan Blackman		Telephone No. 201-489-8700	License No. 00704						
Start Date (10) 07/22/2019		Scheduled Completion Date (11) 07/29/2019							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor VMC Company 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							
		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 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/fitting insulation	250 LF	X			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Newark, NJ			Disposal Date	City, State Morrisville, PA					
Completed by Voytek Roszkowski		Title President	Signature 			Date 06/17/2019			



Inv # 12190  
 UC5812 PAID

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



Date of Notification (1) 06 / 18 / 19		Name of Building Owner/Operator (2) Arlene Burkley	
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 [REDACTED] City, State, Zip Code Hamilton, NJ 08690	
		Name of Contact Sharon Edwards	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Burkley Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Hamilton		Square Feet 1,211	# of Floors 2
		Bldg. Age 57	
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.	
Street Address PO Box 341		Name of Abatement Contractor (9) Shade Environmental, LLC	
City, State, Zip Code Chesterfield, NJ 08515		Street Address 623 Cutler Avenue	
		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	License No. 00842
Start Date (10) 06 / 29 / 19	Scheduled Completion Date (11) 07 / 02 / 19	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 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 checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	592 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"/>

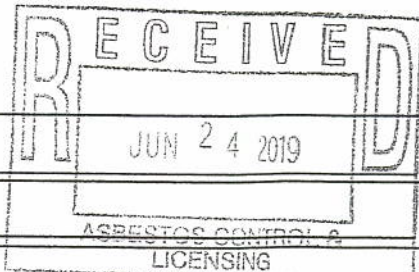
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill	
City, State Freehold, NJ		Disposal Date 07/02/2019		City, State Morrisville, PA	

Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 	Date 6-18-19
---	---------------------------------------	---------------	-----------------



JN #12191  
CK1131 PAID

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



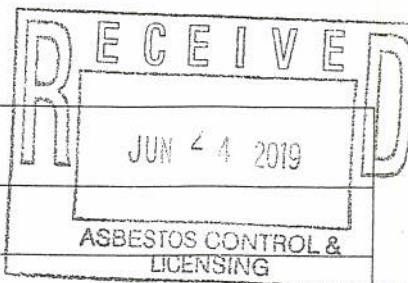
Date of Notification (1) 6/17/19		Name of Building Owner/Operator (2) Richard Hawco							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code Audubon, NJ							
		Name of Contact Richard Hawco	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private 8 commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1400 SF	# of Floors 2						
City (s) Audubon, NJ		Bldg. Age 22 yrs							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) AEi2, LLC							
Street Address		Street Address 361 E. Fleming Pike							
City, State, Zip Code		City, State, Zip Code Hammonton, NJ 08037							
Project Manager for Monitoring Firm		Telephone No. 609-481-2122	License No. 00689						
Start Date (10) 6/27/19	Scheduled Completion Date (11) 7/6/19	Name of OSHA Monitor AEi2, LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 361 E. Fleming Pike							
		City, State, Zip Code Hammonton, NJ 08037							
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"/> 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	Encapsulation	Enclosure
Attic			X	Vermiculite	200 SF	X			
Name of Registered Waste Hauler AEi2, LLC		NJDEP Waste Hauler ID No. 21376	Cubic Yards of Waste 5	Name of Registered Landfill TBD					
City, State Hammonton, NJ		Disposal Date TBD		City, State TBD					
Completed By Wm. Minnick		Title Program Mgr.	Signature <i>[Signature]</i>			Date 6/17/19			



Inv# 12/192  
OK 5811

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

PAID



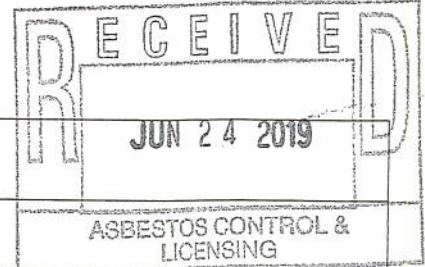
Date of Notification (1) 06 / 18 / 19		Name of Building Owner/Operator (2) Holy Angels Parish							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 64 Cooper Street							
		City, State, Zip Code Woodbury, NJ 08096							
		Name of Contact Robert Curtis	Telephone Number 609-280-0030						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vacant Commercial Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 81 Cooper Street									
City (5) Woodbury		Square Feet 3,411	# of Floors 1						
		Bldg. Age 62							
County (6) Gloucester		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant Commercial Property						
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental, LLC		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 1000 Maplewood Drive, Suite 207		Street Address 623 Cutler Avenue							
City, State, Zip Code Maple Shade, NJ 08052		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Chris Macri		Telephone No. 856-755-9300	Telephone No. 856-755-0099						
		License No. 00842							
Start Date (10) 07 / 03 / 19		Scheduled Completion Date (11) 07 / 05 / 19							
Name of OSHA Monitor EMSL Analytical, Inc.									
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 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"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Piping	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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 07/05/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 6/18/19			



