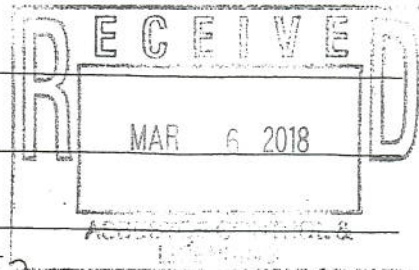


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NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)		Name of Building Owner/Operator (2)	
		Rich Purpura	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> IEPA	<input checked="" type="checkbox"/> Initial Notification		
<input type="checkbox"/> IDEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> IDOL	<input type="checkbox"/> EMERGENCY	West Orange, NJ, 07052	
<input type="checkbox"/> IDOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input type="checkbox"/> IDCA		Rich Purpura	

Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)		
Rich Purpura			<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			Square Feet	# of Floors	Bldg. Age
City (5)	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
West Orange	Essex				

Name of Monitoring Firm hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
N/A		67	AZTECH MANAGEMENT, Inc.	
Street Address		Street Address		
		86 Christopher St.		
City, State, Zip Code		City, State, Zip Code		
		Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number	License Number	
		N/A	00371	
Scheduled Start Date (10)		Sched. Completion Date (11)		Name of OSHA Monitor
03 - 12 - 18		03 - 14 - 18		N/A
Month Day Year		Month Day Year		Street Address
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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»				
City, State, Zip Code				

## Scope of Work (Check all that apply)

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

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
Basement			x	Pipe Insulation	150 LF				

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill	
ZTECH MANAGEMENT, INC.		17040	1.5	G.R.O.W.S.	
City, State		Disposal Date	City, State		
Montclair, NJ 07042		03/15/18	Morrisville, PA 19067		
Completed By (Print or Type)	Title	Signature	Date		
Constantine Vivian	President	Constantine Vivian	3/2/18		



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



Date of Notification (1) <b>03 / 02 / 18</b>		Name of Building Owner/Operator (2) <b>Cooper University Hospital</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>3 Cooper Plaza</b>							
		City, State, Zip Code <b>Camden, NJ 08103</b>							
		Name of Contact <b>Andy Welsh</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Cooper University - ENR Laboratory</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>401 Haddon Avenue</b>		Square Feet <b>50,000</b>	# of Floors <b>6</b>						
City (5) <b>Camden</b>		Bldg. Age <b>70</b>							
County (6) <b>Camden</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Hospital Laboratory</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>EHS Environmental, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>						
Street Address <b>411 Southgate Court, Suite E</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Mickleton, NJ 08056</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Jack Carney</b>	Telephone No. <b>856-224-0080</b>	Telephone No. <b>856-755-0099</b>	License No. <b>00842</b>						
Start Date (10) <b>03 / 13 / 18</b>	Scheduled Completion Date (11) <b>03 / 14 / 18</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ENR Laboratory	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite	190 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENR Laboratory	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pegboard Drying Racks	69 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>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS North Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>03/14/2018</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>3/2/18</b>			



BEST REMOVAL IN 3

CIL 4493

RECEIVED  
MAR 6 2018  
FORCED TV  
AVE

Date of Notification (1) <b>2/29/18</b>		Name of Building Owner/Operator (2) <b>CONVENANT CHRISTIAN REFORMED CHURCH</b>	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Asbestos & Emergency (including Justification) <input type="checkbox"/> Cancellation	
Street Address <b>400 NORTH HALEDON AVE</b>		City, State, Zip Code <b>NORTH HALEDON NJ 07508</b>	
Name of Contact <b>MARK KNORR</b>		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>CONVENANT CHRISTIAN REFORMED CHURCH</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Suburban (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>400 NORTH HALEDON AVE</b>		Square Feet <b>13,300</b>	
City (5) <b>NORTH HALEDON</b>		# of Floors <b>1</b>	
County (6) <b>PASSAIC</b>		County Code (7) <b>STATE USE ONLY</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>ASCM No.</b>		Name of Abatement Contractor (9) <b>Best Rem. Inc.</b>	
Street Address		Street Address <b>430 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>201-329-1444</b>	
Start Date (10) <b>3/1/18</b>		Scheduled Completion Date (11) <b>3/2/18</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>		Name of OSHA Monitor <b>Omega Environmental</b>	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 or more <input type="checkbox"/> 2160 or more		Street Address <b>280 Huyler Street</b>	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		City, State, Zip Code <b>South Hackensack, NJ 07606</b>	
Location of Asbestos-Containing Material (ACM) (13) <b>TO BE ABATED in Facility</b>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Amount (Specify SF or LF) <b>85 LF</b>		Abatement Type Removal Repair Encapsulation Enclosure	
Name of Registered Waste Handler <b>Best Removal Inc.</b>		NIDEP Waste Handler ID No. <b>17109</b>	
City, State <b>Hackensack, NJ 07601</b>		Cubic Yards of Waste <b>2 1/2</b>	
Complimented by <b>J. Meiorano</b>		Disposal Date <b>3/2/18</b>	
Title <b>Estimator</b>		Name of Registered Landfill <b>W. W. W. Enterprises, LLC</b>	
Signature <b>[Signature]</b>		City, State <b>W. W. W. Enterprises, LLC</b>	
Date <b>2/29/18</b>		Date <b>2/29/18</b>	

AEB-4 (R-04-01)

\* Do not use it for any other substance literature exemplified activities.



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

Check  
# 10279

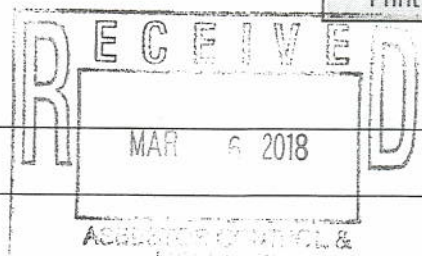
PAID

Date of Notification (1) <b>3-2-18</b>		Name of Building Owner/Operator (2) <b>Derek Morgan</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>[REDACTED] AVE</b> City, State, Zip Code <b>Mt Holly NJ 08060</b> Name of Contact <b>Derek Morgan</b> Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Single family Dwelling</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>[REDACTED]</b>		Square Feet _____ # of Floors <b>2</b> Bldg. Age <b>50+</b>							
City (5) <b>Mt Holly NJ 08060</b>		Current Use (Prior if being demolished) _____							
County (6) _____	County Code (7) (STATE USE ONLY) _____								
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>						
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>							
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>						
Start Date (10) <b>Mar 13, 2018</b>	Scheduled Completion Date (11) <b>Mar 14, 2018</b>								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <b>EPC Technologies Inc</b> Street Address <b>P.O. Box 337</b> City, State, Zip Code <b>New Egypt NJ 08533</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<b>X</b>			<b>Pipe Insulation</b>	<b>140 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Waste Management of PA</b>					
City, State <b>New Egypt NJ</b>		Disposal Date <b>3-16-18</b>		City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>		Date <b>3-2-18</b>			



