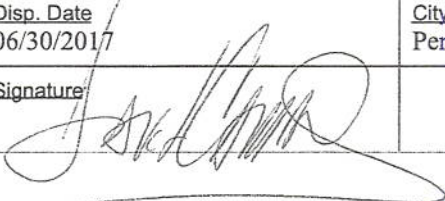


## STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 06/17/2017		Name of Building Owner/Operator (2) David Rubinstein	
Agencies Notified ( ) USEPA ( ) NJDEP (X) NJDOL (X) NJDOH ( ) NJDCA	Type of Notification (X) Initial Notification ( ) Amended Amendment # _____ ( ) Emergency (including justification) ( ) Cancellation	Street Address [REDACTED]	City, State, Zip Code Teaneck, NJ 07666
		Name of Contact David Rubinstein	

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 JUN 27 2017  
 ASBESTOS CONTROL & LIQUIDATION

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address [REDACTED]		SQ. Feet: 2000 # of Floors 2 Bldg. Age 68	
City (5) Teaneck	County (6) Bergen	County Code (7) (State Use Only)	Current Use (if being demolished):
Name of Monitoring Firm Hired by Bldg. Owner (8) ISES, Inc.		ASCM No. N/A	Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.
Street Address 3300 Hudson Avenue		Street Address 3300 Hudson Avenue	
City, State, Zip Code Union City, NJ		City, State, Zip Code Union City, NJ 07087	
Project Manager for Monitoring Firm David Camacho	Telephone Number (201)325-0055	Telephone Number (201)325-0055	License Number 01124
Scheduled Start Date (10) 06/26/2017	Scheduled Completion Date (11) 06/30/2017	Name of OSHA Monitor ISES, Inc.	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - ( ) Other - Describe: work area in basement will be vacated		Street Address, City, State, Zip Code 3300 Hudson Avenue, Union City, NJ 07087	
Source of Work (Check all that apply) ( ) Demolition (X) Renovation ( ) Minor Project (<25 SF or <10 LF ACM) (X) Small Project (>25 <160 SF or >10 <260 LF ACM) ( ) Large Project (>160 SF or > 260 LF ACM) ( ) Full Containment with Negative Pressure (X) Mini-Enclosure with Negative Pressure (X) Glove-bag Procedure or Wrap and cut 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 or Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	Amount (Specify SF or LF)
Basement	X	Pipe TSI	~ 80 L. Ft.
Name of Reg. Waste Hauler Atlas Disposal Options, Inc.	NJDEP Waste Hauler ID # 50452	Cubic Yards of Waste ~ 5	Name of Reg. Landfill Grand Central Sanitation 1963 Pen Argyl Road
City, State 311 East Blackwell Street, Dover, NJ 07801	Disp. Date 06/30/2017	City, State Pen Argyl, PA 18072	
Completed by (Print or Type) David Camacho	Title Project Supervisor	Signature 	



05/23/2017 12:13 2012528321

AMAC

PAGE 02/03

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

DOL - 111 DAY check # 9315

ASBESTOS CONTROL &amp; LICENSING

CK9515

Date of Notification (1)  
6/23/17

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

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

Name of Building Owner/Operator (2)  
TIM CARPENTER

Street Address  
[REDACTED]

City, State, Zip Code  
VERONA, N.J. 07044

Name of Contact  
TIM CARPENTER

Telephone Number  
[REDACTED]

Name of Facility Where Abatement is Taking Place (3)  
RESIDENCE

Street Address  
[REDACTED]

City (6)  
VERONA

County (6)  
ESSEX

County Code (7)  
(STATE USE ONLY)

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

Square Feet  
1950

# of Floors  
2

Bldg. Age  
+50

Current Use (Prior to being demolished)  
RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner (5)  
[REDACTED]

ASCM No.  
[REDACTED]

Name of Abatement Contractor (6)  
A.MAC Contracting Inc.

Street Address  
105 Vreeland Ave

City, State, Zip Code  
Midland Park, NJ 07432

Project Manager for Monitoring Firm  
[REDACTED]

Telephone No.  
[REDACTED]

Telephone No.  
(201)282-6841

License No.  
00156

Start Date (10)  
6/23/17

Scheduled Completion Date (11)  
6/24/17

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

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)  
☒ >3 sf or >3 ft  
☒ >100 sf or >250 ft  
☐ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Cleaning Procedure  
☐ Non-Exempted (\*) and Non-Fragile Properties

Location of Asbestos-Containing Material (ACM) 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
BASEMENT			/	PIPE INSULATION	170 LF	/		

Name of Registered Waste Hauler  
Newark Carting Inc.

NJDEP Waste Hauler ID No.  
04509

Cubic Yards of Waste  
2

Name of Registered Landfill  
Grand Central Sanitary Landfill

City, State  
Newark, NJ 07105

Disposal Date  
6/23/17 On

City, State  
Pan Argy, PA 08712

Completed by  
Joseph Vaccaro

Title  
Vice President

Signature  
[Signature]

Date  
6/23/17

ASB-41 (R-08-08)

\* Do not use this form for repetitive clean and exempted activities.



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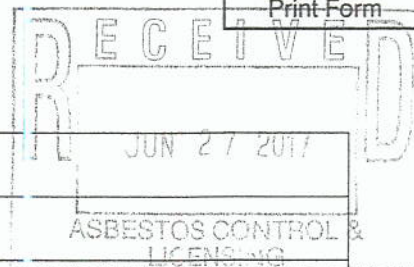
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

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Print Form  
JUN 27 2017  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06-23-2017		Name of Building Owner/Operator (2) Eric Ortner							
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 Springfield NJ 07081							
		Name of Contact Eric Ortner	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) Springfield NJ 07081		Bldg. Age N/A							
County (6) Union	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		ASC No.	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 2108 Fulton Street, 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	License No. 001266						
Start Date (10) 07-02-2017	Scheduled Completion Date (11) 07-06-2017	Name of OSHA Monitor Amax Contracting 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 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	VAT	180 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 Forrest Hills					
City, State Woodland Park NJ 07424		Disposal Date 07-15-2017		City, State Morrisville F A					
Completed by Tome Maslarkov		Title Project Manager		Signature 		Date 06-23-2017			



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




Date of Notification (1) 6/24/17		Name of Building Owner/Operator (2) Mike Woodrow 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"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Mike	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mike Woodrow 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 1						
City (5) Manahawkin NJ 08050		Bldg. Age 35 +							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior to being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc						
Street Address _____		Street Address PO Box 329							
City, State, Zip Code _____		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm _____		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 7/7/17	Scheduled Completion Date (11) 7/16/17	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 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	1000 SF	x			
through out			x	Floor Tile	1000 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S					
City, State Elm NJ			Disposal Date 7/17/17	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 5/31/17			



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

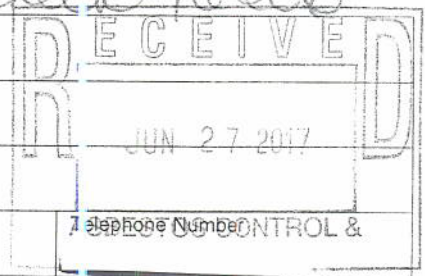
CK 6174

Date of Notification (1) 6/24/17		Name of Building Owner/Operator (2) Mike Pagnotta 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Long Beach Township NJ 08008							
		Name of Contact Jeff	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mike Pagnotta 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]									
City (5) Long Beach Township NJ 08008		Square Feet 1000+	# of Floors 2 Bldg. Age 35 +						
County (6) Ocean	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) 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) 7/7/17	Scheduled Completion Date (11) 7/16/17	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 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	1000 SF	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 7/17/17		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 5/31/17		



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

*Check 166006*



Date of Notification (1) 6/21/17		Name of Building Owner/Operator (2) Glenn Connelly							
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Linden, NJ 07036							
		Name of Contact Glenn	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) Linden		Square Feet 2000	# of Floors 2						
County (6) Union		Bldg. Age 85							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) single family home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 7/5/17	Scheduled Completion Date (11) 8/5/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: basement		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
basement			x	pipe insulation	100 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ			Disposal Date TBD	City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 6/21/17			



CK# 1779

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JUN 27 2017  
Number  
ASBESTOS CONTROL &  
LICENSING

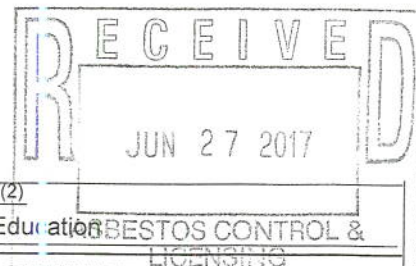


RECEIVED  
JUN 27 2017  
ASBESTOS CONTROL  
LICENSING

[illegible]

CH14972

STATE OF NEW JERSEY  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to N.J.A.C. 8:60 AND 12:120)



Date of Notification (1) 6/21/2017		Name of Building Owner/Operator (2) South Brunswick Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 4 Executive Dr		City, State, Zip Code Monmouth Junction, NJ 08852	
Name of Contact Mr. Todd Amiet		Tel. Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Crossroads Middle School South		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 195 Major Rd.			
City (5) Monmouth Junction	County (6) Middlesex	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Briggs Associates		ASC No. 00004	
Street Address 3 Crosswicks St.		Name of Contractor (9) MTM Metro Corporation	
City, State, Zip Code Bordentown, NJ 08505		Street Address 135-137 McBride Ave	
		City, State, Zip Code Paterson, NJ 07501	
Project Manager for Monitoring Firm Michael Hoodak		Telephone Number 609 298 5520	License Number 00809
Scheduled Start Date (10) 7/5/2017		Scheduled Completion Date (11) 7/24/2017	
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: Occupied		Name of OSHA Monitor MTM Metro Corporation	
		Street Address 135-137 McBride Avenue	
		City, State, Zip Code Paterson, NJ 07501	
Source of Work (Check all that apply) <input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or L <sup>3</sup> )
Boiler Room and Boiler room annex	<input checked="" type="checkbox"/>	Breeching Insulation	120 sf
Boiler Room and Boiler room annex	<input checked="" type="checkbox"/>	Elbow insulation	74 count
Boiler Room and Boiler room annex	<input checked="" type="checkbox"/>	Stack Insulation	20 sf
Boiler Room and Boiler room annex	<input checked="" type="checkbox"/>	Boiler rope insulation	40 sf
Name of Reg. Waste Hauler MTM Metro Corporation	NJDEP Waste Hauler ID # 26552	Cubic Yards of Waste 15	Name of Reg. Landfill Tullytown
City, State 135-137 McBride Ave	Disp. Date 7/25/2017	City, State Tullytown, PA	
Completed by (Print or Type) Mike Damevski	Title Project manager	Signature Mike Damevski	Date 6/21/2017