Inv# 12197  
Check# 1072

**PAID**

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



Date of Notification (1) <u>06</u> / <u>21</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>Verizon</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1 Verizon Way</b> City, State, Zip Code <b>Basking Ridge, NJ</b>	
		Name of Contact <b>Brian Tilton</b>	Telephone Number <b>215-578-2936</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Verizon</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>2117 Route 50</b>			
City (5) <b>Tuckahoe, NJ 08250</b>		Square Feet <b>10,000</b>	# of Floors <b>3</b>
		Bldg. Age <b>50</b>	
County (6) <b>Cape May</b>	County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Management Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>
Street Address <b>8436 Enterprise Avenue</b>		Street Address <b>47 Foster Road</b>	
City, State, Zip Code <b>Philadelphia, PA 19153</b>		City, State, Zip Code <b>Staten Island NY 10309</b>	
Project Manager for Monitoring Firm <b>Mark Jenkins</b>	Telephone No. <b>215-365-5810</b>	Telephone No. <b>718-605-6256</b>	License No. <b>00774</b>
Start Date (10) <u>06</u> / <u>24</u> / <u>19</u>	Scheduled Completion Date (11) <u>06</u> / <u>28</u> / <u>19</u>		Name of OSHA Monitor <b>Testor Tech</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 Time of Abatement: <u>8:00AM-4:30 PM</u> / <u>      </u> PM - <u>      </u> AM		Street Address <b>10 59 Jackson Avenue</b> City, State, Zip Code <b>LIC NY 11101</b>	

Scope of Work (Check all that apply)

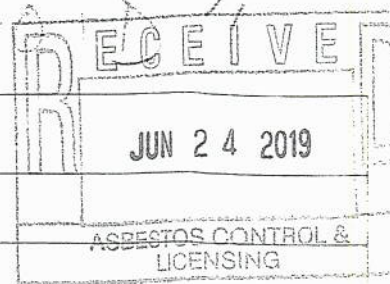
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

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

Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>NJ-566</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>G.R.O.W.S., Inc.</b>	
City, State <b>Hackettstown, NJ</b>		Disposal Date <b>06/25/2019</b>	City, State <b>Morrisville, PA</b>		
Completed By (Print or Type) <b>Ralph Barnhardt</b>	Title <b>Project Manager</b>	Signature 	Date <b>6/29/19</b>		



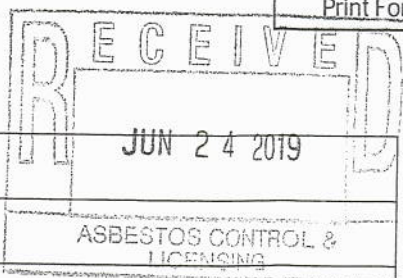
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)



Notification (1) 06 / 07 / 19		Name of Building Owner/Operator (2) Verizon		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>   <b>JUN 24 2019</b>   <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5-23-3)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 1 Verizon Way			
		City, State, Zip Code Basking Ridge, NJ				Name of Contact Brian Tilton			
						Telephone Number 215-578-2938			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Verizon				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 3 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 2117 Route 50									
City (5) Tuckahoe, NJ 08250				Square Feet 10,000	# of Floors 3				
				Bldg Age 50					
County (6) Cape May		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (3) USA Environmental Management Inc.		ASCM No		Name of Abatement Contractor (9) JVM Restoration Inc					
Street Address 8436 Enterprise Avenue				Street Address 47 Foster Road					
City, State, Zip Code Philadelphia, PA 19153				City, State, Zip Code Staten Island NY 10309					
Project Manager for Monitoring Firm Mark Jenkins		Telephone No 215-365-5810		Telephone No 718-605-6256	License No 00774				
Start Date (10) 06 / 19 / 19		Scheduled Completion Date (11) 06 / 21 / 19		Name of OSHA Monitor Tastor Tech					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-4:30 PM/____PM-____AM				Street Address 10 59 Jackson Avenue					
				City, State, Zip Code LIC NY 11101					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 if <input type="checkbox"/> ≥ 160 sf or ≥ 250 if		<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
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Built up roof field	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No NJ-566		Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S., Inc.				
City, State Hackettstown, NJ				Disposal Date 06/25/2019	City, State Morrisville, PA				
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 		Date 06-07-2019			