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



Date of Notification (1) 03/01/2018		Name of Building Owner/Operator (2) James Higgins							
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 Plainfield, NJ 07060							
		Name of Contact James Higgins	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) Plainfield		Square Feet N/A	# of Floors N/A						
County (6) Union		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. _____	License No. _____						
Start Date (10) 03/12/2018		Scheduled Completion Date (11) 03/13/2018							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor D&S Abatement							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	90 LF	X			
Furnace Room		X		Pipe Insulation	30 LF	X			
Furnace Room		X		Boler Insulation	120 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996		Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA				
City, State Totowa, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 03/01/2018			



OK 1647

Print Form

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

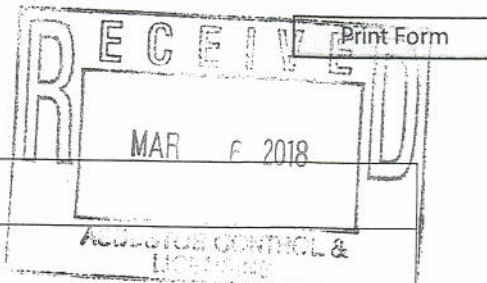


Date of Notification (1) 03/01/2018		Name of Building Owner/Operator (2) Stevens Institute of Technology							
Agencies Notified	Type Notification	Street Address 1 Castle Point on Hudson							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hoboken, NJ 07030							
		Name of Contact Kevin Klich	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Fraternity House		Type of Facility (4)							
Street Address 805 Castle Point Terrace		<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) Hoboken		Square Feet N/A	# of Floors N/A						
County (6) Hudson		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) Michael Hoodak		ASCM No. 0004	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address 3 Crosswicks Street		Street Address 11 Rosengren Avenue							
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609-298-5520	License No. 01311						
Start Date (10) 03/12/2018	Scheduled Completion Date (11) 03/16/2018	Name of OSHA Monitor D&S Abatement							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		City, State, Zip Code Totowa, NJ 07512							
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	240 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 			Date 03/01/2018		



OK 6461

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

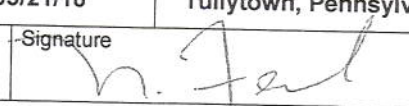


Date of Notification (1) 03/02/18		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code MIDDLE SEX NJ  Name of Contact ALBERT							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) MIDDLESEX		Square Feet	# of Floors						
County (6) MIDDLESEX		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOME						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-668-9078						
Start Date (10) 03/12/18		Scheduled Completion Date (11) 03/15/18	License No. 1200						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor AAA LEAD PROFESSIONALS							
<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: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
INTERIOR				tsi	130lf	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 03/15/18		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date			



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

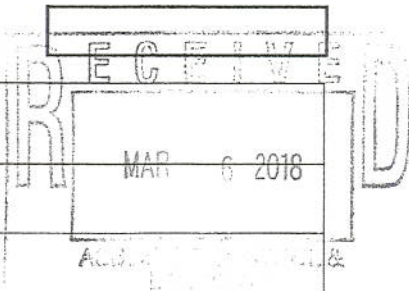
Date of Notification (1) <b>03 / 01 / 18</b>		Name of Building Owner/Operator (2) <b>Mr. Matyas</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <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: 1.2em; margin-top: 5px;"></div>							
		City, State, Zip Code <b>Jackson, NJ 08527</b>							
		Name of Contact <b>Mr. Matyas</b>	Telephone Number <b>33775</b> <b>6 2018</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 <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>									
City (5) <b>Jackson</b>		Square Feet <b>2000 sf</b>	# of Floors <b>2</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>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>03 / 14 / 18</b>	Scheduled Completion Date (11) <b>03 / 21 / 18</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 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
interior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	popcorn ceiling	1600 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>15</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>03/21/18</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>	Signature 			Date <b>3/1/18</b>			



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

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Date of Notification (1) 03 / 03 / 18		Name of Building Owner/Operator (2) MVP Management LLC	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 28 Sicard Street		City, State, Zip Code New Brunswick, NJ 08901	
Name of Contact Steve Dicke		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) New Brunswick, NJ 08901		# of Floors	Bldg. Age
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	License No. 01127
Start Date (10) 03 / 13 / 18	Scheduled Completion Date (11) 03 / 14 / 18	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
		City, State, Zip Code Fair Lawn, NJ 07410	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	125 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>		Date 03/03/18	

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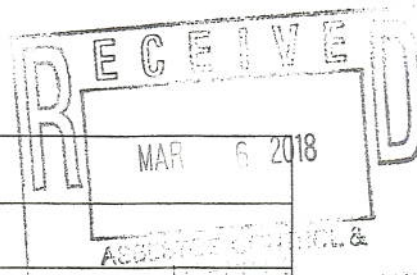
\* Do not use this form for asbestos licensure exempted activities.



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



Date of Notification (1) <b>2-28-2018</b>		Name of Building Owner/Operator (2) <b>M. ALVES</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <b>PERTH AMBOY, N.J. 08862</b> Name of Contact <b>M. ALVES</b> Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>M. ALVES</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>1800</b>							
City (5) <b>PERTH AMBOY</b>		# of Floors <b>2</b>							
County (6) <b>MIDDLESEX</b>		Bldg. Age <b>94 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.							
Street Address		Name of Abatement Contractor (9) <b>Best Removal Inc</b>							
City, State, Zip Code		Street Address <b>450 South River Street</b>							
Project Manager for Monitoring Firm		City, State, Zip Code <b>Hackensack, NJ 07601</b>							
Telephone No.		Telephone No. <b>201-329-7444</b>							
Start Date (10) <b>3-12-2018</b>		License No. <b>00388</b>							
Scheduled Completion Date (11) <b>3-30-2018</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 AM - 5 PM</b>		Street Address <b>280 Huyler Street</b>							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>South Hackensack, NJ 07606</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
<b>2ND FLOOR</b>			<b>X</b>	<b>JOINT COMPOUND/PLASTER</b>	<b>3800 SF</b>	<b>X</b>			
<b>1ST FLOOR</b>			<b>X</b>	<b>JOINT COMPOUND/PLASTER</b>	<b>1410 SF</b>	<b>X</b>			
<b>1ST FLOOR</b>			<b>X</b>	<b>LINOLEUM &amp; VAT &amp; MASTIC</b>	<b>130 SF</b>	<b>X</b>			
<b>EXTERIOR BUILDING FACADE</b>			<b>X</b>	<b>TEXTURED PAINT</b>	<b>450 SF</b>		<b>X</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>18 YDS</b>		Name of Registered Landfill <b>Minverva Enterprises, LLC</b>			
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>3-30-2018</b>		City, State <b>Waynesburg, OH 44688</b>					
Completed by <b>Robert Veldran</b>		Title <b>Estimator</b>		Signature <b>R. Veldran</b>		Date <b>2-28-2018</b>			



no ok

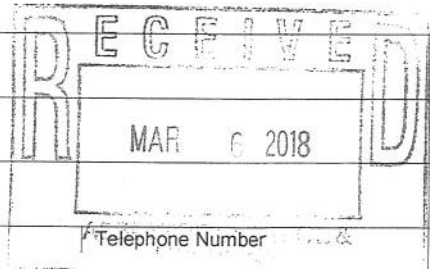
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**