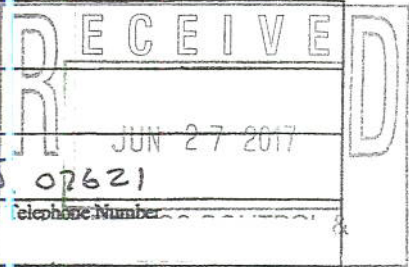
ASB-41

\* 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)

check 4150



Date of Notification (1) <b>6-27-17</b>		Name of Building Owner/Operator (2) <b>R. CHOREY</b>	
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 <b>BERGENFIELD . NJ 07621</b>	
		Name of Contact <b>R. CHOREY</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>R. CHOREY</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) <b>BERGENFIELD</b>	Square Feet <b>2000</b>	of Floors <b>2</b>	Bldg. Age <b>1945</b>
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <b>RESIDENCES</b>	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Best Removal Inc</b>	
Street Address		Street Address <b>450 South River Street</b>	
City, State, Zip Code		City, State, Zip Code <b>Hackensack, NJ 07601</b>	
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>
Start Date (10) <b>7/6/17</b>	Scheduled Completion Date (11) <b>7/7/17</b>	Name of OSHA Monitor <b>Omega Environmental</b>	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8:00 AM TO 5:00 PM</b>		Street Address <b>280 Huyler Street</b>	
		City, State, Zip Code <b>South Hackensack NJ 07606</b>	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED In Facility (13)</b> <b>BASEMENT</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
			<b>THERMAL SYSTEM INSULATION</b>
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>24295</b>
City, State <b>Hackensack, NJ 07601</b>		Name of Registered Landfill <b>Minerva Enterprises, LLC</b>	
		Disposal Date <b>7/7/17</b>	City, State <b>Waynesburg, OH 44688</b>
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>	Signature <i>[Signature]</i>	Date <b>6-21-17</b>



Jun 21 2017 10:23AM NJ Asbestos Control 609.633.0664

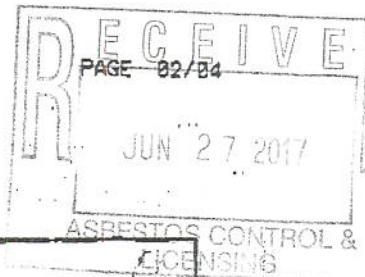
page 1

06/20/2017 09:42AM 2013297440

BEST REMOVAL INC

CIC 4147

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 17:27 and 17:28)



Date of Notification (1) <b>6/20/17</b>		Name of Building Owner/Operator (2) <b>BRAD STONE</b>	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOE <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"/> Consultation	Street Address [REDACTED] City, State, Zip Code <b>HO HO KUS NJ 07423</b> Name of Contact <b>HL STONE</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>HL BRAD STONE</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>3000</b>	# of Floors <b>2</b>
City (5) <b>HO HO KUS</b>		Bldg. Age <b>1960</b>	
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) <b>6/22/17</b>		Scheduled Completion Date (11) <b>6/23/17</b>	Name of OSHA Monitor <b>Omega Environmental</b>
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7:30 AM TO 5:00 PM</b>		Street Address <b>280 Huyler Street</b> City, State, Zip Code <b>South Hackensack, NJ 07606</b>	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> 25 sf or 25 lf <input checked="" type="checkbox"/> 2160 sf or 2280 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"/> Moving Procedures <input type="checkbox"/> Non-Enclosed ("A") and Non-Flexible Procedures			
Location of Asbestos-Containing Material (ACM) to be Abated in Facility (13) <b>BASEMENT</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other applications)	Also at (Specify SF or LF) <b>720 SF</b>
		<b>VAT</b>	
Name of Registered Waste Hauler <b>Best Removal Inc</b>	NIDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>34/207</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>
City, State <b>Hackensack, NJ 07601</b>	Disposal Date <b>6/23/17</b>	City, State <b>Waynesburg, OH 44688</b>	
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>	Signature <b>J. Maiorano</b>	Date <b>6/20/17</b>



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

check 4151

Date of Notification (1) <b>6-22-17</b>		Name of Building Owner/Operator (2) <b>Mr. COOPER</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 27 2017 ROL &amp; </div>		
Agency 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 [REDACTED]				
		City, State, Zip Code <b>RIVER VALE, NJ 07675</b>		Telephone Number		
		Name of Contact <b>MR. COOPER</b>				
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>Mr. COOPER</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 <b>1408</b>		
City (5) <b>RIVER VALE</b>				# of Floors <b>2</b>		
County (6) <b>BERGEN</b>				Bldg. Age <b>93 YRS</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)		ASCM No.		Name of Abatement Contractor (9) <b>Best Removal Inc</b>		
Street Address				Street Address <b>450 South River St</b>		
City, State, Zip Code				City, State, Zip Code <b>Hackensack, N.J. 07601</b>		
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>201-329-7444</b>		
Start Date (10) <b>7-6-17</b>		Scheduled Completion Date (11) <b>7-7-17</b>		License No. <b>00388</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8 AM 5 PM</b>				Name of OSHA Monitor <b>Omega Environmental</b>		
				Street Address <b>280 Huyler St</b>		
				City, State, Zip Code <b>S. Hackensack N.J. 07606</b>		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) 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
<b>BASEMENT</b>	<b>X</b>	<b>THERMAL INSULATION</b>	<b>60 LF</b>	<b>X</b>		
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>12 YD.</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>		
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>7-7-17</b>	City, State <b>Waynesburg, Oh, 44688</b>			
Completed by <b>R. Veldran</b>	Title <b>Estimator</b>	Signature <b>R. Veldran</b>		Date <b>6-22-17</b>		

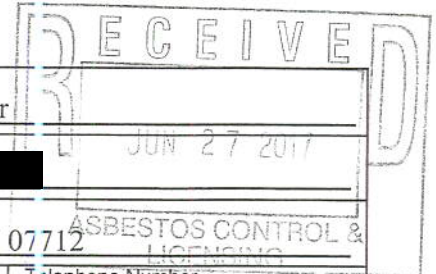
ASB-41

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



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

Check # 25528



Date of Notification (1) <u>6/21/17</u>		Name of Building Owner/Operator (2) <u>McArthur</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>[REDACTED]</u>	
		City, State, Zip Code <u>Ocean Twp., NJ 07712</u>	
		Name of Contact <u>Gabriella McArthur</u>	Telephone Number <u></u>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>[REDACTED]</u>			
City (5) <u>Ocean Twp., NJ 07712</u>		Square Feet <u>1800</u>	Bldg. Age <u>85+/-</u>
County (6) <u>Monmouth</u>	County Code (7) (STATE USE ONLY) <u></u>	Current Use (Prior to being demolished) <u></u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No. <u></u>	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>6/22/17</u>	Scheduled Completion Date (11) <u>6/23/17</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am - 4pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Fixable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>	NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 cu</u>	Name of Registered Landfill <u>Fairless Landfill</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>6/26/17</u>	City, State <u>Morrisville, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <u>[Signature]</u>	Date <u>6/21/17</u>



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 8:28)

**RECEIVED**  
JUN 27 2017  
Check # 25528  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>6/21/17</b>		Name of Building Owner/Operator (2) <b>McArthur</b>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address [REDACTED]		City, State, Zip Code <b>Ocean Twp., NJ 07712</b>					
Name of Contact <b>Gabriella McArthur</b>		Telephone Number [REDACTED]					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Residential</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>1800</b>					
City (5) <b>Ocean Twp., NJ 07712</b>		# of Floors <b>2</b>					
County (6) <b>Monmouth</b>		Bldg. Age <b>85+/-</b>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <b>MECS</b>		Name of Abatement Contractor (9) <b>Stevens Environmental Services, Inc.</b>					
Street Address <b>PO Box 341</b>		Street Address <b>PO Box 322</b>					
City, State, Zip Code <b>Crosswicks, NJ 08515</b>		City, State, Zip Code <b>Allentown, NJ 08501</b>					
Project Manager for Monitoring Firm <b>Bill Weisgarber</b>		Telephone No. <b>(609) 298-4070</b>					
Start Date (10) <b>6/22/17</b>		Scheduled Completion Date (11) <b>6/23/17</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8am - 4pm</b>		Name of OSHA Monitor <b>MECS</b>					
Street Address <b>PO Box 341</b>		City, State, Zip Code <b>Crosswicks, NJ 08515</b>					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥180 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) <b>TO BE ABATED IN FACILITY (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
<b>Basement</b>		<b>X</b>	<b>Thermal Pipe Insulation</b>	<b>10 lf</b>	<b>X</b>		
Name of Registered Waste Hauler <b>Stevens Environmental Services, Inc.</b>		NJDEP Waste Hauler ID No. <b>18292</b>		Cubic Yards of Waste <b>1 cu</b>		Name of Registered Landfill <b>Fairless Landfill</b>	
City, State <b>Allentown, NJ</b>		Disposal Date <b>6/26/17</b>		City, State <b>Monksville, PA</b>		Date <b>6/21/17</b>	
Completed By <b>Mahlon E. Stevens</b>		Title <b>Project Manager</b>		Signature 		Date <b>6/21/17</b>	

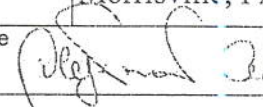
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\* Do not use this form for asbestos licensure exempted activities.



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

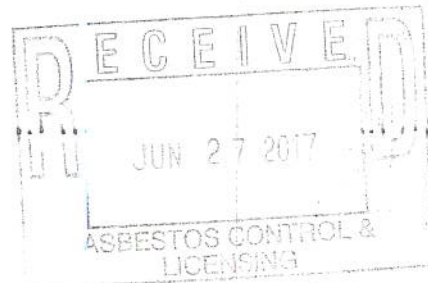
CK 4784

Date of Notification (1) 06/21/2017		Name of Building Owner/Operator (2) Montclair Kimberly Academy		ch# 4740 ch#4781 ch#4784					
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 checked="" type="checkbox"/> Amended Amendment # 2  <input type="checkbox"/> Emergency (including justification)  <input type="checkbox"/> Cancellation		Street Address 201 Valley Road		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; margin: 0 auto; width: 100px;">RECEIVED</div> <div style="text-align: center; margin-top: 5px;">JUN 27 2017</div>				
			City, State, Zip Code Montclair, NJ 07042						
		Name of Contact Mark Dombroski		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Upper 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 6 Lloyd Road			Square Feet						
City (5) Montclair			# of Floors						
County (6) Essex			Bldg. Age						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) school							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 300 Grand Ave		Street Address 606 McBride Ave							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-569-6708		Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 06-20-2017		Scheduled Completion Date (11) 07-03-2017		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 checked="" type="checkbox"/> Other -- Describe: unoccupied start 3 pm			Street Address 2333 Route 22 West						
			City, State, Zip Code Union, NJ 07083						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure x2					
<input checked="" 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			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
Opposite room #21		X		VAT and Mastic	352 SF	X			
Opposite room #23 & room #24		X		VAT and Mastic	440 SF	X			
Old IT room		X		VAT and Mastic	600 SF	X			
Faculty Break room		X		VAT and Mastic	280 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste	Name of Registered Landfill GROWS Landfill				
City, State Woodland Park, New Jersey				Disposal Date	City, State Morrisville, PA				
Completed by Adriana Olejarova		Title president		Signature 		Date 06/21/2017			



Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	In Enclosure
	Yes	No	N/A						
				MKA-upper school Sub-8					
lounge area room# 24	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT and Mastic	220 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"/>

*Alleged*



Project #

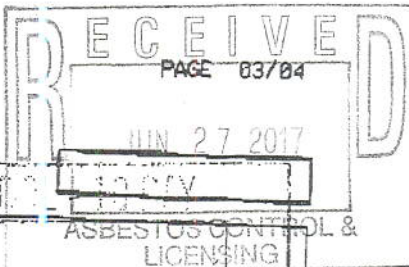
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Check # 3829