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



*No check*

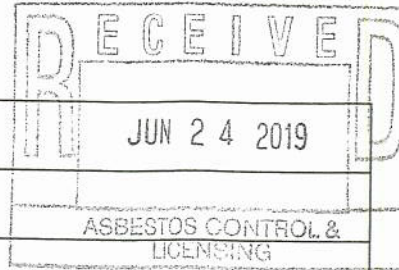
Date of Notification (1) June 21, 2019		Name of Building Owner/Operator (2) NJDOT							
Agencies Notified	Type Notification	Street Address 1035 Parkway Ave; P.O. Box 600							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact Karl Bevans	Telephone Number 609-530-3513						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) NJDOT - Route 7 Wittpenn Bridge - Contract 4		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address Route 7		Square Feet N/A	# of Floors Bldg. Age						
City (5) Kearny	County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Utilities						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) George Harms Construction Co., Inc.						
Street Address		Street Address 62 Yellowbrook Road							
City, State, Zip Code		City, State, Zip Code Howell, NJ 07731							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-751-2089 License No. 01055						
Start Date (10) April 8, 2019	Scheduled Completion Date (11) August 31, 2019		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>Utility Installation</u>			Street Address  City, State, Zip Code						
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Gas Mains			X	Mastic on Gas Main	500 LF	X			
Name of Registered Waste Hauler George Harms Construction Co., Inc.		NJDEP Waste Hauler ID No. 05885	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management					
City, State Howell, NJ			Disposal Date TBD	City, State Tullytown, PA					
Completed by Sam Hahn		Title Project Engineer	Signature		Date				



Inv# 120666  
Check# 159

**PAID**

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



Date of Notification (1) 06-18-2019		Name of Building Owner/Operator (2) Rustom Shahani & Ravina Malani							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Easr Rutherford NJ 07071							
		Name of Contact Daniel Darpino	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) East Rutherford NJ 07071		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) Standard Environmental		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 2108 Fulton St Suite 2A		Street Address PO BOX 734							
City, State, Zip Code Brooklyn NY 11233		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Kayode Adefisoye		Telephone No. 347-241-7673	Telephone No. 973-692-6298						
Start Date (10) 06-19-21-019		Scheduled Completion Date (11) 06-23-2019	License No. 01266						
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 Amax Contracting LLC							
		Street Address PO BOX 734							
		City, State, Zip Code Woodland Park NJ 07424							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Kitchen			x	VAT	110 SF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 4 CY	Name of Registered Landfill Fairless Hills					
City, State Woodland Park NJ 07424		Disposal Date 06-30-2019		City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager	Signature 			Date 06-18-2019			



check replacement # 0137 NOT Good  
 Print Form

inv# 11779

**PAID**

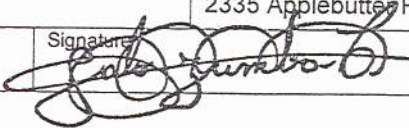
State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 Pursuant to NJAC 8:60 and 12:120

new check ck# 1148  
 ok

Date of Notification (1) 6/11/2019		Name of Building Owner/Operator (2) Private property		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>          JUN 24 2019          ASBESTOS CONTROL &amp; LICENSING       </div>	
Agencies Notified	Type Notification	Street Address [REDACTED]			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lodi NJ 07031  Name of Contact Mark			
		Telephone Number 201-788-7865			