Date of Notification (1) <b>March 01, 2018</b>		Name of Building Owner/Operator (2) <b>Sears / Seritage</b>							
Agencies Notified		Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>1640-1701 US-22</b> City, State, Zip Code <b>Watchung, NJ 07060</b>							
Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact <b>Project Manager</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Sears / Store Unit - 1284 / Auto Center</b>		Type of Facility (4)							
Street Address <b>1640-1701 US-22</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>Watchung, NJ 07060</b>		Square Feet <b>48,000</b>	# of Floors <b>1</b>						
County (6) <b>Somerset</b>		Bldg. Age <b>52</b>							
County Code (7) <b>Somerset</b>		Current Use (Prior if being demolished) <b>Vacant</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Omega Environmental Services, Inc</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>							
Street Address <b>280 Huyler St.</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>S.Hackensack, NJ 07606</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Project Manager</b>		Telephone No. <b>201-489-8700</b>	License No. <b>00781</b>						
Start Date (10) <b>2/28/18</b>	Scheduled Completion Date (11) <b>12/31/18</b>		Name of OSHA Monitor <b>The MACK Group, LLC.</b>						
Occupancy Status During Abatement (Check Only One)		Street Address <b>1500 Kings HWY N, STE 209</b>							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Foundation walls		<input checked="" type="checkbox"/>		mastic/waterproofing	TBD	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>GROWS / TRRF Landfill</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>12/31/18</b>		City, State <b>Tullytown, PA</b>					
Completed by <b>Michael Cooper</b>		Title <b>President</b>		Signature 			Date <b>3/1/18</b>		



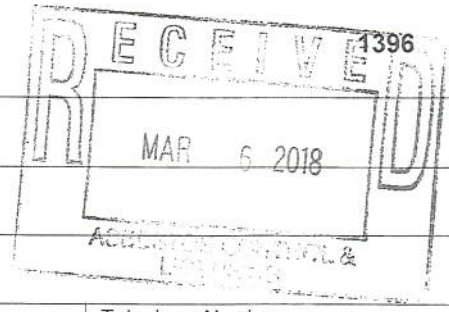
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <b>February 26, 2018</b>		Name of Building Owner/Operator (2) <b>SEARS</b>							
Agencies Notified	Type Notification	Street Address <b>1701 US-22</b>							
<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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Watchung, NJ 07060</b>							
		Name of Contact <b>Project Manager</b>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>SEARS</b>		Type of Facility (4)							
Street Address <b>1701 US-22</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>Watchung, NJ 07060</b>		Square Feet <b>TBD</b>	# of Floors <b>TBD</b>						
County (6) <b>Somerset</b>		Bldg. Age <b>TBD</b>							
County Code (7) <b>(STATE USE ONLY)</b>		Current Use (Prior if being demolished) <b>Retail</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc.</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>							
Street Address <b>907 Doolittle Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>		Telephone No. <b>(908) 218-1108</b>	License No. <b>00781</b>						
Start Date (10) <b>2/28/18</b>	Scheduled Completion Date (11) <b>12/31/18</b>		Name of OSHA Monitor <b>The MACK Group, LLC.</b>						
Occupancy Status During Abatement (Check Only One)		Street Address <b>1500 Kings HWY N, STE 209</b>							
<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 <b>Cherry Hill, NJ 08034</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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>TBD</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Foundation walls		<input checked="" type="checkbox"/>		mastic/waterproofing	TBD	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>GROWS / TRRF Landfill</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>12/31/18</b>		City, State <b>Tullytown, PA</b>					
Completed by <b>Michael Cooper</b>		Title <b>President</b>	Signature 			Date <b>2/26/18</b>			

work

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



Date of Notification (1) <b>February 13, 2018</b>		Name of Building Owner/Operator (2) <b>SEARS</b>	
Agencies Notified	Type Notification	Street Address <b>1701 US-22</b>	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Watchung, NJ 07060</b>	
		Name of Contact <b>Project Manager</b>	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>SEARS</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>1701 US-22</b>		Square Feet <b>TBD</b>	# of Floors <b>TBD</b>
City (5) <b>Watchung, NJ 07060</b>		Bldg. Age <b>TBD</b>	
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>Retail</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc.</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>	
Street Address <b>907 Doolittle Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>	
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>	
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>		Telephone No. <b>(908) 218-1108</b>	License No. <b>00781</b>
Start Date (10) <b>2/28/18</b>	Scheduled Completion Date (11) <b>5/31/18</b>		Name of OSHA Monitor <b>The MACK Group, LLC.</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>1500 Kings HWY N, STE 209</b>	
		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Foundation walls		<input checked="" type="checkbox"/>		mastic/waterproofing	max 25,000 s/f	<input checked="" type="checkbox"/>			

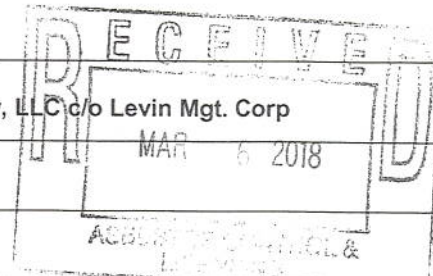
Name of Registered Waste Hauler <b>Newark Carting</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>250</b>	Name of Registered Landfill <b>GROWS / TRRF Landfill</b>	
City, State <b>Newark, NJ</b>		Disposal Date <b>5/31/18</b>		City, State <b>Tullytown, PA</b>	
Completed by <b>Michael Cooper</b>		Title <b>President</b>	Signature 	Date <b>2/13/18</b>	