Date of Notification (1) 06/15/2017		Name of Building Owner/Operator (2) Lenape Valley Regional HS District							
Agencies Notified	Type Notification	Street Address 28 Sparta Rd							
<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 Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Stanhope, NJ 07874							
		Name of Contact Robert G. Klinck							
Telephone Number									
JUN 27 2017									
OS CONTROL & INSING									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lenape Valley Regional HS		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.)							
Street Address 28 Sparta Rd		Square Feet							
City (5) Stanhope, NJ		# of Floors							
County (6) Sussex County		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) RAMM		ASCM No.							
Street Address 77 Nottingham Rd		Name of Abatement Contractor (9) Nick Restoration LLC							
City, State, Zip Code Fair Lawn		Street Address 72 Brookside Rd							
Project Manager for Monitoring Firm Rodger Headrick		City, State, Zip Code Randolph NJ 07869							
Telephone No. (201)475-9880		Telephone No. 973-933-2550							
License No. 01133									
Start Date (10) 06/19/2017		Scheduled Completion Date (11) 06/23/2017							
Name of OSHA Monitor IRIS									
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 type="checkbox"/> Other - Describe:		Street Address 2333 RT 22							
		City, State, Zip Code Union, NJ 07083							
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) 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 221		X		Fume hoods-wrap&pick up	2 pc	X			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 33782		Cubic Yards of Waste TBD		Name of Registered Landfill G.R.O.W.S			
City, State Randolph, NJ 07869		Disposal Date TBD		City, State Tullytown, PA					
Completed by Elvira Mrda		Title President		Signature Elvira Mrda		Date 06/15/2017			



06/21/2017 07:36AM 9736301770



MO#24499201533

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

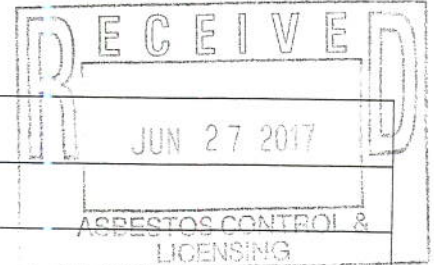
Date of Notification (1) 06 / 21 / 17		Name of Building Owner/Operator (2) Vincent M. Porcelli	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHQS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code West Orange, NJ 07052	
Name of Contact Vincent M. Porcelli		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 B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Squares Feet # of Floors Bldg. Age	
City (5) West Orange, NJ 07052		County (6) Essex	
County Code (7) (STATE USE ONLY) Essex		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No.	
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 / 22 / 17		Scheduled Completion Date (11) 06 / 23 / 17	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM _____ PM _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc.	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 of or >3 if <input type="checkbox"/> >180 sf or >250 if		<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) TO BE ABATED IN Facility (13) Basement		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 SIF or LF)	
Pipe insulation		70 LF	
Abatement Type		Removal Repair Encapsulation Enclosure	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	
City, State Wayne, NJ 07470		Cubic Yards of Waste TBD	
Completed By (Print or Type) N. Jevtic		Name of Registered Landfill T.R.R.P. Inc.	
Title Owner		City, State Tullytown, PA	
Signature [Signature]		Date 06/21/17	

MAY 11

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



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



Date of Notification (1) 6/21/2017		Name of Building Owner/Operator (2) The College of New Jersey							
Agencies Notified	Type Notification	Street Address 2000 Pennington Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code Ewing, New Jersey 08628							
		Name of Contact Matt Bonomo	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) The College of New Jersey, (Power House Boiler # 1)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2000 Pennington Road		Square Feet ~ 9,000	# of Floors 2						
City (5) Ewing		Bldg. Age 50+							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Power House							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Incorporated		ASCM No. 0003	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address 1253 North Church Street		Street Address 42 Ridge Road							
City, State, Zip Code Moorestown, New Jersey 08057		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Michael R. Stocku		Telephone No. 856 840-8800	Telephone No. 610 933-4332						
License No. 00836									
Start Date (10) 5/24/2017 (Canceled)		Scheduled Completion Date (11) 6/24/2014 (Canceled)							
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: Occupied, Maintenance Personnel Only		Name of OSHA Monitor Neuber Environmental Services, Inc.							
		Street Address 42 Ridge Road							
		City, State, Zip Code Phoenixville, PA 19460							
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
Boiler Drum Insulation	X			TSI	180 SF	X			
Boiler Insulation	X			TSI	300 SF	X			
Breeching Insulation	X			TSI	100 SF	X			
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 10416	Cubic Yards of Waste ~ 30	Name of Registered Landfill GROWS/Tullytown Landfill					
City, State Trenton, NJ		Disposal Date 06/2017		City, State Morrisville, PA					
Completed by Patrick Larney		Title Project Manager		Signature 		Date 6/21/2017			



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AMAC

RECEIVED	BAGE 02/03
	Check # 9508 JUN 27 2017

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

DOL - 10 DAY

ASBESTOS CONTROL &amp; LICENSING

Date of Notification (1) 6/21/17		Name of Building Owner/Operator (2) MARSALET ROTH BERG	
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 of <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code MILLINGTON, N.J.	
Name of Contact MARSALET ROTH BERG		Telephone [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & owner-occupied buildings, homes, etc.)	
Street Address [REDACTED]		Square Foot 1400	
City (5) MILLINGTON		# of Floors 2	
County (6) MORRIS		Bldg. Age 150	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) AMAC Contracting Inc.	
City, State, Zip Code		Street Address 185 Vreeland Ave	
Project Manager for Monitoring Firm		City, State, Zip Code MIDLAND PARK, NJ 07432	
Telephone No.		Telephone No. (201)262-5841	
Start Date (10) 6/21/17		Scheduling Completion Date (11) 6/30/17	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours 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 checked="" type="checkbox"/> 23 SF or 23 LF <input checked="" type="checkbox"/> 250 SF or 250 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 Products			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) ATTC	Is Location Normally Used Solely for Maintenance or Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous) VERMICULITE
	Amount (Specify SF or LF) 800SF		
Abatement Type Partial Complete Enclosure			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Transfer ID No. 04509	
City, State Newark, NJ 07105		Cubic Yards of Waste 4	
Name of Registered Landfill Grand Central Sanitary Landfill		Disposal Date 6/21/17	
City, State Pan Argy, PA 08702		Signature J. Vocatore	
Completed by Joseph Vocatore		Title Vice President	
Date 6/21/17			

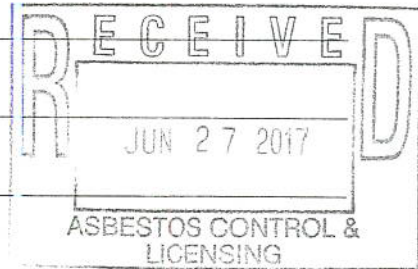
ASB-11 (A-09-06)

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



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

Date of Notification (1) <b>6/21/2017</b>		Name of Building Owner/Operator (2) <b>Barry Goldberg</b>	
Agencies Notified	Type Notification	Street Address <b>[REDACTED]</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Livingston, NJ, 07039</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Barry Goldberg</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number <b>[REDACTED]</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>Foodland Inc.</b>			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 & commercial buildings, homes, etc.)		
Street Address <b>565-567 S Livingston Avenue</b>			Square Feet <b>6500</b>	# of Floors <b>2</b>	Bldg. Age <b>70</b>
City (5) <b>Livingston</b>	County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address			Street Address <b>86 Christopher St.</b>	
City, State, Zip Code			City, State, Zip Code <b>Montclair, NJ 07042</b>	
Project Manager for Monitoring Firm	Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>	
Scheduled Start Date (10) <b>07 01 2017</b>	Sched. Completion Date (11) <b>07 03 2017</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

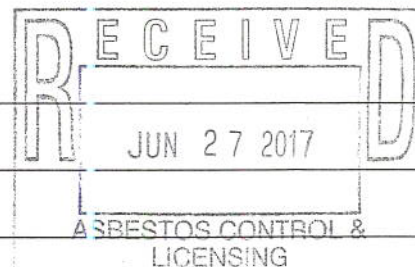
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glove-bag Procedure  
☐ Non-Friable Procedure

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

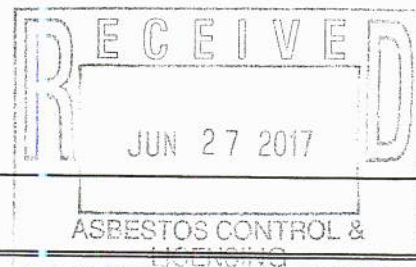
Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>Minerva Enterprise INC</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>07/04/2017</b>	City, State <b>Waynesburg, Ohio 44688</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>6/21/2017</b>		



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



Date of Notification (1) 06/21/17		Name of Building Owner/Operator (2) Daphnae Torres							
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 Maywood, NJ 07607							
		Name of Contact Daphnae Torres	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Daphnae Torres		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) Maywood, NJ 07607		Square Feet	of Floors						
County (6) bergen		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) MKD Property Maintenance						
Street Address		Street Address 105 Van Riper Avenue							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 07/01/17		Scheduled Completion Date (11) 07/15/17	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	155 lf	X			
Name of Registered Waste Hauler TBD		NJDEP Waste Hauler ID No. TBD	Cubic Yards of Waste 2 yds	Name of Registered Landfill 110 Sand Company					
City, State 136 Apagnoli Road, Melville, NY 11742			Disposal Date 07/03/17	City, State NY, NY 11747					
Completed by Darko Raloska		Title project manager	Signature 	Date 06/21/17					



Date of Notification (1) 10/16/12/11/17		Name of Building Owner/Operator (2) monica and james burnette	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code SO. ORANGE, NJ 07079	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact edward oliveira	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) monica and james burnette			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) SO. ORANGE	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 06/22/17		Sched. Completion Date (11) 06/30/17	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one)			Street Address 20 California Avenue		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			City, State, Zip Code Paterson, NJ 07503		
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:					
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					

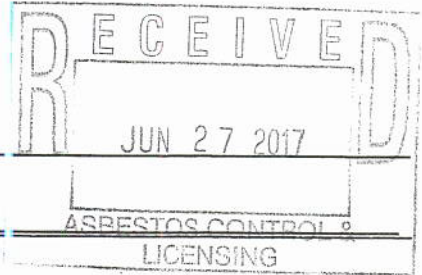
## Scope of Work (check all that apply)

- ☒ >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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT 12 locations, 2 locations boiler room		<input checked="" type="checkbox"/>		duct INSULATION	90 sq ft	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/23/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/21/2017





Date of Notification (1) 10/16/15		Name of Building Owner/Operator (2) charles collucci	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code MONTCLAIR, NJ 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact liz green	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) charles collucci			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet    # of Floors    Bldg. Age		
City (5) MONTCLAIR	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 06/21/17		Sched. Completion Date (11) 07/20/17	Name of OSHA Monitor D & S 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- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

☒ >3 sf or >3 lf    ☒ Renovation    ☐ Full Containment w/negative pressure

☐ ≥160 sf or ≥260 lf    ☐ Demolition    ☐ Mini-enclosure

☐ 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 L <sup>3</sup> )	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	36 lb	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/22/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/15/2017