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Lodi NJ 07031		Square Feet 1100 SF	# of Floors 1
County (6) Bergen County		Bldg. Age +50	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) 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. 201-552-9685	License No. 01384
Start Date (10) 6/21/2019	Scheduled Completion Date (11) 6/25/2019	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 Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM to 4:00 PM		City, State, Zip Code Union NJ 07803	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	transite	1600SF	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 Galo Zumba		Title Principal	Signature 		Date 6/11/2019



As per Peter  
Inv# 12153  
ALVAREZ

NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:30 and 12:120)

PAID

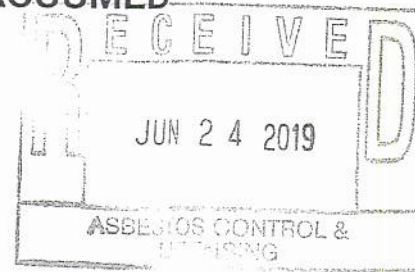
Check # 15828

RECEIVED  
JUN 24 2019  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) June 19, 2019		Name of Building Owner/Operator (2) Bishop George AHR High School							
Agencies Notified	Type Notification	Street Address 1 Tingley Lane							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Edison, NJ 08830							
		Name of Contact John Karabin	Telephone Number 732-549-1108 x609						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bishop George AHR High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 Tingley lane		Square Feet 50,000	# of Floors 3						
City (5) Edison		Bldg. Age 50							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc		ASCM No. 00079	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp.						
Street Address 20-21 Wagaraw Road		Street Address 17 Thompson Street							
City, State, Zip Code Fair Lawn		City, State, Zip Code West Long Branch, NJ 07764							
Project Manager for Monitoring Firm Steve Audenried		Telephone No. 732-222-8372	License No. 00040						
Start Date (10) 7-1-19	Scheduled Completion Date (11) 7-8-19	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <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"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached List		X		HEPA Vacuum & Wet Wipe					
Name of Registered Waste Hauler FTAA		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 2 CY	Name of Registered Landfill Fairless Landfill					
City, State West Long Branch, NJ			Disposal Date 6/29/19	City, State Mofrrisville, PA					
Completed by Joseph P. Miller		Title President	Signature 	Date 6/19/19					



**ROOMS AND AREAS TO BE WET WIPED AND HEPA VACUUMED  
AS DETAILED IN DUST SAMPLING RESULTS**



- |                             |                              |
|-----------------------------|------------------------------|
| 1. CLASSROOM 229            | HEPA VACUUM FLOOR            |
| 2. SUPPLY ROOM 229          | WET WIPE COUNTERS AND TABLES |
| 3. CLASSROOM 231            | HEPA VACUUM FLOOR            |
| 4. CLASSROOM 231            | WET WIPE TABLE               |
| 5. CENTER 2ND FLOOR         | HEPA VACUUM & WET MOP        |
| HALLWAY FLOOR               |                              |
| 6. CLASSROOM 233            | HEPA VACUUM FLOOR            |
| 7. SUPPLY ROOM 233          | WET WIPE TABLE & COUNTER     |
| 8. CLASSROOM 235            | WET WIPE TABLE               |
| 9. CLASSROOM 235            | WET WIPE TEACHER TABLE       |
| 10. HALLWAY FLOOR @ 238     | HEPA VACUUM & WET MOP        |
| 11. HALLWAY FLOOR @213      | HEPA VACUUM & WET MOP        |
| 12. BACK STAIRWAY LANDING   | HEPA VACUUM & WET MOP        |
| 13. 1ST FLOOR HALLWAY FLOOR |                              |
| @ NURSE'S OFFICE            | HEPA VACUUM & WET MOP        |