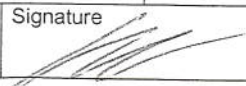


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CH #1490

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



Date of Notification (1) <u>2</u> / <u>28</u> / <u>18</u>		Name of Building Owner/Operator (2) <b>Alshak Realty, LLC and Darko Realty, LLC c/o Levin Mgt. Corp</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>975 US Highway 22W</b>							
		City, State, Zip Code <b>North Plainfield, NJ 07061</b>							
		Name of Contact <b>Steve Prat</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Galloping Hill Center</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>1350 Galloping Hill Road</b>		Square Feet <b>8,000</b>	# of Floors <b>1</b>						
City (5) <b>Union</b>		Bldg. Age <b>50</b>							
County (6) <b>Union</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>Vertex</b>		Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>							
Street Address <b>700 Turner Way</b>		Street Address <b>923 Haws Ave.</b>							
City, State, Zip Code <b>Aston, PA 19014</b>		City, State, Zip Code <b>Norristown, PA 19401</b>							
Project Manager for Monitoring Firm <b>Dave Brown</b>		Telephone No. <b>610-558-8902</b>	License No. <b>00398</b>						
Start Date (10) <u>4</u> / <u>9</u> / <u>18</u>	Scheduled Completion Date (11) <u>4</u> / <u>30</u> / <u>18</u>	Name of OSHA Monitor <b>Plymouth Environmental Co., 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: <u>7:00</u> AM- <u>3:30</u> PM/ <u>      </u> PM- <u>      </u> AM		Street Address <b>923 Haws Ave.</b>							
		City, State, Zip Code <b>Norristown, PA 19401</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"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	floor tile and mastic	7,400SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	floor tile	325SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
loading dock	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pipe insulation	20LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Grows Landfill</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>4/30/18</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>James M Kelly</b>		Title <b>Vice President</b>		Signature 			Date <b>2/28/18</b>		

no 012

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

Date of Notification 2/28/18		Name of Building Owner / Operator (2) <b>Adele Milligan</b>		
Agencies Notified	Type of Notification	Street Address		
EPA	Emergency Notification	[REDACTED]		
DEP	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code		
<input checked="" type="checkbox"/> DOL	Amended Notification	<b>Roseland, NJ 07068</b>		
<input checked="" type="checkbox"/> DOH	Cancellation	Name of Contact	Telephone Number	
DCA		<b>Adele Milligan</b>		
<b>FACILITY INFORMATION</b>				
Name of Facility Where Abatement is Taking Place (3) <b>Vacant Residence</b>		Type of Facility (4)		
Street Address		School (K-12)		
[REDACTED]		Subchapter 8 (Other than K-12)		
		<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5)	County (6)	Square Feet	# of Floors	Bldg. Age
<b>Manasquan</b>	<b>Ocean</b>	<b>2,500</b>	<b>2</b>	<b>70+</b>
County Code (7)		Current Use (Prior if being demolished)		
		<b>Residence</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>	
Street Address <b>64 Broad Street</b>		Street Address <b>443 Schoolhouse Road</b>		
City, State & Zip Code <b>Matawan, NJ 07716</b>		City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-605-9062</b>	License Number <b>00714</b>
Scheduled Start Date (10) <b>3/9/18</b>	Scheduled Completion Date (11) <b>3/10/18</b>	Name of OSHA Monitor <b>Global Abatement Services, LLC</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address <b>443 Schoolhouse Road</b>		
Abatement Performed Outside of Normal Facility Hours - Describe:		City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Other - Describe:				
Scope of Work (Check all that apply)				
Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure				
Large Project <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/>				
<input checked="" type="checkbox"/> Quantity is $\geq$ 3 SF or $\geq$ 3 LF ACM <input checked="" type="checkbox"/> Glovebag				
Quantity is $\geq$ 160 SF or $\geq$ 260 LF ACM Other: <b>Non-friable</b>				
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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
<b>Basement</b>	<b>N/A</b>	<b>TSI Pipe</b>	<b>110 LF</b>	<b>Removal</b>
Name of Registered Waste Hauler <b>Freehold Cartage</b>	NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>5</b>	Name of Registered Landfill <b>Cumberland County</b>	
City, State <b>Freehold, NJ</b>		Disposal Date <b>3/11/18</b>	City, State <b>Newburg, PA</b>	
Completed By (Print or Type) <b>Dominick Tringali</b>	Title <b>Manager</b>	Signature <i>Dominick Tringali</i>	Date <b>2/28/18</b>	



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

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Date of Notification <b>2/27/18</b>		Name of Building Owner / Operator (2) <b>Bottle King</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED MAR 6 2018 </div>	
Agencies Notified	Type of Notification	Street Address			
<input checked="" type="checkbox"/> EPA	Emergency Notification	<b>775 US 206</b>			
<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code			
<input checked="" type="checkbox"/> DOL	Amended Notification	<b>Princeton, NJ 08540</b>		Name of Contact	
<input checked="" type="checkbox"/> DOH	Cancellation	Jeff Rainforth		Telephone Number	
<input type="checkbox"/> DCA					

FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) <b>Former Bottle King</b>			Type of Facility (4)			
Street Address <b>775 US Highway 206</b>			School (K-12)			
			Subchapter 8 (Other than K-12)			
			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)			
City (5) <b>Princeton</b>		County (6) <b>Mercer</b>	County Code (7)	Square Feet <b>5,000</b>	# of Floors <b>1.5</b>	Bldg. Age <b>70+</b>
			Current Use (Prior if being demolished) <b>Residence</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>EHI</b>			ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>		
Street Address <b>665 west Shore Trail</b>			Street Address <b>443 Schoolhouse Road</b>			
City, State & Zip Code <b>Sparta, NJ 07871</b>			City, State & Zip Code <b>Monroe Township, NJ 08831</b>			
Project Manager for Monitoring Firm <b>Brooke Majka</b>		Telephone Number <b>973-729-5649</b>	Telephone Number <b>732-605-9062</b>		License Number <b>00714</b>	
Scheduled Start Date (10) <b>3/14/18</b>	Scheduled Completion Date (11) <b>3/21/18</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			Street Address <b>443 Schoolhouse Road</b>			
Abatement Performed Outside of Normal Facility Hours - Describe:			City, State & Zip Code <b>Monroe Township, NJ 08831</b>			
Other - Describe:						

Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> Large Project				<input type="checkbox"/> Mini-Enclosure	
<input checked="" type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM				<input type="checkbox"/> Glovebag	
<input type="checkbox"/> Quantity is $\geq 160$ SF or $\geq 260$ LF ACM				<input checked="" type="checkbox"/> Other: <b>Non-friable</b>	

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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
<b>Main Floor</b>	<b>N/A</b>	<b>VAT</b>	<b>650SF</b>	<b>Removal</b>
<b>Boiler Room</b>	<b>N/A</b>	<b>Transite panels</b>	<b>80 SF</b>	<b>Removal</b>
<b>Roof</b>	<b>N/A</b>	<b>Roof flashing/tar</b>	<b>589SF</b>	<b>Removal</b>