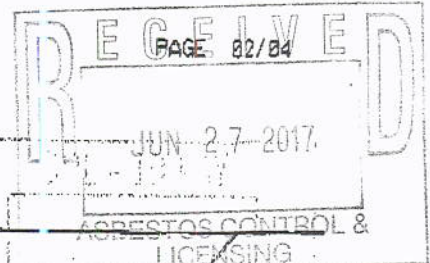


06/16/2017 09:12AM 9733458060

D&amp;S RESTORATIO

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

D&amp;S Proj. #: 17-172



Date of Notification (1) 06/15/17		Name of Building Owner/Operator (2) Charles Colucci	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended		
<input checked="" type="checkbox"/> DOL	Amendment #:	City, State, Zip Code	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	MONTCLAIR, NJ 07042	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
		Liz Green	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Charles Colucci			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter S (Other than K-12)		
			<input checked="" type="checkbox"/> Other (Private/Commercial Bldg./Homes, etc.)		
City (5)	County (6)	County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age
MONTCLAIR	ESSEX				
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9)		
Street Address			D & S RESTORATION, INC.		
City, State, Zip Code			Street Address		
			20 California Ave.		
			City, State, Zip Code		
			Paterson, NJ 07503		
Project Manager for Monitoring Firm			Telephone Number		
			973-345-8020		
Phone Number			License Number		
			01169		
Start Date (10)			Name of OSHA Monitor		
06/21/17			D & S Restoration, Inc.		
Sched. Completion Date (11)			Street Address		
07/20/17			20 California Avenue		
Occupancy Status During Abatement (Check only one)			City, State, Zip Code		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			Paterson, NJ 07503		
<input type="checkbox"/> Abatement performed outside of normal facility hours.					
Describe:					
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					

Scope of Work (check all that apply)			Full Containment w/negative pressure					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf			<input type="checkbox"/> Mini-enclosure					
<input type="checkbox"/> ≥ 180 sf or ≥ 200 lf			<input checked="" type="checkbox"/> Glovebag procedure					
<input type="checkbox"/> Renovation			<input type="checkbox"/> Non-Exempted ( ) and Non-friable procedure					
<input type="checkbox"/> Demolition								
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)	Remove	Repair	Encapsulate	Demolish
BASEMENT	Yes	No	PIPE INSULATION	361 ft	<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"/>
Registered Waste Hauler	NJ DEP Hauler ID#	Cubic Yards of Waste	Name of Registered Landfill					
D & S RESTORATION, INC.	13506	2 yds.	TULLYTOWN, RESOURCE RECOVERY					
City, State	Proposal Date	City, State						
PATERSON, NJ 07503	06/22/17	TULLYTOWN, PA						
Completed by (Print or Type)	Title	Signature					Date	
BOGDAN JOLDZIC	PRESIDENT						06/15/2017	

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



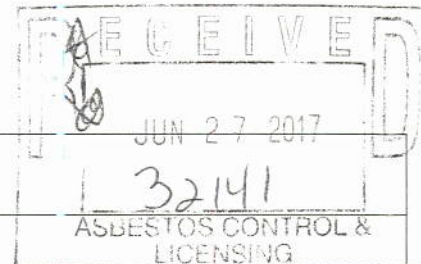
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

Check # = 11308

Date of Notification (1) <u>6</u> / <u>26</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>City of Camden</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   JUN 27 2017 </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <b>PO Box 95120</b>			
		City, State, Zip Code <b>Camden, NJ 08101</b>				Name of Contact <b>James Rizzo</b>			
						Telephone Number (703) _____			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>830 N 7th STREET STRUCTURE</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>830 N 7th STREET STRUCTURE</b>				Square Feet <b>varies</b>					
City (5) <b>Camden</b>				Bldg. Age <b>50+</b>					
County (6) <b>CAMDEN</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior to being demolished) <b>HOUSING DEEMED UNSAFE</b>					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>					
Street Address				Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>					
City, State, Zip Code				City, State, Zip Code <b>Spring House, PA 19477</b>					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>215 542 7000</b>					
Start Date (10) <u>6</u> / <u>27</u> / <u>17</u>		Scheduled Completion Date (11) <u>8</u> / <u>31</u> / <u>17</u>		License No. <b>00847</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: <u>7:00AM-5:00PM</u> PM-____AM				Name of OSHA Monitor <b>CES</b>					
				Street Address <b>1121 N Bethlehem Pike - Suite 10</b>					
				City, State, Zip Code <b>Spring House, PA 19477</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<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-Frangible Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
See Attached Notice of Hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Attached Notice of Hazard	200 YD per res	<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>Waste Management of NJ</b>		NJDEP Waste Hauler ID No. <b>17273</b>		Cubic Yards of Waste <b>200/residenc</b>		Name of Registered Landfill <b>GROWS</b>			
City, State <b>Fairless Hills, PA</b>		Disposal Date <b>8/31/17</b>		City, State <b>Tullytown PA</b>					
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>		Signature <i>Patricia Visco</i>		Date <b>6/26/17</b>			



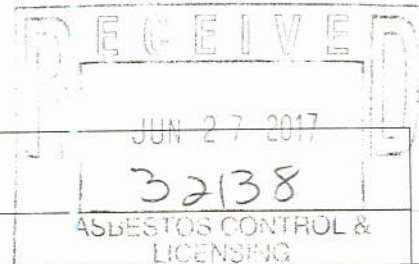
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>06 / 23 / 17</b>		Name of Building Owner/Operator (2) <b>Frank Lurch Demolition</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>P O Box 42</b>							
		City, State, Zip Code <b>Avon by the Sea, NJ 07717</b>							
		Name of Contact <b>Frank Lurch</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>Asbury Park</b>		Square Feet <b>2500 sf</b>	Bldg. Age <b>65</b>						
County (6) <b>Monmouth</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>						
Street Address <b>1889 Rte. 9, Unit 61</b>		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code <b>Toms River, New Jersey 08755</b>		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <b>07 / 07 / 17</b>	Scheduled Completion Date (11) <b>07 / 11 / 17</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</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 Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address <b>1056 Stelton</b>							
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	3500 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	50 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"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>8</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>07/12/17</b>	City, State <b>Tullytown, Pennsylvania</b>						
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 				Date <b>6/23/17</b>			



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



Date of Notification (1) <b>06 / 23 / 17</b>		Name of Building Owner/Operator (2) <b>Weldon Quarry Company</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>141 Central Avenue</b>	
		City, State, Zip Code <b>Westfield, NJ 07090</b>	
		Name of Contact <b>Rob Whaley</b>	
<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>Watchung</b>	Square Feet <b>2500 sf</b>	# of Floors <b>2</b>	Bldg. Age <b>65</b>
County (6) <b>Union</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>Guardian Contracting, Inc.</b>		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>	
Street Address <b>1889 Rte. 9, Unit 61</b>		Street Address <b>1889 Route 9, Unit 61</b>	
City, State, Zip Code <b>Toms River, New Jersey 08755</b>		City, State, Zip Code <b>Toms River, New Jersey 08755</b>	
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>
Start Date (10) <b>07 / 05 / 17</b>	Scheduled Completion Date (11) <b>07 / 12 / 17</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>1056 Stelton</b>	
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input 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-Fixable 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)
	Yes	No	
<b>2<sup>nd</sup> floor &amp; basement</b>	<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"/>
Amount (Specify SF or LF) <b>2513 sf</b>		Abatement Type	
		Removal	Repair
		<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"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>15</b>
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>07/13/17</b>	Name of Registered Landfill <b>T.R.R.F.</b>
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>	Signature 
			Date <b>6/23/17</b>



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

JUN 27 2017

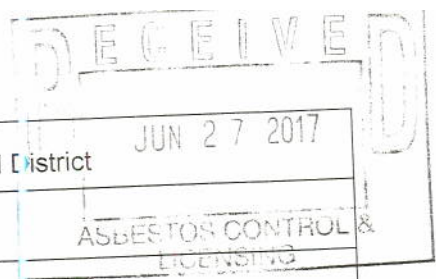
CH 547

Date of Notification (1) 06-22-2017		Name of Building Owner/Operator (2) Ibo Diaz		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 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 Wayne NJ 07470		Telephone Number					
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.)		Square Feet N/A					
Street Address [REDACTED]		Bldg. Age N/A		Current Use (Prior if being demolished) Private Dwelling					
City (5) Wayne NJ 07470		County Code (7) (STATE USE ONLY)		Name of Abatement Contractor (9) Amax Contracting LLC					
County (6) Passaic		ASCM No.		Street Address PO BOX 734					
Name of Monitoring Firm Hired by Building Owner (8) Standard Environmental		City, State, Zip Code Woodland Park NJ 07424		Telephone No. 973-692-6298					
Street Address 2108 Fulton Street, Suite 2A		License No. 001266		Name of OSHA Monitor Amax Contracting LLC					
City, State, Zip Code Brooklyn NY 11233		Telephone No. 347-241-7673		Street Address POI BOX 734					
Project Manager for Monitoring Firm Kayode Adefisoye		Scheduled Completion Date (11) 07-04-2017		City, State, Zip Code Woodland Park NJ 07424					
Start Date (10) 07-01-2017		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 Registered Landfill Forest Hills					
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted * and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
FIRST FLOOR			X	VAT	500 SF	X			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184		Cubic Yards of Waste 7 CY		City, State Morrisville PA			
City, State Woodland Park NJ 07424		Disposal Date 07-10-2017		Signature 		Date 06-22-2017			
Completed by Tome Maslarkov		Title Project Manager							

\* 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)



CK 3976

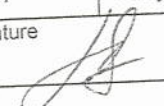
Date of Notification (1) 06/23/2017		Name of Building Owner/Operator (2) Penns Grove-Carneys Point Regional School District							
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Iona Avenue							
		City, State, Zip Code Penns Grove, NJ 08069							
		Name of Contact Brian Ferguson							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Penns Grove Regional 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 334 Harding Hwy		Square Feet 90,000	# of Floors 2						
City (5) Carneys Point, NJ 08069		Bldg. Age 30 years							
County (6) Salem County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Public High School							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group, Inc.		ASCM No. 00073	Name of Abatement Contractor (9) Savic Construction Corp						
Street Address P. O. Box 316		Street Address 205 Route 46 Suite 15							
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Steve		Telephone No. (856) 848-0800	Telephone No. 973-339-9735						
License No. 01034									
Start Date (10) 06/24/2017	Scheduled Completion Date (11) 07/03/2017	Name of OSHA Monitor Savic Construction Corp							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 205 Route 46 Suite 15							
		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) 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
Hallway 1		X		Plaster Ceiling	500 SF	X		X	
Hallway 2		X		Plaster Ceiling	500 SF	X		X	
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Newark NJ		Disposal Date 07/05/2017	City, State Morrisville, PA						
Completed by Milos Savic		Title Project Manager	Signature				Date 06/23/2017		

\* 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)

CH 10110

RECEIVED  
JUN 27 2017  
ASBESTOS CONTROL & REMEDIATION

Date of Notification (1) 06-19-17		Name of Building Owner/Operator (2) Concord States							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 217 Brook Ave.		City, State, Zip Code Passaic, NJ 07055							
Name of Contact Joseph Muller		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 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 & commercial buildings, homes, etc.)							
Street Address 217 Brook Ave		Square Feet	# of Floors						
City (5) Passaic		Bldg. Age							
County (6) Passaic	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.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No. 201 216-9603	License No. 01206						
Start Date (10) 06-21-17	Scheduled Completion Date (11) 06-23-17	Name of OSHA Monitor Delfa Contracting 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: 7:00 Am - 5:00 Pm		Street Address 522 7th St.							
		City, State, Zip Code Union City NJ 07087							
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 type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor		X		Pipe Insulation	150 LF	X			
2nd Floor		X		VAT	1400 SF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 15	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 06-26-17	City, State Tullytown, PA						
Completed by Jaime Delgado		Title Proj. Manager.	Signature 				Date 06-19-17		

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



# STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)  
06/21/2017

Name of Building Owner/Operator (2)  
Hugh Hothem

## Agencies Notified

( ) USEPA  
( ) NJDEP  
(X) NJDOL  
(X) NJDOH  
( ) NJDCA

## Type of Notification

(X) Initial Notification  
( ) Amended  
Amendment # \_\_\_\_\_  
( ) Emergency (including  
justification)  
( ) Cancellation

Street Address  
423 Madison St.