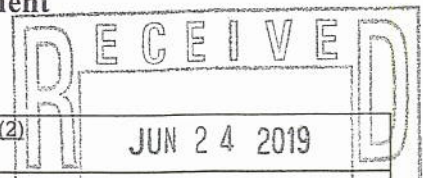


mv# 12149  
Check # 13508

# PAID

## State of New Jersey Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



Date of Notification (1) <b>June 21, 2019</b>		Name of Building Owner/Operator (2) <b>CSX/ AECOM</b>	
Agencies Notified  X EPA DCA X DOL X DEP X DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>5925 Carnegie Boulevard, Suite 370</b>		City, State, Zip Code <b>Charlotte, North Carolina 28209</b>	
Name of Contact Walter Klock		Telephone Number 716.923.1272	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Box Car # CNW 157032</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.) <b>Train Car</b>	
Street Address <b>CSX Train Yard at 611 Delancy Street</b>		Sq. Feet: <b>Unknown</b> # of Floors: <b>1</b> Bldg. Age: <b>60 years</b>	
City (5) <b>Newark</b>	County (6) <b>Essex</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>AECOM</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Street Address <b>30 Knightsbridge Road, Suite 520</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>Piscataway, NJ 08854</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Project Manager for Monitoring Firm <b>Walter Klock</b>	Telephone Number <b>716.923.1272</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>June 24, 2019</b>	Scheduled Completion Date (11) <b>June 30, 2019</b>	Name of OSHA Monitor <b>EMSL inc.</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: <b>Vacant Box Car</b>		Street Address <b>1056 Stelton Road</b>	
		City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$		Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Train Car # CNW 157032</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>Caulking</b>	Amount (Specify SF or LF) <b>1,545 lf</b>
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>5</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405, NJ DEP # 12561 Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		Disposal Date <b>June 30, 2019</b>	Name of Registered Landfill Fairless Landfill Grand Central Landfill
City, State FL-1000 New Ford Rd. Morrisville, PA 19067 Permit No. 18072 GCL-1963 Pen Argyle Rd Pen Argyle, PA 18072 Permit No. 100265			
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Marin Graure</i>	Date <b>June 21, 2019</b>

GAC # 2019-677



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

**Inv# 12069**

Date of Notification (1) 06/20/19		Check # 3400		Name of Building Owner/Operator Maarif School Foundation (St. Valentine Church)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 125 N Spring St City, State, Zip Code Bloomfield, NJ, 07003 Name of Contact: Bob	
				Telephone Number 862-202-0698	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Maarif School Foundation				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 125 N Spring St				Square Feet 10,000+	
City (5) Bloomfield				# of Floors 2	
County (6) Essex				Bldg. Age 50+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) EA Services	
Street Address N/A		Street Address 426 69th st			
City, State, Zip Code N/A		City, State, Zip Code Guttenberg, NJ, 07093			
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 201-295-1700	
Start Date (10) 07/01/19		Scheduled Completion Date (11) 07/03/19		License No. 01074	
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: 9am				Name of OSHA Monitor Same as above	
				Street Address N/A	
				City, State, Zip Code N/A	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Boiler Room		X		ACM Debris	3 SF
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD	
City, State Bronx, NY		Disposal Date TBD		Name of Registered Landfill Minerva Enterprise	
City, State Waynesburg, OH					
Completed by Michael Fajardo		Title Office Clerk		Signature <i>mf</i>	
				Date 06/20/19	



JUN 24 2019

INV# 12145  
Check# 1540

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

Date of Notification (1) 06/18/2019		Name of Building Owner/Operator (2) Manville Board of Education		Check No. 1540				
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1200 Brooks Boulevard City, State, Zip Code Manville, New Jersey 08835 Name of Contact Keith Gardner Telephone Number 908-623-0988				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Manville High School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 1100 Brooks Road			Square Feet 15,000 # of Floors 1 Bldg. Age 60+					
City (5) Manville, New Jersey 08835			Current Use (Prior if being demolished) Elementary School					
County (6) Somerset		County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) Whitman			ASCM No.					
Street Address 7 Pleasant Hill Road			Name of Abatement Contractor (9) Lillich Corporation					
City, State, Zip Code Cranbury, New Jersey 08512			Street Address 246 Union Boulevard					
Project Manager for Monitoring Firm Kevin T. Lovely			Telephone No. 732-390-5858		City, State, Zip Code Totowa, New Jersey 07512			
Start Date (10) 06/24/2019		Scheduled Completion Date (11) 06/30/2019		Telephone No. 873-225-8400				
				License No. D1104				
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 2333 Route 22 West City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)								
<input type="checkbox"/> < 23 sf or < 23 lf <input checked="" type="checkbox"/> ≥ 23 sf or ≥ 23 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"/> Glove Bag Procedure / Limited Containment & Tent <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) (13) <u>TO BE ABATED</u> In Facility	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Library		X	Transite (wall)	360 SF	X			
Name of Registered Waste Hauler Lillich Corporation			NJDEP Waste Hauler ID No. 15724	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill			
City, State Totowa, New Jersey			Disposal Date 06/29/2019		City, State Morgantown, PA			
Completed by Adriana Olszajova			Title President		Signature 		Date 06/18/2019	