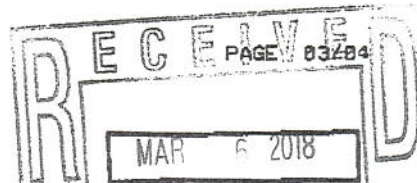
  

Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>10</b>	Name of Registered Landfill <b>Cumberland County</b>	
City, State <b>Freehold, NJ</b>		Disposal Date <b>3/21/18</b>		City, State <b>Newburg, PA</b>	
Completed By (Print or Type) <b>Dominick Tringali</b>	Title <b>Manager</b>	Signature <i>Dominick Tringali</i>			Date <b>2/27/18</b>



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

Date of Notification (1) 02 / 27 / 18		Name of Building Owner/Operator (2) "Wymor Apartments Corp."	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:28-a)		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 Wymor Apartments, PO Box 1070		City, State, Zip Code Fort Lee, NJ 07024	
Name of Contact Charles Fabian		Telephone Number	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Apartment bldg. Street Address 350 Elmora Avenue City (5) Elizabeth, NJ 07208 County (6)		Type of Facility (4) <input type="checkbox"/> School (K-2) <input type="checkbox"/> Subhospital (Other than K-2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #263 City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	
Start Date (10) 02 / 28 / 18		Scheduled Completion Date (11) 03 / 01 / 18	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM- PM- AM		Name of OSHA Monitor Envirovision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg # 35E City, State, Zip Code Fair Lawn, NJ 07410	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 ft <input type="checkbox"/> >100 sf or >260 ft		<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"/> 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	Enclose
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	9 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R. LF Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tully, PA	
Completed By (Print or Type) N. Jevtic	Title Owner	Signature [Signature]		Date 02/27/18	

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\* Do not use this form for asbestos (license exempted) with...



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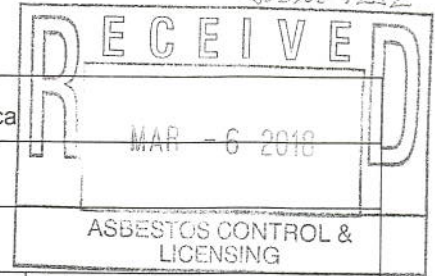
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED	Print Form
MAR 5 2018	
ASBESTOS ABATEMENT & REMEDIATION	

Date of Notification (1) 2/27/2018		Name of Building Owner/Operator (2) TOWN OF NORTH BERGEN							
Agencies Notified	Type Notification	Street Address 4233 KENNEDY BOULEVARD							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NORTH BERGEN, NJ 07047							
		Name of Contact PETER HAMMER	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) VACANT RESIDENCE		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) NORTH BERGEN		Square Feet	# of Floors						
County (6) HUDSON		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) TWO BROTHERS CONTRACTING, INC.						
Street Address		Street Address 11 VREELAND AVENUE							
City, State, Zip Code		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-956-8700						
			License No. 00494						
Start Date (10) 3/13/2018	Scheduled Completion Date (11) 4/3/2018	Name of OSHA Monitor SAME AS (9) ABOVE							
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: VACANT		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
				BUILDING TO BE DEMOED					
				AS ASBESTOS					
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 150	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 4/3/2018		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>			Date 2/27/2018		

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




Date of Notification (1) 3/05/18		Name of Building Owner/Operator (2) Prudential Insurance Company of America							
Agencies Notified	Type Notification	Street Address 213 Washington Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07102							
		Name of Contact Gary McNight	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Prudential Insurance Company of America		Type of Facility (4)							
Street Address 213 Washington Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark		Square Feet 750,000	# of Floors 22						
		Bldg. Age 79							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office Space							
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies, Inc.		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 28 North Pennell Road		Street Address 303 B National Road							
City, State, Zip Code Media, PA 19063		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Ron Khachadovian		Telephone No. 610-891-0114	Telephone No. 484-872-8884						
		License No. 01161							
Start Date (10) 3/6/18	Scheduled Completion Date (11) 3/09/18	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Cinnaminson, NJ							
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) <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
Second Floor Washington St side		X		VAT	1,200 SF	x			
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 10	Name of Registered Landfill GROWS Landfill					
City, State Trenton, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Joe White		Title Project Manager		Signature 			Date 3/05/18		

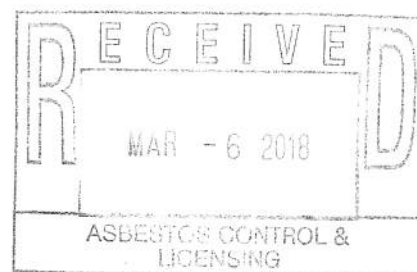


**NOTIFICATION OF ASBESTOS ABATEMENT**  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Check # 3058

Date of Notification (1) 01 / 03 / 18		Name of Building Owner / Operator (2) CELGENE CORPORATION		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  MAR - 6 2018  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>																													
Agencies Notified		Street Address 535 MORRIS AVENUE																															
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment _2 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		City, State, Zip Code SUMMIT, NJ 07901																													
		Name of Contact JANOS ANGELI		Telephone Number																													
<b>FACILITY INFORMATION</b>																																	
Name of Facility Where Abatement is Taking Place (3) CELGENE CORPORATION - BLDG. S-2			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)																														
Street Address 535 MORRIS AVENUE			<input type="checkbox"/> Square Feet 17,000 <input type="checkbox"/> # Of Floors 2 <input checked="" type="checkbox"/> Building Age 40+																														
City (5) SUMMIT	County (6) UNION	County Code (7)	Current Use (Prior if being demolished) OFFICE/CAFATERIA																														
Name of Monitoring Firm Hired by Bldg. Owner (8) WCD GROUP LLC / EWMA			ASCM NO NORTHSTAR CONTRACTING GROUP. INC.																														
Street Address 23 RT 31 NORTH, STE B26 / 100 MISTY LANE			Street Address 32 Williams Parkway																														
City, State, Zip Code PENNINGTON, NJ 08534 / PARSIPPANY, NJ 07054			City, State, Zip Code East Hanover, NJ 07036																														
Project Mngr. For Monitoring Firm MIKE GARAMBONE / Kevin Seise			Telephone Number 609-730-0007 / 973-560-1400																														
Scheduled Start Date (10) 02 / 20 / 18		Sched. Completion Date (11) 05 / 30 / 18		License Number 00860																													
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _ 7:00 am to 3:30 pm <input checked="" type="checkbox"/> Other - Describe: _ MON-FRI			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP. INC.																														
			Street Address 32 Williams Parkway																														
			City, State, Zip Code East Hanover, NJ 07036																														
Scope of Work (Check All That Apply)																																	
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure																																	
Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type <table border="1" style="width:100%; text-align: center;"> <tr> <td>R</td><td>R</td><td>E</td><td>E</td></tr> <tr> <td>E</td><td>E</td><td>N</td><td>N</td></tr> <tr> <td>M</td><td>M</td><td>C</td><td>C</td></tr> <tr> <td>O</td><td>O</td><td>A</td><td>A</td></tr> <tr> <td>V</td><td>V</td><td>P</td><td>P</td></tr> <tr> <td>A</td><td>A</td><td>S</td><td>S</td></tr> <tr> <td>L</td><td>L</td><td>U</td><td>U</td></tr> </table>		R	R	E	E	E	E	N	N	M	M	C	C	O	O	A	A	V	V	P	P	A	A	S	S	L	L	U	U
R	R	E	E																														
E	E	N	N																														
M	M	C	C																														
O	O	A	A																														
V	V	P	P																														
A	A	S	S																														
L	L	U	U																														
S-2 THRU OUT	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE FITTINGS	262 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>																												
S-2 2ND FLOOR ROOF	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	DUCT CALK	260 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>																												
S-2 1ST & 2ND FLOORS	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	FOAM MASTIC	2,442 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>																												
S-2 BASEMENT	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAT /MASTIC	862 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>																												
Name of Registered Waste Hauler NORTHSTAR CONTRACTIN GROUP, INC.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL																													
City, State EAST HANOVER, NJ		Disposal Date	City, State MORESVILLE, PA																														
Completed by (Print or Type) Steven Stiles		Title Project Manager	Signature 		Date 03/05/18																												