City, State, Zip Code  
Hoboken, NJ 07030

Name of Contact  
Hugh Hothem

JUN 27 2017

ASBESTOS CONTROL &  
LICENSING

Tel. Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Commercial Property (abandoned)

Street Address  
423 Madison St.

City (5)  
Hoboken

County (6)  
Hudson

County Code (7)  
(State Use Only)

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

ASCM No.  
N/A

Type of Facility (4)  
( ) School (K-12)  
( ) Subchapter 8 (other than K-12)  
(X) Other (i.e. private & commercial bldgs., homes, etc.)

SQ. Feet: 5000 # of Floor: 2 Bldg. Age 68

Current Use (if being demolished):

Name of Contractor (9)  
Industrial Safety & Environmental Solutions, Inc.

Street Address  
3300 Hudson Avenue

Street Address  
3300 Hudson Avenue

City, State, Zip Code  
Union City, NJ

City, State, Zip Code  
Union City, NJ 07087

Project Manager for Monitoring Firm  
David Camacho

Telephone Number  
(201)325-0055

Telephone Number  
(201)325-0055

License Number  
01124

Scheduled Start Date (10)  
06/30/2017

Scheduled Completion Date (11)  
07/20/2017

Name of OSHA Monitor  
ISES, Inc.

Occupancy Status During Abatement (Check only one)  
(X) Facility Closed/Vacated During Entire Period of Abatement  
( ) Abatement Performed Outside of Normal Facility Hours -  
( ) Other - Describe: abandoned

Street Address, City, State, Zip Code  
3300 Hudson Avenue, Union City, NJ 07087

Source of Work (Check all that apply) (X) Demolition

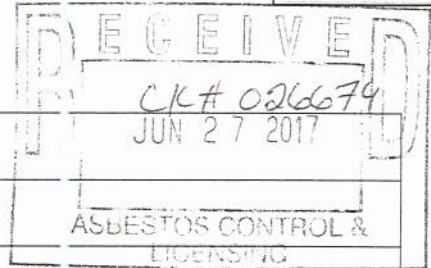
( ) Minor Project (<25 SF or <10 LF ACM)  
( ) Small Project (>25 <160 SF or >10 <260 LF ACM)  
(X) Large Project (>160 SF or > 260 LF ACM)

( ) Renovation  
( ) Full Containment with Negative Pressure  
(X) Mini-Enclosure with Negative Pressure  
( ) Glove-bag Procedure or Wrap and cut 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 or Custodial Staff? (12)			Description of 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
Roof and flashing			X	roof and flashing	~ 4000 Sq Ft.	X			
2nd floor			X	VAT	~ 716 Sq Ft.	X			
Name of Reg. Waste Hauler Atlas Disposal Options, Inc.		NJDEP Waste Hauler ID # 50452		Cubic Yards of Waste ~ 80	Name of Reg. Landfill Grand Central Sanitation 963 Pen Argyl Road				
City, State 311 East Blackwell Street, Dover, NJ 07801				Disp. Date 07/20/2017	City, State Pen Argyl, PA 18072				
Completed by (Print or Type) David Camacho				Title Project Supervisor	Date 06/21/2017				



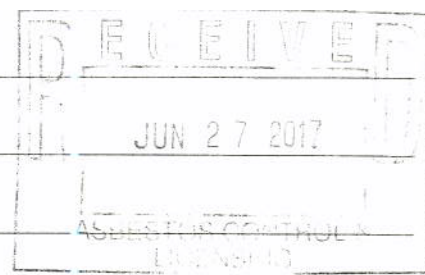
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06/23/17		Name of Building Owner/Operator (2) Guttenberg Board of Education							
Agencies Notified	Type Notification	Street Address 301 69th Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>01</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Guttenberg, NJ 07093							
		Name of Contact Sal Albenese	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Anna L. Klein Elementary School		Type of Facility (4)							
Street Address 301 69th Street		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Guttenberg		Square Feet 10,000 +	# of Floors 4 +						
		Bldg. Age 50 +							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental, Inc.		ASCM No. 00149	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address 56 East Bridge Street		Street Address 1141 Route 23							
City, State, Zip Code Morrisville, PA 19067		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm Mr. James Frisbee		Telephone No. 609-392-4200	Telephone No. 973-628-9200						
		License No. 00408							
Start Date (10) 07/05/17	Scheduled Completion Date (11) 07/28/17	Name of OSHA Monitor Enviro Vision Consultants, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 20-21 Wagaraw Road, Bldg. #35E							
<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 Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
3rd Floor Hallway			X	Cove Base Plaster	261 SF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 20	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey			Disposal Date	City, State Perryopolis, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager	Signature			Date 06/23/17			



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



Date of Notification (1) <b>6/23/2017</b>		Name of Building Owner/Operator (2) <b>Tyler Wiggers</b>	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Short Hills, NJ, 07078</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Tyler Wiggers</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<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>Tyler Wiggers</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 <b>2895</b>	# of Floors <b>2</b>	Bldg. Age <b>90</b>
City (5) <b>Short Hills</b>	County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address <b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm	Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>	
Scheduled Start Date (10) <b>07 03 2017</b> Month Day Year	Sched. Completion Date (11) <b>07 04 2017</b> Month Day Year	Name of OSHA Monitor <b>N/A</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

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

☒ Renovation  
☐ Demolition

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

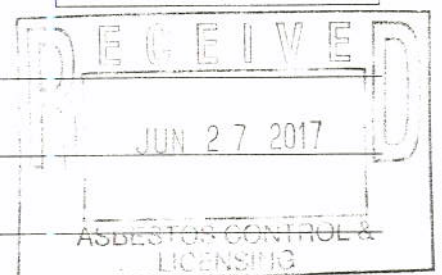
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount Specify SF or LF)	Abatement Type				
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE	ENCLOSURE
Garage			<input checked="" type="checkbox"/>	Pipe Insulation	17 LF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>	NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>0.5</b>	Name of Registered Landfill <b>Minerva Enterprise INC</b>
City, State <b>Montclair, NJ 07042</b>	Disposal Date <b>07/05/2017</b>	City, State <b>Waynesburg, Ohio 44688</b>	

Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>6/23/2017</b>
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**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:120-7)



Date of Notification (1) <b>6/23/2017</b>		Name of Building Owner/Operator (2) <b>Marcia Griffith</b>	
Agenies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>South Orange, NJ, 07079</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Marcia Griffith</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

Name of Facility Where Abatement is Taking Place (3) <b>Marcia Griffith</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 <b>5000</b>	# of Floors <b>2</b>	Bldg. Age <b>97</b>
City (5) <b>South Orange</b>	County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address <b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>

Scheduled Start Date (10) <b>07 03 2017</b> Month Day Year	Sched. Completion Date (11) <b>07 04 2017</b> Month Day Year	Name of OSHA Monitor <b>N/A</b>
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address
		City, State, Zip Code

Scope of Work (Check all that apply)

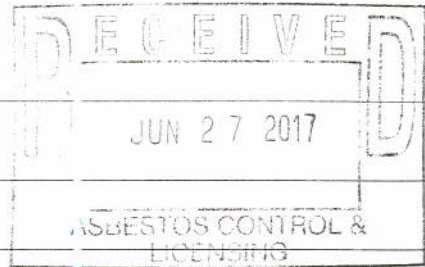
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/ Custodial Staff (12)			Description of Asbestos-Containing Material (ACM)  (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L .	E N C L O S U R E
Basement			X	Pipe Insulation	40 LF	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>	NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.0</b>	Name of Registered Landfill <b>Minerva Enterprise INC</b>
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>07/04/2017</b>	City, State <b>Waynesburg, Ohio 44688</b>
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>6/23/2017</b>



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



<b>NOCK</b> Date of Notification (1) <u>6</u> / <u>23</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>Our Lady of Fatima Church</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment <b>#1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>50 Van Winkle Place</b> City, State, Zip Code <b>Piscataway, NJ 08854</b> Name of Contact <b>Terry Culpepper</b>	
		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Our Lady of Fatima 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>499 New Market Road</b>		Square Feet <b>60,000</b>	
City (5) <b>Piscataway</b>		# of Floors <b>2</b>	Bldg. Age <b>40+</b>
County (6) <b>Middlesex</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. <b>00003</b>	Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>
Street Address <b>1253 N. 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>Jeff Seaman</b>		Telephone No. <b>856-840-8800</b>	License No. <b>00842</b>
Start Date (10) <u>06</u> / <u>26</u> / <u>17</u>	Scheduled Completion Date (11) <u>07</u> / <u>07</u> / <u>17</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) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" 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) <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) <b>797 SF</b>
	Yes    No    N/A		
<b>Gym Lobby and Stairwell</b>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<b>Ceiling Plaster</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"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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>40</b>
City, State <b>Freehold, NJ</b>		Disposal Date <b>7/7/2017</b>	Name of Registered Landfill <b>GROWS North Landfill</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>6/23/17</b>



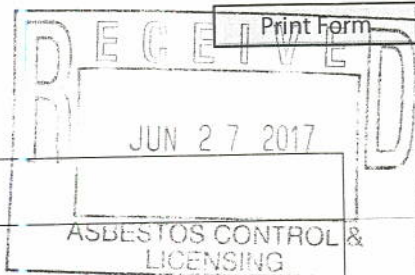
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED  
Ch 4152  
JUN 27 2017

Date of Notification (1) <b>6-22-17</b>		Name of Building Owner/Operator (2) <b>BASF CORPORATION</b>	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>25 MIDWATER ESSEX TURNPIKE</b> City, State, Zip Code <b>ISEW. NJ. 08830</b> Name of Contact <b>RICHARD SMALEY</b> Telephone Number _____
	Name of Facility Where Abatement is Taking Place (3) <b>BASF CORPORATION</b> Street Address <b>25 MIDWATER ESSEX TURNPIKE</b> City (5) <b>ISEW</b> County (6) <b>MIDDLESEX</b> County Code (7) (STATE USE ONLY) _____		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.) Square Feet <b>100,000</b> # of Floors <b>3</b> Bldg. Age <b>62 YEARS</b> Current Use (Prior if being demolished) <b>R&amp;D OFFICE/LABS</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>EH1</b> Street Address <b>655 WEST SHORE TRAIL</b> City, State, Zip Code <b>SPARTA . NJ. 07871</b> Project Manager for Monitoring Firm <b>J. A VON DOEREN</b> Telephone No. <b>973-729-5649</b>		Name of Abatement Contractor (1) <b>Best Removal Inc</b> Street Address <b>450 South River Street</b> City, State, Zip Code <b>Hackensack, NJ 07611</b> Telephone No. <b>201-329-7444</b> License No. <b>00388</b>	
Start Date (10) <b>7-8-17</b> Scheduled Completion Date (11) <b>7-9-17</b>		Name of OSHA Monitor <b>Omega Environmental</b> Street Address <b>280 Huyler Street</b> City, State, Zip Code <b>South Hackensack, NJ 07606</b>	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8:00 AM TO 5:00 PM</b>			
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) TO BE ABATED In Facility (13) <b>LAB 225</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>TABLE TOP</b>	Amount (Specify SF or LF) <b>16 SF</b> Abatement Type Removal Repair Encapsulate Enclosure Y
Name of Registered Waste Hauler <b>Best Removal Inc</b> City, State <b>Hackensack, NJ 07601</b>		NIEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>242CY</b> Name of Registered Landfill <b>Mirviva Enterprises, LLC</b> City, State <b>Waynesburg, OH 44688</b>
Disposal Date <b>7-9-17</b>		Signature <b>J. Maiorano</b> Date <b>6-22-17</b>	
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>	