PAID

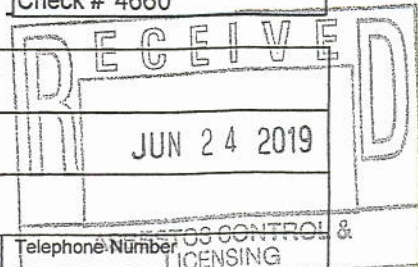
Inv# 12182

Project #

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

Check # 4660

Date of Notification (1) 06/18/2019		Name of Building Owner/Operator (2) Montville School District	
Agencies Notified	Type Notification	Street Address 86 River Rd	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montville, 07405	
<input type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Steve Toth	Telephone Number 973-331-7100



FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3) Valley View El 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 30 Montgomery Ave	
City (5) Montville NJ	Square Feet 07045
County (6) Morris	County Code (7) (STATE USE ONLY)
Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Aero Environmental	ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC	
Street Address 275 Rt 10 East		Street Address 72 Brookside Rd	
City, State, Zip Code Succassuna, NJ 07876		City, State, Zip Code Randolph, NJ 07869	
Project Manager for Monitoring Firm Michael Berta	Telephone No. 973-920-9061	Telephone No. 973933-2550	License No. 01358
Start Date (10) 06/29/2019	Scheduled Completion Date (11) 07/01/2019	Name of OSHA Monitor Nick Restoration LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 72 Brookside Rd	
		City, State, Zip Code Randolph, NJ 07869	

Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input 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
mechanical room				TSI	8 LF	X			

Name of Registered Waste Hauler Newark carting	NJDEP Waste Hauler ID No. 04507	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S
City, State Randolph, NJ	Disposal Date TBD	City, State Tullytown, Pa	
Completed by Nikica Mrda	Title President	Signature <i>Nikica Mrda</i>	Date 06/18/2019



Inv# 12183  
Check # 17327

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

**PAID RECEIVED**  
JUN 24 2019

Date of Notification (1) 6 / 20 / 19		Name of Building Owner/Operator (2) Victaulic REH, LLC	
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 4901 Kessleville Road	
	City, State, Zip Code Easton, PA 18044-0031		ASBESTOS CONTROL & LICENSING
	Name of Contact Kraig Hume		
		Telephone Number 610-559-3300	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Victaulic REH, LLC. - Slab next to former Building #2		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 119 Edison Road		Square Feet 2,000	# of Floors 0
City (5) Stewartsville		Bldg. Age 112	
County (6) Warren	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) vacant	
Name of Monitoring Firm Hired by Building Owner (8) EHI, Inc.	ASCM No. 00104	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.	
Street Address 655 West Shore Trail		Street Address 1100 Grosser Road, Suite C	
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Gilbertsville, PA 19525	
Project Manager for Monitoring Firm JP von Doehren	Telephone No. 973 729-5649	Telephone No. 610-933-4332	License No. 00836
Start Date (10) 7 / 8 / 19	Scheduled Completion Date (11) 7 / 26 / 19	Name of OSHA Monitor Neuber Environmental Services, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1100 Grosser Road, Suite C	
		City, State, Zip Code Gilbertsville, PA 19525	

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) <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
Under Concrete Slab in Stone/Soil	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSI Debris Mixed with Stone/Soil	~ 600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Clean Harbors Environmental Services Inc		NJDEP Waste Hauler ID No. 16666	Cubic Yards of Waste ~ 60	Name of Registered Landfill Waste Connections	
City, State Norwell, MA		Disposal Date July/Aug 19		City, State Bethlehem, PA	
Completed By (Print or Type) Patrick Larney	Title Project Manager	Signature 		Date 6-20-19	