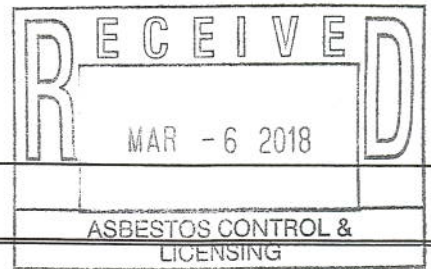
Location of Asbestos Containing  <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement 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
S-2 BASEMENT STAIRWELL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S-2 BASEMENT BANK AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S-2 BASEMENT LOCKER AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S-2 BASEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S-2 ROOF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLASHING	780 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





D&amp;S Proj. #: 18-50

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



Date of Notification (1) 10/21/18		Name of Building Owner/Operator (2) irene o'Neill	
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 Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code MENDHAM TWP., NJ 07945	
Name of Contact irene o'Neill		Telephone Number _____	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) irene o'Neill			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) MENDHAM TWP.	County (6) MORRIS	County Code (7) (State use only)	Current Use (Prior if being demolished)		

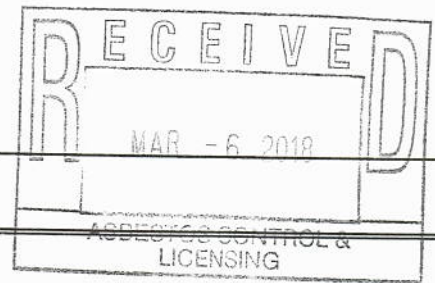
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. _____		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]		Street Address 20 California Ave.		City, State, Zip Code Paterson, NJ 07503	
City, State, Zip Code [REDACTED]		Telephone Number 973-345-8020		License Number 01169	
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]		Name of OSHA Monitor D & S Restoration, Inc.	
Start Date (10) 03/01/18		Sched. Completion Date (11) 03/30/18		Street Address 20 California Avenue	
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		City, State, Zip Code Paterson, NJ 07503		[REDACTED]	

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
<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			

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
ATTIC		X		PIPE INSULATION	1701 ft	X			

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 03/02/18		City, State TULLYTOWN, PA		[REDACTED]	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature [REDACTED]		Date 02/28/2018	





Date of Notification (1) 03/12/18		Name of Building Owner/Operator (2) richard grant	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code franklin lakes, nj 07417	
		Name of Contact marilyn becker	Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) richard grant			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) franklin lakes	County (6) bergen	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		
Start Date (10) 03/12/1818		Sched. Completion Date (11) 03/30/18	License Number 01169		
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			Name of OSHA Monitor D & S Restoration, Inc.		
			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☐ ≥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		<input checked="" type="checkbox"/>		PIPE INSULATION	60 L 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 03/13/18		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 02/28/2018



CH 5869

# PAID

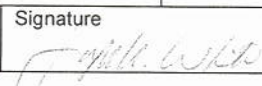
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Print Form

RECEIVED

MAR 6 2018

ASBESTOS CONTROL & LICENSING

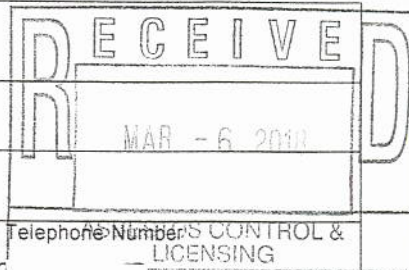
Date of Notification (1) 3/1/18		Name of Building Owner/Operator (2) Princeton University, Trustees of Princeton University							
Agencies Notified	Type Notification	Street Address EA McMillan Building							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> 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 Princeton, NJ 08544							
		Name of Contact Bob Ortega	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Stonyford Barn		Type of Facility (4)							
Street Address 860 Pretty Brook Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Princeton		Square Feet 4,080	# of Floors 2						
County (6) Mercer		County Code (7) (STATE USE ONLY)	Bldg. Age 80 +-						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 1253 North Church Street		Street Address 303 B National Road							
City, State, Zip Code Morrestown, NJ 08057		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Michael R. Keehn		Telephone No. 856-840-8800	License No. 01161						
Start Date (10) 3/12/18	Scheduled Completion Date (11) 3/16/18	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North							
<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 Cinnaminson, NJ							
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
First Floor	X			VAT & Mastic	440 SF	x			
First Floor	X			Transite	40 SF	x			
First Floor	X			Glazing Compound	32 LF	x			
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 15	Name of Registered Landfill GROWS Landfill				
City, State Trenton, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Joe White		Title Project Manager		Signature 			Date 3/1/18		

Check#2996

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

Cancellation

Date of Notification (1) 02 / 28 / 18		Name of Building Owner/Operator (2) Peter Denio	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Fair Lawn, NJ 07410 Name of Contact Peter Denio	



## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>		Square Feet	
City (5) Fair Lawn, NJ 07410		# of Floors	Bldg. Age
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127
Start Date (10) 03 / 08 / 18	Scheduled Completion Date (11) 03 / 09 / 18	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
		City, State, Zip Code Fair Lawn, NJ 07410	

## Scope of Work (Check all that apply)

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> >3 sf or >3 lf<br><input type="checkbox"/> > 160 sf or >260 lf | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition | <input type="checkbox"/> Clean up and decontamination with negative pressure<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Tent with Negative Pressure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |
|--|---|---|

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	95 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>Heute Wemad</i>		Date 02/28/18	

ASB-41

MAY 11

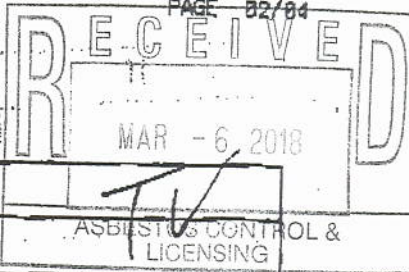
\* Do not use this form for asbestos licensure exempted activities.