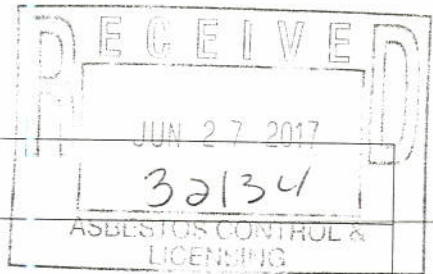
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Ch 22346

Date of Notification (1) 6/23/2017		Name of Building Owner/Operator (2) CLIFTON PUBLIC SCHOOLS							
Agencies Notified	Type Notification	Street Address 745 CLIFTON AVENUE							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CLIFTON, NJ 07013							
		Name of Contact AL MARCHIONE							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) SCHOOL #14		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 99 ST. ANDREWS BLVD.		Square Feet	# of Floors						
City (5) CLIFTON		Bldg. Age							
County (6) PASSAIC	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) ELEMENTARY SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) AHERA CONSULTANTS, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address PO BOX 385		Street Address 11 VREELAND AVENUE							
City, State, Zip Code OCEANVILLE, NJ 08231		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm DONNA D'ERRICO		Telephone No. 609-652-1833	Telephone No. 973-956-8700						
Start Date (10) 7/6/2017		Scheduled Completion Date (11) 7/11/2017	License No. 00494						
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>EXTERIOR</u>		Name of OSHA Monitor SAME AS (9) ABOVE							
		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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		WINDOW CAULKING	60 LF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 10	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ			Disposal Date 7/11/2017	City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 6/23/2017					

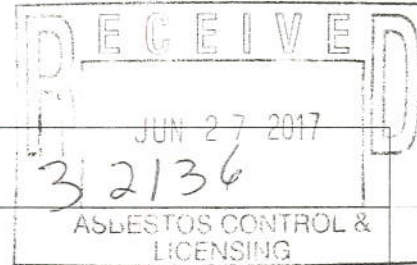
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>06 / 22 / 17</b>		Name of Building Owner/Operator (2) <b>Patrick Shea</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 <div style="background-color: black; width: 100px; height: 15px;"></div>							
		City, State, Zip Code <b>Mendham, NJ 07945</b>							
		Name of Contact <b>Patrick Shea</b>	Telephone Number 						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <div style="background-color: black; width: 150px; height: 15px;"></div>									
City (5) <b>Lavallette</b>		Square Feet <b>900 sf</b>	# of Floors <b>1</b>						
County (6) <b>Ocean</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>65</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>						
Street Address		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <b>07 / 06 / 17</b>	Scheduled Completion Date (11) <b>07 / 07 / 17</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address <b>1056 Stelton</b>							
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Fixable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	850 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>7/10/17</b>	City, State <b>Tullytown, Pennsylvania</b>						
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>	Signature 		Date <b>6/22/17</b>				

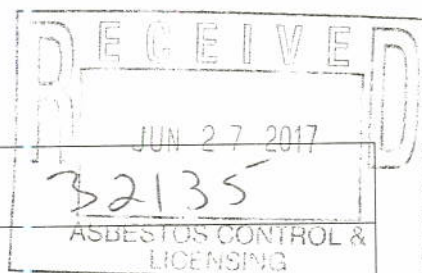


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>06 / 22 / 17</b>		Name of Building Owner/Operator (2) <b>Mulligan Contracting</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2510 Inverness Drive</b>							
		City, State, Zip Code <b>Toms River, NJ 08753</b>							
		Name of Contact <b>Mike Mulligan</b>							
<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-2) <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 <b>800 sf</b>							
City (5) <b>Toms River</b>		# of Floors <b>1</b>	Bldg. Age <b>65</b>						
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>	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>	License No. <b>00624</b>						
Start Date (10) <b>07 / 07 / 17</b>	Scheduled Completion Date (11) <b>07 / 10 / 17</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <b>1056 Stelton</b>							
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input 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
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	800 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>7/11/17</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>	Signature 			Date <b>6/22/17</b>			

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



Date of Notification (1) <div style="text-align: center;">06 / 22 / 17</div>		Name of Building Owner/Operator (2) <b>Patrick Shea</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>Mendham, NJ 07945</b>							
		Name of Contact <b>Patrick Shea</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>Lavallette</b>	Square Feet <b>1100 sf</b>	# of Floors <b>1</b>	Bldg. Age <b>65</b>						
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.							
Street Address		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>							
City, State, Zip Code		Street Address <b>1889 Route 9, Unit 61</b>							
Project Manager for Monitoring Firm		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Telephone No.		Telephone No. <b>732-349-9932</b>							
Start Date (10) <div style="text-align: center;">07 / 06 / 17</div>		License No. <b>00624</b>							
Scheduled Completion Date (11) <div style="text-align: center;">07 / 07 / 17</div>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>1056 Stelton</b>							
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)									
<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
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1100 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>				
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>7/10/17</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 			Date <b>6/22/17</b>		



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

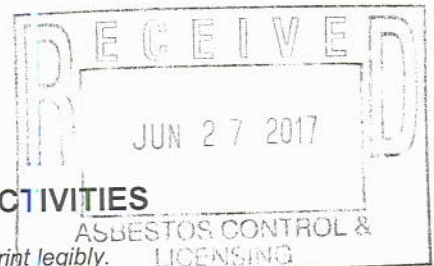
Project #

Check # 3829

JUN 27 2017

Date of Notification (1) 06/15/2017		Name of Building Owner/Operator (2) Lenape Valley Regional HS District							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 28 Sparta Rd		City, State, Zip Code Stanhope, NJ 07874							
Name of Contact Robert G. Klinck		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Lenape Valley Regional HS		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 28 Sparta Rd		Square Feet	# of Floors						
City (5) Stanhope, NJ		Bldg. Age							
County (6) Sussex County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) RAMM		ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC						
Street Address 77 Nottingham Rd		Street Address 72 Brookside Rd							
City, State, Zip Code Fair Lawn		City, State, Zip Code Randolph NJ 07869							
Project Manager for Monitoring Firm Rodger Headrick		Telephone No. (201)475-9880	License No. 01133						
Start Date (10) 06/19/2017	Scheduled Completion Date (11) 06/23/2017	Name of OSHA Monitor IRIS							
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 type="checkbox"/> Other - Describe: _____		Street Address 2333 RT 22							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply) <input checked="" 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) 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 3F or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 221		X		Fume hoods-wrap&pick up	2 p/s	X			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 33782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S.					
City, State Randolph, NJ 07869		Disposal Date TBD		City, State Tullytown, PA					
Completed by Elvira Mrda		Title President		Signature <i>Elvira Mrda</i>			Date 06/15/2017		

ASBESTOS CONTROL & LICENSING



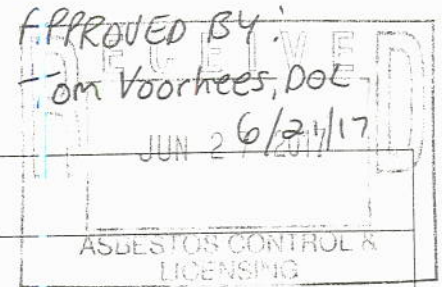
## NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

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

I. NOTIFICATION INFORMATION			
Date of Notification: <u>06</u> / <u>15</u> / <u>2017</u>			
<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> Emergency (must include justification)			
Type of Work: <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation			
II. BUILDING INFORMATION			
Name of Building Owner/Operator: <u>Lenape Valley Regional HS District BOE</u>			
Street Address: <u>28 Sparta Rd</u>		City: <u>Stanhope</u>	State: <u>NJ</u> Zip: <u>07874</u>
Name of Contact: <u>Robert G. Klinck</u>		Telephone No: _____	
III. FACILITY INFORMATION			
Name of Facility Where Work Activity is to Take Place: <u>Lenape Valley Regional HS</u>			
Describe Facility Use: <u>School</u>			
Street Address: <u>28 Sparta Rd</u>		City: <u>Stanhope</u>	State: <u>NJ</u> Zip: <u>07874</u>
County Name: <u>Sussex</u>		County Code (State Use Only): _____	
Scheduled Start Date: <u>06</u> / <u>19</u> / <u>2017</u>		Scheduled Completion Date: <u>06</u> / <u>23</u> / <u>2017</u>	
Occupancy Status During Activity (check only one):			
<input type="checkbox"/> Facility Closed/Vacated During Entire Activity			
<input type="checkbox"/> Activity Performed Outside Normal Facility Hours—Describe: _____			
<input type="checkbox"/> Other—Describe: _____			
Scope of Work (check all that apply):			
<input checked="" type="checkbox"/> Floor Tile	Square Footage: <u>4,400</u>	Percentage Asbestos: _____	%
<input type="checkbox"/> Mastic	Square Footage: <u>4,400</u>	Percentage Asbestos: _____	%
IV. CONTRACTOR INFORMATION			
Company Name: <u>Nick Restoration LLC</u>		Telephone No.: <u>973-933-2550</u>	
Street Address: <u>72 Brookside Rd</u>		City: <u>Randolph</u>	State: <u>NJ</u> Zip: <u>07869</u>
New Jersey Asbestos License Number (if applicable): <u>01133</u>			
Monitoring Firm (if applicable): <u>RAMM</u>		Telephone No.: _____	
V. SIGNATURE			
Completed By (type or print legibly): <u>Elvira Mrda</u>		Title: <u>President</u>	
Signature: <u>Elvira Mrda</u>		Date: <u>06/15/2017</u>	



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



Date of Notification (1) <u>6</u> / <u>21</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>Virtua</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>20 W Stow Road, Suite 3</b>							
		City, State, Zip Code <b>Marlton, NJ 08053</b>							
		Name of Contact <b>John Angelucci</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Virtua - Berlin Campus</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter E (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>100 Townsend Avenue</b>		Square Feet	# of Floors						
City (5) <b>Berlin</b>		Bldg. Age							
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Pr or if being demolished) <b>Hospital</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Vertex Air Quality Services</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>700 Turner Way</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Aston, PA 19014</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Don Heim</b>		Telephone No. <b>610-558-8902</b>	Telephone No. <b>215-788-6040</b>						
License No. <b>00509</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Start Date (10) <u>6</u> / <u>29</u> / <u>17</u>	Scheduled Completion Date (11) <u>7</u> / <u>3</u> / <u>17</u>								
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>7:00AM-3:30PM</b> / ____ PM - ____ AM		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</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"/> 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
<b>1st ECO Room &amp; connected Camera Room</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile and associated mastic</b>	<b>650 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>7/3/17</b>		City, State <b>Waynesburg, OH</b>					
Completed By (Print or Type) _____		Title Estimator		Signature _____		Date <b>6-21-17</b>			

Print Form

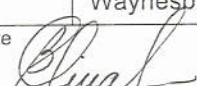
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JUN 27 2017