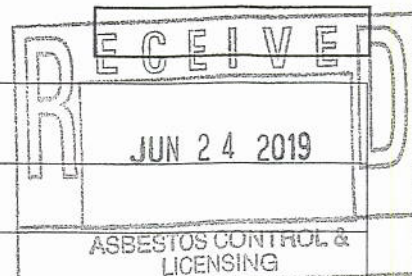


mv# 12184

Check#3373

PAID

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



Date of Notification (1) 06 / 20 / 19		Name of Building Owner/Operator (2) Nasrin Conticelli							
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 Basking Ridge, NJ 07920							
		Name of Contact Nasrin Conticelli	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Basking Ridge, NJ 07920		Square Feet	# of Floors						
County (6) Somerset		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC						
Street Address		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 06 / 29 / 19	Scheduled Completion Date (11) 07 / 01 / 19	Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	250 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N.Jevtic</i>		Date 06/20/19			

ASB-41

MAY 11

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



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

Date of Notification (1)

6/20/2019

Name of Building Owner/Operator (2)

Mike Bozzaotra

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial

Notification

☐ Amended

Notification

☐ EMERGENCY☐ Cancellation

Street Address

City, State, Zip Code

Montclair, NJ, 07042

Name of Contact

Mike Bozzaotra

Telephone Number

JUN 24 2019

ASBESTOS CONTROL &  
LICENSING

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Mike Bozzaotra

Street Address

City

Montclair

County

Essex

County Code (7)

(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building

Owner (8)

N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone Number

N/A

Scheduled Start Date (10)

07 01 19

Month Day Year

Sched. Completion Date (11)

07 03 19

Month Day Year

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»

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Telephone Number

(973) 744-8800

License Number

00371

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
Basement			X	Pipe Insulation	190 LF	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

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

07/03/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

Date

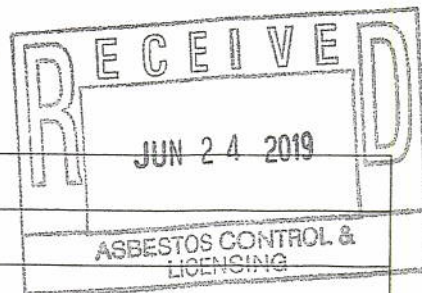
6/20/2019

67 Llewellyn Rd



Inv# 12187  
Check # 2019

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



Date of Notification (1) 6-20-2019		Name of Building Owner / Operator (2) The East Hill	
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 type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address PO Box 644	
		City, State & Zip Code Englewood, NJ 07631	
		Name of Contact Harold Knebel	
		Telephone Number 201-394-0257	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) East Garden Apartments UNIT K		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 14 Bliss Avenue		Square Feet 30,000	# of Floors 2
City (5) Tenafly, NJ	County (6) Bergen	County Code (7) 07670	Bldg. Age 45
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		Name of Abatement Contractor (9) Resource Management Group, LLC	
Street Address PO Box 365		Street Address 2115 Hamilton Ave, Suite 202	
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Code Trenton, NJ 08619	
Project Manager for Monitoring Firm Jim Proctor		Telephone Number 856-839-2432	License Number 01185
Scheduled Start Date (10) 7-5-2019	Scheduled Completion Date (11) 7-12-2019	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 regular operating Hours: Describe: 8:30am - 5:30pm <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)

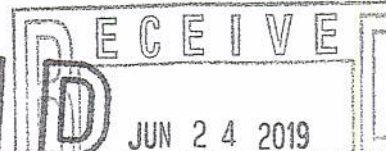
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<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
Boiler room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Wrap	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ 08619	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney	Title President	Signature 	Date 6-20-2019



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



Inv# 12188  
Check# 3021

Date of Notification (1) 6-20-2019		Name of Building Owner / Operator (2) The East Hill	
Agencies Notified	Type Notification	Street Address PO Box 644	
<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"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Englewood, NJ 07631	
		Name of Contact Harold Knebel	Telephone Number 201-394-0257

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) East Garden Apartments UNIT Q			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 14 Bliss Avenue			Square Feet 30,000	# of Floors 2	Bldg. Age 45
City (5) Tenafly, NJ	County (6) Bergen	County Code (7) 071070	Current Use (Prior if being demolished) Security Building		
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services			Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address PO Box 365			Street Address 2115 Hamilton Ave, Suite 202		
City, State & Zip Code Berlin, NJ 08009			City, State & Zip Code Trenton, NJ 08619		
Project Manager for Monitoring Firm Jim Proctor		Telephone Number 856-839-2432	Telephone Number 609-914-4279	License Number 01185	
Scheduled Start Date (10) 7-5-2019	Scheduled Completion Date (11) 7-12-2019		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 regular operating Hours: Describe: 8:30am - 5:30pm <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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input 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