02/28/2018 12:41PM 2013297440

BEST REMOVAL IN: CK 4494

**PAID**



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:40 and 12:12B)

Date of Notification (1) <b>2/20/18</b>		Name of Building Owner/Operator (2) <b>MS. LISA CASSIDY</b>								
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including jurisdiction) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	City, State, Zip Code <b>DEPTFORD, NJ. 07096</b>							
Name of Facility Where Abatement is Taking Place (3) <b>MS. CASSIDY</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Substructure & (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address [REDACTED]		Square Feet <b>1940</b>	# of Floors <b>1</b>							
City (5) <b>DEPTFORD</b>		Bldg. Age <b>60 YRS</b>								
County (6) <b>GLOUCESTER</b>		County Code (7) (STATS USE ONLY)	Current Use (8) (if not being demolished) <b>RESIDENCE</b>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)							
Street Address		Best Rem. Inc.								
City, State, Zip Code		450 South River Street Hackensack, NJ 07601								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. License No.							
Start Date (10) <b>3/5/18</b>		Scheduled Completion Date (11) <b>3/7/18</b>	Name of OSHA Analyst <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 type="checkbox"/> 23 sf or 23 ft <input checked="" type="checkbox"/> 2160 sf or 2260 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Multiple Entrances <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Friable and Non-Friable Procedures										
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (A: 4) (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	
<b>1st Floor KITCHEN</b>			<input checked="" type="checkbox"/>	<b>VAT + MASTIC</b>	<b>255 SF</b>	<input checked="" type="checkbox"/>				
Name of Registered Waste Handler		NIDEP Waste Handler ID No.	Cubic Yards of Waste	Name of Registered Landfill						
<b>Best Removal Inc.</b>		<b>17109</b>	<b>24207</b>	<b>Waste Enterprises, LLC</b>						
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>3/7/18</b>	City, State <b>Carneshburg, OH 44688</b>							
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>	Signature <i>[Signature]</i>	Date <b>2/28/18</b>						

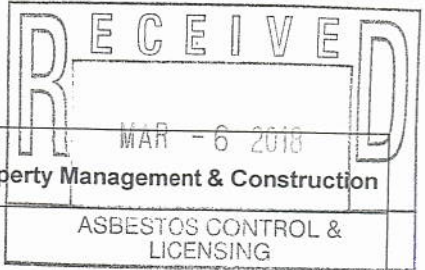
ASB-41 (R-44-06)

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



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

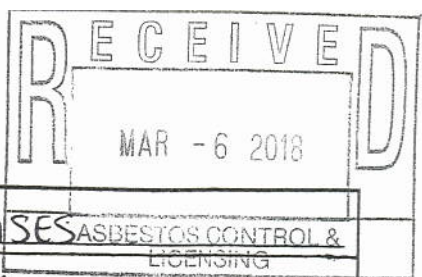


Date of Notification (1) 03 / 02 / 18		Name of Building Owner/Operator (2) State of NJ, Dept. of Treasury, Div. of Property Management & Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input 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 20 West State Street, 3rd Floor City, State, Zip Code Trenton, NJ 08625-0235 Name of Contact David Pittman Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJ DOT Edgewater Park Maintenance Yard		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 1606 Mount Holly Road		Square Feet 20,000	# of Floors 2						
City (5) Beverly		Bldg. Age 50							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) DOT Maintenance Yard							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 344 West State Street		Street Address 623 Cutler Avenue							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm John Duggan		Telephone No. 609-656-8101	License No. 00842						
Start Date (10) 03 / 19 / 18	Scheduled Completion Date (11) 03 / 30 / 18	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
Maintenance Building Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Shingles	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Building Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Caulk (Interface of Shingles & CMU)	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Building Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulking	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage Building Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulking	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 20	Name of Registered Landfill GROWS North Landfill					
City, State Freehold, NJ		Disposal Date 03/30/2018		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 3/2/18			



CH4484

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



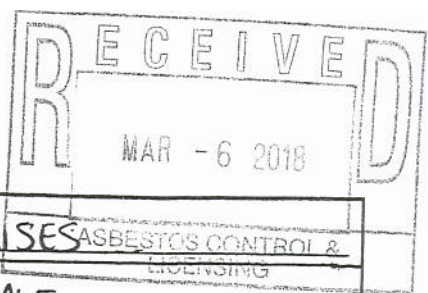
Date of Notification (1) <b>2-28-18</b>		Name of Building Owner/Operator (2) <b>MAKE ENTERPRISES ASBESTOS CONTROL &amp; LICENSING</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1401 ARKANSAS AVE</b>	
		City, State, Zip Code <b>ATLANTIC CITY N.J.</b>	
		Name of Contact <b>ANDY</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 & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <b>1500SF</b>	# of Floors <b>2</b>
City (5) <b>BRIGANTINE</b>		Bldg. Age <b>50+</b>	
County (6) <b>ATLANTIC</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>VACANT</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>	ASCM No.	Name of Abatement Contractor (9) <b>KLEMMCO INC.</b>	
Street Address		Street Address <b>369 S SPRUCE AVE</b>	
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE N.J 08052</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>856-779-0472</b>	License No. <b>00444</b>
Start Date (10) <b>3-12-18</b>	Scheduled Completion Date (11) <b>3-19-18</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 <input type="checkbox"/> Other - Describe:		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <b>SIDING</b>	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) <b>TRANSITE</b>
			Amount (Specify SF or LF) <b>2250 SF</b>
			<b>2200 SF</b>
Name of Registered Waste Hauler <b>KLEMMCO INC</b>		NJDEP Waste Hauler ID No. <b>15904</b>	Cubic Yards of Waste <b>3</b>
City, State <b>MAPLE SHADE N.J</b>		Name of Registered Landfill <b>ACUA</b>	
Disposal Date		City, State <b>PLEASANTVILLE</b>	
Completed By <b>MICHAEL KLEMM</b>	Title <b>PRET.</b>	Signature <b>[Signature]</b>	Date <b>2-28-18</b>