ASBESTOS CONTROL & LICENSING

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

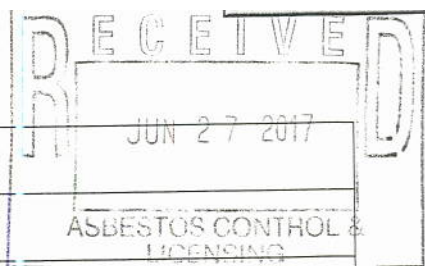
CK 3027

Date of Notification (1) 6/19/2017 Check #3027		Name of Building Owner/Operator (2) St Therese Church							
Agencies Notified	Type Notification	Street Address 541 Washington Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Kenilworth, NJ 07033							
		Name of Contact Nassar Shabo	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) St Therese Church-Basement		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 541 Washington Avenue		Square Feet 30,000	# of Floors 2 Bldg. Age 60+						
City (5) Kenilworth	County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Church						
Name of Monitoring Firm Hired by Building Owner (8)		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. 201-195-1700	License No. 01074						
Start Date (10) 6/20/2017	Scheduled Completion Date (11) 6/22/2017	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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Starting at 3 PM		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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure <b>NEGATIVE</b>							
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		ACM Debris	600 SF	X			
Name of Registered Waste Hauler TST-Tri-State Transfer Assoc		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprises Inc					
City, State Bronx, NY		Disposal Date tbd		City, State Waynesburg, OH					
Completed by Gina Betances		Title Office Manager	Signature 			Date 6/19/2017			



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

PAL JOB# 17-1119



Date of Notification (1) 06/22/2017		Name of Building Owner/Operator (2) Seritage SRC Finance LLC							
Agencies Notified	Type Notification	Street Address 489 Fifth Avenue 18th Floor							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New York, NY 10017							
		Name of Contact Colin Stirrat	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Sears Store Unit#1434		Type of Facility (4)							
Street Address 50 Route 46		<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) Wayne	Square Feet 80,000	# of Floors 2	Bldg. Age 50+						
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services		ASCM No. 00120	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 280 Huyler Street		Street Address 11-02 Queens Plaza South							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Veronica Kero		Telephone No. 201-489-8700	License No. 28675						
Start Date (10) 04/05/2017	Scheduled Completion Date (11) 12/16/2017	Name of OSHA Monitor Martin McRea							
Occupancy Status During Abatement (Check Only One)		Street Address 714 Kennedy Blvd.							
<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 Bayonne, NJ 07002							
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
1st Floor		X		Floor Tile, Fittings & Fireproofing	58,000 SF	X			
2nd Floor		X		Floor Tile, Fittings & Fireproofing	47,600 SF	X			
1st Floor Add		X		Fireproofing	1,715 SF	X			
1st Floor Add		X		Pipe Insulation	135 LF	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 50 Yards	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967		Disposal Date 04/10/2017		City, State Waynesburg, OH 44688					
Completed by Ann A. Ali		Title Compliance Admin		Signature				Date 06/22/2017	



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

PAL JOB# 17-1119

**Print Form**

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ASBESTOS CONTROL & LICENSING

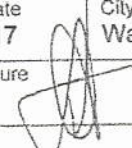
Date of Notification (1) <b>04/03/2017</b>		Name of Building Owner/Operator (2) <b>Seritage SRC Finance LLC</b>	
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification  <input 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>489 Fifth Avenue 18th Floor</b>	
		City, State, Zip Code <b>New York, NY 10017</b>	
		Name of Contact <b>Colin Stirrat</b>	
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Sears Store Unit#1434</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>50 Route 46</b>		Square Feet <b>80,000</b>	# of Floors <b>2</b>
City (5) <b>Wayne</b>		Bldg. Age <b>50+</b>	
County (6) <b>Passaic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Commercial</b>	
Name of Monitoring Firm hired by Building Owner (8) <b>Omega Environmental Services</b>		ASCM No. <b>00120</b>	Name of Abatement Contractor (9) <b>PAL Environmental Services</b>
Street Address <b>280 Huyler Street</b>		Street Address <b>11-02 Queens Plaza South</b>	
City, State, Zip Code <b>South Hackensack, NJ 07606</b>		City, State, Zip Code <b>Long Island City, NY 1101</b>	
Project Manager for Monitoring Firm <b>Veronica Kero</b>		Telephone No. <b>201-489-8700</b>	Telephone No. <b>718-349-0900</b>
Start Date (10) <b>04/05/2017</b>		License No. <b>28675</b>	
Scheduled Completion Date (11) <b>12/16/2017</b>		Name of OSHA Monitor <b>Martin McRea</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>714 Kennedy Blvd.</b>	
		City, State, Zip Code <b>Bayonne, NJ 07002</b>	

Scope of Work (Check All That Apply)

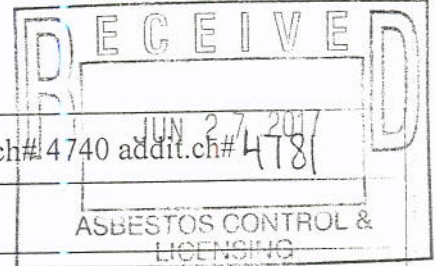
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor		X		Floor Tile, Fittings & Fireproofing	58,000 SF	X			
2nd Floor		X		Floor Tile, Fittings & Fireproofing	47,600 SF	X			
						X			

Name of Registered Waste Hauler <b>ATC</b>	NJDEP Waste Hauler ID No. <b>24310</b>	Cubic Yards of Waste <b>50 Yards</b>	Name of Registered Landfill <b>Minerva Enterprises</b>
City, State <b>Shirley, NY 11967</b>		Disposal Date <b>04/10/2017</b>	City, State <b>Waynesburg, OH 44688</b>
Completed by <b>Ann A. Ali</b>	Title <b>Compliance Admin</b>	Signature 	Date <b>04/03/2017</b>



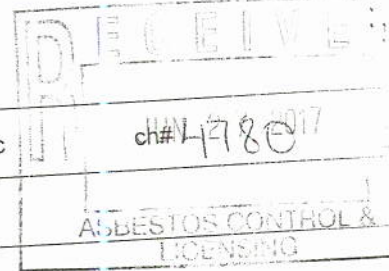
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**



Date of Notification (1) 06/20/2017		Name of Building Owner/Operator (2) Montclair Kimberly Academy		ch# 4740 addit.ch# 478					
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="radio"/> Initial <input checked="" type="radio"/> Amended Amendment # 1 <input type="radio"/> Emergency (including justification) <input type="radio"/> Cancellation		Street Address 201 Valley Road						
			City, State, Zip Code Montclair, NJ 07042						
			Name of Contact Mark Dombroski						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Upper School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="radio"/> Subchapter 8 (Other than K-12) <input type="radio"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 6 Lloyd Road				Square Feet	# of Floors				
City (5) Montclair				Bldg. Age					
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) school					
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 300 Grand Ave		Street Address 606 McBride Ave							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-569-6708		Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 06-20-2017		Scheduled Completion Date (11) 07-03-2017		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="radio"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: unoccupied start 3 pm				Street Address 2333 Route 22 West					
				City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)									
<input type="radio"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure x2					
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="radio"/> Demolition		<input type="radio"/> Mini-Enclosure					
				<input type="radio"/> Glovebag Procedure					
				<input type="radio"/> 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
Opposite room #21		x		VAT and Mastic	352 SF	x			
Opposite room #23 & room #24		x		VAT and Mastic	440 SF	x			
Old IT room		x		VAT and Mastic	600 SF	x			
Faculty Break room		x		VAT and Mastic	280 SF	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste	Name of Registered Landfill GROWS Landfill				
City, State Woodland Park, New Jersey				Disposal Date	City, State Morrisville, PA				
Completed by Adriana Olejarova		Title president		Signature 		Date 06/20/2017			



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

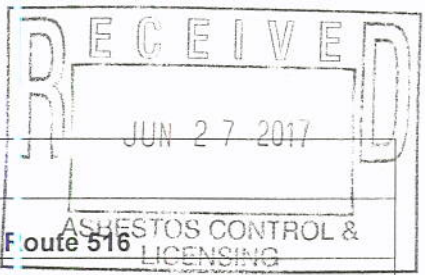


Date of Notification (1) 06/16/2017		Name of Building Owner/Operator (2) Morris Union Jointure Commission/ GPC, Inc		ch# 4780					
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification  <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 340 Central Avenue  City, State, Zip Code New Providence, NJ 07974  Name of Contact GPC, Inc/ Mike Glander					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Developmental Learning Center			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 330 Central Avenue			Square Feet	# of Floors	Bldg. Age				
City (5) New Providence			Current Use (Prior if being demolished) educational						
County (6) Union		County Code (7) (STATE USE ONLY)		Name of Abatement Contractor (9) Lilich Corporation					
Name of Monitoring Firm Hired by Building Owner (8) Partner Engineering and Science, Inc		ASCM No.		Street Address 606 McBride Ave					
Street Address 611 Industrial Way West		City, State, Zip Code Eatontown, NJ 07724		City, State, Zip Code Woodland Park, NJ 07424					
Project Manager for Monitoring Firm Brian Nemetz		Telephone No. 732-380-1700		Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 06/22/2017		Scheduled Completion Date (11) 06/24/2017		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  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 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
Room A1, A3		X		Cementit lab tabletop	200 SF	X			
Rooms 22,24		X		Sink undercoat	2 sf	X			
Rooms 20,24,26,28		X		Blackboard mastic	200 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste	Name of Registered Landfill GROWIS, Landfill				
City, State Woodland Park, New Jersey				Disposal Date	City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President		Signature 		Date 06/16/2017			

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



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



Date of Notification (1) <b>5/19/17</b>		Name of Building Owner / Operator (2) <b>Old Bridge Township Board of Education</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#1-6/23/17 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>Patrick Torre Administration Bldg, County Route 516</b> City, State & Zip Code <b>Matawan, NJ 07747</b> Name of Contact <b>Mr. Frank Frazzitta</b> Telephone Number	

Name of Facility Where Abatement is Taking Place (3) <b>Old Bridge High School</b>			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>4209 Route 516</b>			Square Feet <b>50000</b>	# of Floors <b>1</b>	Bldg. Age <b>40+</b>
City (5) <b>Matawan</b>	County (6) <b>Middlesex</b>	County Code (7)	Current Use (Prior if being demolished) <b>School</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No.	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, NJ 08010</b>		City, State & Zip Code <b>Bristol, PA 19007</b>			
Project Manager for Monitoring Firm <b>Rollie Jones</b>		Telephone Number <b>609-392-4200</b>	Telephone Number <b>(215)788-6040</b>	License Number <b>00509</b>	
Scheduled Start Date (10) <b>6/19/17</b>		Scheduled Completion Date (11) <b>6/30/17</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 type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>7:00AM – 3:30 PM</b> <input checked="" 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 type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rib Packing	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breeching	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	50 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"/>

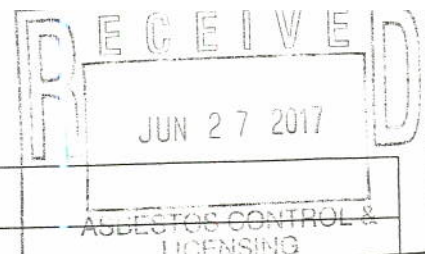
Name of Registered Waste Hauler <b>Service Transport Inc.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>7 Cu Yd</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>New Castle, DE</b>	Disposal Date <b>6/23/17</b>	City, State <b>Waynesboro, Ohio</b>	
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>	Date <b>5/19/17</b>

GI 17054



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

CKL # 3208



Date of Notification (1) <b>5/19/17</b>		Name of Building Owner / Operator (2) <b>Old Bridge Township Board of Education</b>		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input checked="" type="checkbox"/> EPA 2583 <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 2606 <input checked="" type="checkbox"/> DOH 2590 <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 <b>Patrick Torre Administration Bldg, County Route 516</b>		City, State & Zip Code <b>Matawan, NJ 07747</b>		Telephone Number	
Name of Contact <b>Mr. Frank Frazzitta</b>					