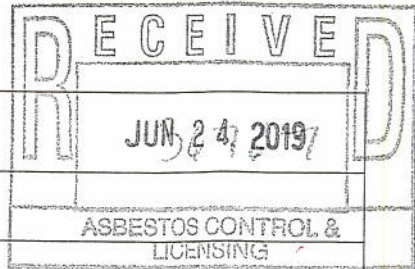
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Boiler room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Wrap	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ 08619		Disposal Date TBD	City, State Morrisville, PA
Completed By (Print or Type) Mr. Brian Haney	Title President	Signature 	Date 6-20-2019



Inv# 11933  
Check# 86767

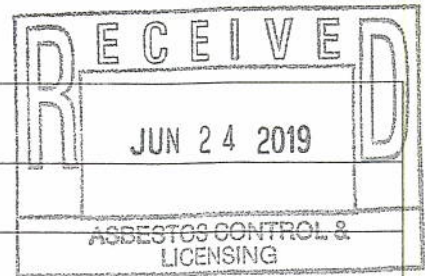
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>06 / 17 / 19</b>		Name of Building Owner/Operator (2) <b>Pennsauken Twp. Board of Education</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>1695 Hylton Road</b> City, State, Zip Code <b>Pennsauken, NJ 08110</b>							
		Name of Contact <b>Frank Warwick</b>	Telephone Number <b>856-662-8505 X6521</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Pennsauken 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 and commercial buildings, homes, etc.)							
Street Address <b>800 Hylton Road</b>									
City (5) <b>Pennsauken</b>		Square Feet <b>50,000</b>	# of Floors <b>2</b>						
		Bldg. Age <b>60</b>							
County (6) <b>Camden</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>Arcadis US, Inc</b>		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>							
Street Address <b>10 Friends Lane, Suite 100</b>		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code <b>Newtown, PA 08940</b>		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm <b>David Hilinski</b>		Telephone No. <b>908-635-4069</b>	License No. <b>00624</b>						
Start Date (10) <b>06 / 18 / 19</b>	Scheduled Completion Date (11) <b>07 / 03 / 19</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 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"/> 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
Room 101	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	glue dots from chalkboard	120 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>07/03/19</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 		Date <b>6/17/19</b>			



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



Date of Notification (1) <u>06</u> / <u>20</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>North Wildwood Board of Education</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 checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1201 Atlantic Avenue</b>							
		City, State, Zip Code <b>North Wildwood, NJ 08260</b>							
		Name of Contact <b>Rose Millar</b>	Telephone Number <b>609-729-4649</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Margaret Mace 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>1201 Atlantic Avenue</b>									
City (5) <b>North Wildwood</b>	Square Feet <b>80,000</b>	# of Floors <b>3</b>	Bldg. Age <b>90</b>						
County (6) <b>Cape May</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>TTI Environmental, Inc.</b>		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>							
Street Address <b>1253 North Church Street</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Jim Guillard</b>	Telephone No. <b>856-840-8800</b>	Telephone No. <b>856-755-0099</b>	License No. <b>00842</b>						
Start Date (10) <u>06</u> / <u>19</u> / <u>19</u>	Scheduled Completion Date (11) <u>06</u> / <u>28</u> / <u>19</u>	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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawlspaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris Clean-up (O&M)	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom No. 10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	263 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom No. 15	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Carpet Mastic	291 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classrooms in 1920 Section	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Uni-Vent Hood Caulk	60 LF	<input checked="" 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>Cape May County Landfill</b>					
City, State <b>Freehold, NJ</b>			Disposal Date <b>06/28/2019</b>	City, State <b>Woodbine, NJ</b>					
Completed By (Print or Type) <b>Christina Lynch</b>		Title <b>Vice President of Operations</b>		Signature 			Date <b>6/20/19</b>		



Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility	Is Location Normally Used Solely by Maintenance/Custodial Staff?			Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal
	Yes	No	N/A			
Woodshop Storage Room		X		Pipe Fitting Insulation	8 LF	X