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>Old Bridge High School</b>			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>4209 Route 516</b>			Square Feet <b>50000</b>	# of Floors <b>1</b>	Bldg. Age <b>40+</b>
City (5) <b>Matawan</b>	County (6) <b>Middlesex</b>	County Code (7)	Current Use (Prior if being demolished) <b>School</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No.	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, NJ 08010</b>			City, State & Zip Code <b>Bristol, PA 19007</b>		
Project Manager for Monitoring Firm <b>Rollie Jones</b>		Telephone Number <b>609-392-4200</b>	Telephone Number <b>(215)788-6040</b>		License Number <b>00509</b>
Scheduled Start Date (10) <b>6/19/17</b>	Scheduled Completion Date (11) <b>6/23/17</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 type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <b>7:00AM - 3:30 PM</b> <input checked="" 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 type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure			
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure			
		<input checked="" type="checkbox"/> Glove Bag Procedures			
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rib Packing	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breeching	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	50 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"/>

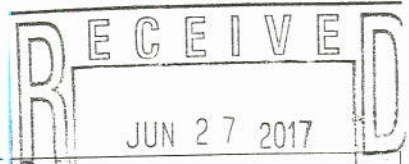
  

Name of Registered Waste Hauler <b>Service Transport Inc.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>7 Cu Yd</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>New Castle, DE</b>	Disposal Date <b>6/23/17</b>	City, State <b>Waynesboro, Ohio</b>		
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>	Date <b>5/19/17</b>

GT17054



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



NO CK

Date of Notification (1) <b>5/19/17</b>		Name of Building Owner / Operator (2) <b>Old Bridge Township Board of Education</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#1-6/23/17 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address <b>Patrick Torre Administration Bldg, County</b>		City, State & Zip Code <b>Matawan, NJ 07747</b>	
Name of Contact <b>Mr. Frank Frazzitta</b>		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Grade Nine Center</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>4209 Route 516</b>		Square Feet <b>28,000</b>	# of Floors <b>2</b>
City (5) <b>Matawan</b>	County (6) <b>Middlesex</b>	Bldg. Age <b>40+</b>	
Current Use (Prior if being demolished) <b>School</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No.	
Street Address <b>120 North Warren Street</b>		Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>	
City, State & Zip Code <b>Trenton, NJ 08010</b>		Street Address <b>1123 Beaver Street</b>	
Project Manager for Monitoring Firm <b>Rollie Jones</b>	Telephone Number <b>609-392-4200</b>	City, State & Zip Code <b>Bristol, PA 19007</b>	Telephone Number <b>(215)788-6040</b>
Scheduled Start Date (10) <b>6/17/17</b>	Scheduled Completion Date (11) <b>6/30/17</b>	License Number <b>00509</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 Hours - 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>	
Street Address <b>1123 Beaver Street</b>		City, State & Zip Code <b>Bristol, PA 19007</b>	

Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ 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	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Rib Packing	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breeching	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank Insulation	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"/>

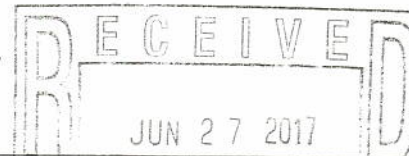
  

Name of Registered Waste Hauler <b>Service Transport Inc.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>New Castle, DE</b>	Disposal Date <b>6/23/17</b>	City, State <b>Waynesburg, Ohio</b>	
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>	Date <b>5/19/17</b>



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

CHK # 3210



Date of Notification (1) <b>5/19/17</b>		Name of Building Owner / Operator (2) <b>Old Bridge Township Board of Education</b>	
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING
<input checked="" type="checkbox"/> EPA 2613	<input checked="" type="checkbox"/> Initial	<b>Patrick Torre Administration Bldg, County Route 516</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL 2651	<input type="checkbox"/> Emergency	<b>Matawan, NJ 07747</b>	
<input checked="" type="checkbox"/> DOH 2644	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input type="checkbox"/> DCA		<b>Mr. Frank Frazzitta</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Grade Nine Center</b>			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12)		
Street Address <b>4209 Route 516</b>			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5) <b>Matawan</b>			<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County (6) <b>Middlesex</b>	County Code (7)	Square Feet <b>28,000</b>	# of Floors <b>2</b>	Bldg. Age <b>40+</b>	
Current Use (Prior if being demolished) <b>School</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, NJ 08010</b>			City, State & Zip Code <b>Bristol, PA 19007</b>		
Project Manager for Monitoring Firm <b>Rollie Jones</b>		Telephone Number <b>609-392-4200</b>	Telephone Number <b>(215)788-6040</b>	License Number <b>00509</b>	
Scheduled Start Date (10) <b>6/17/17</b>	Scheduled Completion Date (11) <b>6/23/17</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 type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input checked="" 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 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 $\geq 260$ 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

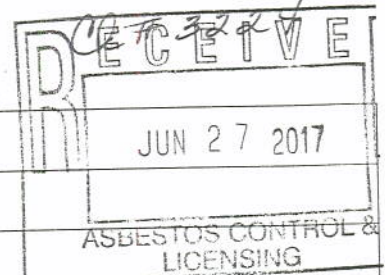
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Rib Packing	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breeching	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank Insulation	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"/>

Name of Registered Waste Hauler <b>Service Transport Inc.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>New Castle, DE</b>	Disposal Date <b>6/23/17</b>	City, State <b>Waynesburg Ohio</b>	
Completed By (Print or Type) <b>Sino Pizzigoni</b>	Title <b>Project Manager</b>	Signature <i>Sino Pizzigoni / OK</i>	Date <b>5/19/17</b>



# NOTIFICATION OF ASBESTOS ABATEMENT

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



Date of Notification (1) <b>6/15/17</b>		Name of Building Owner / Operator (2) <b>Public Schools of Plainfield</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input 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 R#3-6/23/17 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>920 Park Avenue</b> City, State & Zip Code <b>Plainfield NJ</b> Name of Contact <b>Sean Sutton</b>						
			Telephone Number						
	<b>FACILITY INFORMATION</b>								
	Name of Facility Where Abatement is Taking Place (3) <b>Cedarbrook Elem School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
	Street Address <b>1049 Central Avenue</b>		Square Feet <b>20,000</b> # of Floors <b>1</b> Bldg. Age <b>50</b>						
City (5) <b>Plainfield</b>	County (6) <b>Union</b>	County Code (7)	Current Use (Prior if being demolished) <b>School</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI</b>		ASCM No. <b>00003</b>	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>						
Street Address <b>1253 N. Church Street</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State & Zip Code <b>Moorestown NJ 08057</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Mike Stocku</b>		Telephone Number <b>856-840-8800</b>	Telephone Number <b>215-788-6040</b>						
License Number <b>00509</b>									
Scheduled Start Date (10) <b>6/26/17</b>	Scheduled Completion Date (11) <b>6/30/17</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <b>10:00 PM - 6:00 AM</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 type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input type="checkbox"/> Non-Empty and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>First Floor Custodial Hallway</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pipe insulation/Fittings</b>	<b>350LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>				
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>TBD</b>		City, State <b>WAYNESBURG, OH 44688</b>					
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title <b>Estimator</b>		Signature <i>Patrick T. DeCaro/jt</i>			Date <b>6/15/17</b>		

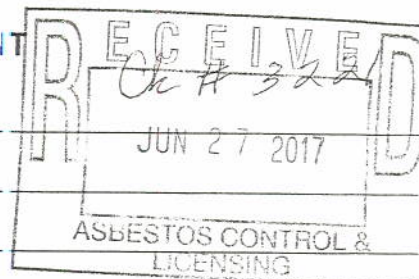


RECEIVED  
JUN 27 2017  
ASBESTOS CONTROL & LICENSING

17066



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



Date of Notification (1) <b>6/15/17</b>		Name of Building Owner / Operator (2) <b>Public Schools of Plainfield</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input 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 <b>R#1-6/19/17</b> <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>920 Park Avenue</b> City, State & Zip Code <b>Plainfield NJ</b> Name of Contact <b>Sean Sutton</b>	
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Cedarbrook Elem School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>1049 Central Avenue</b>		Square Feet <b>20,000</b>	# of Floors <b>1</b>
City (5) <b>Plainfield</b>	County (6) <b>Union</b>	County Code (7)	Bldg. Age <b>50</b>
		Current Use (Prior if being demolished) <b>School</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI</b>		ASCM No. <b>00003</b>	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>
Street Address <b>1253 N. Church Street</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State & Zip Code <b>Moorestown NJ 08057</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>Mike Stocku</b>		Telephone Number <b>856-840-8800</b>	License Number <b>00509</b>
Scheduled Start Date (10) <b>June 21, 2017</b>	Scheduled Completion Date (11) <b>June 26, 2017</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>10:00 PM – 6:00 AM</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 type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <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
First Floor Custodial Hallway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation/Fittings	<b>350LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



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

APPROVED: TCM VOORH  
RECEIVED  
Ch # 3218  
JUN 27 2017

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

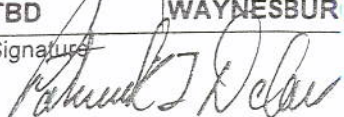
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Cedarbrook Elem School</b>			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12)		
Street Address <b>1049 Central Avenue</b>			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5) <b>Plainfield</b>			<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County (6) <b>Union</b>	County Code (7)	Square Feet <b>20,000</b>	# of Floors <b>1</b>	Bldg. Age <b>50</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI</b>			Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>		
Street Address <b>1253 N. Church Street</b>			Street Address <b>1123 BEAVER STREET</b>		
City, State & Zip Code <b>Moorestown NJ 08057</b>			City, State & Zip Code <b>BRISTOL, PA 19007</b>		
Project Manager for Monitoring Firm <b>Mike Stocku</b>		Telephone Number <b>856-840-8800</b>	Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>	
Scheduled Start Date (10) <b>June 20, 2017</b>	Scheduled Completion Date (11) <b>June 25, 2017</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			Street Address <b>1123 BEAVER STREET</b>		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 10pm -6am			City, State & Zip Code <b>BRISTOL, PA 19007</b>		
<input type="checkbox"/> Facility Occupied During Abatement					

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Custodial Hallway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation/Fittings	350LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input 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"/>

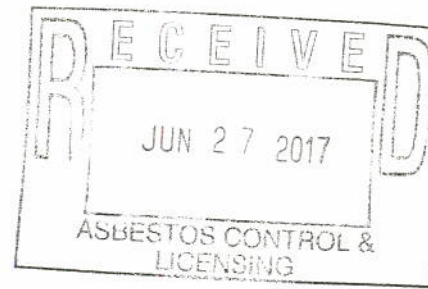
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>
City, State <b>NEW CASTLE, DE 19720</b>	Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH 44688</b>	
Completed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





A Service Disabled Veteran  
Owned Small Business

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



June 14, 2017

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

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

Dear Mr. Voorhees:

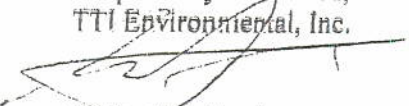
The above referenced project is considered an emergency due to the fact that existing pipe containing asbestos insulation continues to fail within the First Floor Custodial Hallway of the Cedarbrook Elementary School. Each time the pipe fails, it creates a situation that could negatively impact the health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

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

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

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

Respectfully Submitted,  
TTI Environmental, Inc.

  
Michael R. Stocku  
Project Manager