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

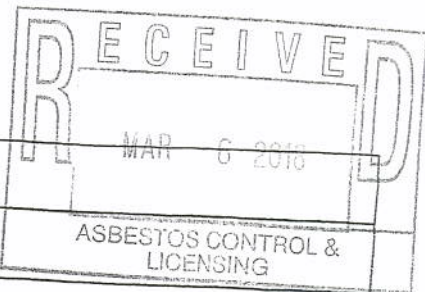


Date of Notification (1) <u>2-28-18</u>		Name of Building Owner/Operator (2) <u>MASE ENTERPRISES</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>1401 ARKANSAS AVE</u>	
		City, State, Zip Code <u>ATLANTIC CITY N.J.</u>	
		Name of Contact <u>ANDY</u>	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) <u>BRIGANTINE</u>		Square Feet <u>1500 SF</u>	# of Floors <u>2</u>
County (6) <u>ATLANTIC</u>		Bldg. Age <u>50+</u>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	
Street Address		Name of Abatement Contractor (9) <u>KLEMD INC.</u>	
City, State, Zip Code		Street Address <u>369 S SPRUCE AVE</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>
Start Date (10) <u>3-12-18</u>	Scheduled Completion Date (11) <u>3-19-18</u>	Name of OSHA Monitor <u>N/A</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ 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)
	Yes	No	
<u>SIDING</u>		<u>X</u>	<u>TRANSITE</u>
Name of Registered Waste Hauler <u>KLEMD INC</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>ACUA</u>
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>PLEASANTVILLE</u>
Completed By <u>MICHAEL KLUM</u>	Title <u>PRES.</u>	Signature <u>[Signature]</u>	Date <u>2-28-18</u>



CK5034

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

Date of Notification (1) 3/2/18		Name of Building Owner/Operator (2) Harry Mulischlegel	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED]	Southampton NJ
Name of Facility Where Abatement is Taking Place (3) Resident		Name of Contact Harry	Telephone Number
FACILITY INFORMATION			
Street Address		Type of Facility (4)	
[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) Mt. Laurel	Square Feet	# of Floors	Bldg. Age
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Finag Environmental Inc	ASCM No.	Name of Abatement Contractor (9) Ami Joe Abatement Contractors LLC	
Street Address 617 Stokes Rd # 4-318	City, State, Zip Code Medford NJ 08055	Street Address 1212 Burlington Ave	
Project Manager for Monitoring Firm Mark Rubini	Telephone No. 609 618 1076	City, State, Zip Code Delanco NJ 08055	
Start Date (10) 3/5/18	Scheduled Completion Date (11) 4/5/18	Telephone No. 609-346-0916	License No. C1070
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor	
<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	
Scope of Work (Check All That Apply)		City, State, Zip Code	
<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)
Kitchen	Yes No N/A	Floor tile	250 SF
Basement		Floor tile	1200 SF
Exterior		Siding	1400 SF
Name of Registered Waste Hauler Ami Joe LLC	NJDEP Waste Hauler ID No. 20547	Cubic Yards of Waste	Name of Registered Landfill WIM of PA
City, State Delanco NJ	Disposal Date TBD	City, State Burlington NJ	Date 3/2/18
Completed by Joseph T Hall	Title V. President	Signature [Signature]	



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

U.S. MAIL  
 CH# 4258

Date of Notification (1) 3/2/18		Name of Building Owner/Operator (2) Ms NATACHA MONTEMURRO		RECEIVED MAR - 6 2018	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code MONTCLAIR, N.J. 07042-4518 Name of Contact Telephone Number [REDACTED]	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) [REDACTED]				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes etc.)	
Street Address [REDACTED]				Square Feet 2000 # of Floors 2 Bldg. Age 80	
City (5) MONTCLAIR N.J. 07042		County (6)		County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]				ASCM No. _____	
Street Address [REDACTED]				Name of Abatement Contractor (9) NOVATECH INC	
City, State, Zip Code [REDACTED]				Street Address P.O. Box 814	
Project Manager for Monitoring Firm [REDACTED]				City, State, Zip Code Old Bridge N.J. 08857	
Start Date (10) 3/11/18		Scheduled Completion Date (11) 4/11/18		Telephone No. 732 238x7500	
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: _____				License No. 00806	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
Basement		X		9x9 Floor Tile <100 S/F X	
Exterior Detach 3 Sides Only Garage		X		Siding <200 S/F X	
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 12501		Cubic Yards of Waste 5	
City, State Old Bridge N.J. 08857		Name of Registered Landfill G.R.O.W.S.		Disposal Date 4/12/18	
Completed by CARLOS ALMEIDA		Title PRESIDENT		Signature [Signature]	
				Date 3/2/18	



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

Approved: *Tom Vonnahme, NJDOL*  
3/2/18

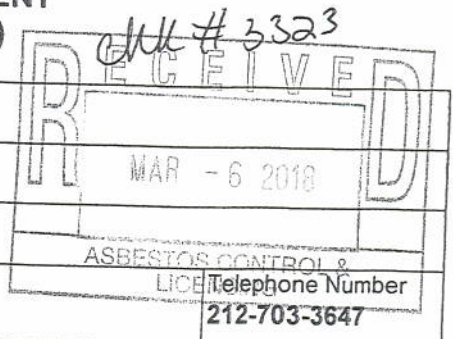
CR # 3328

Date of Notification (1) <b>2/22/18</b>		Name of Building Owner / Operator (2) <b>Wells Fargo Bank</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  MAR - 6 2018  ASBESTOS CONTROL &amp; LICENSING </div>	
Agencies Notified	Type Notification	Street Address <b>One South Broad Street</b>			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1-3/2/18 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Philadelphia, PA 19107</b>			
		Name of Contact <b>Anmar Baban</b>			
<div style="text-align: center;"><b>FACILITY INFORMATION</b></div>					
Name of Facility Where Abatement is Taking Place (3) <b>Wells Fargo NBOC</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>100 Fidelity Plaza</b>			Square Feet      # of Floors      Bldg. Age <b>75,000</b> <b>2</b> <b>45+</b>		
City (5) <b>North Brunswick</b>	County (6) <b>Middlesex</b>	County Code (7)	Current Use (Prior if being demolished) <b>Banking Offices</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>3/5/18</b>	Scheduled Completion Date (11) <b>3/6/18</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>5:00PM to 1:30AM</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 Beaver Street</b>		
			City, State & Zip Code <b>Bristol, PA 19007</b>		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes No N/A			Removal	Repair
<b>Mail Room</b>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<b>Pipe Insulation</b>	<b>10 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Mail Room</b>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<b>Mastic</b>	<b>30 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"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>1/4 CU YD</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>New Castle, DE</b>		Disposal Date <b>3/13/18</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 / jl</i>		Date <b>3/2/18</b>

GI18041



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



Date of Notification (1) <b>2/22/18</b>		Name of Building Owner / Operator (2) <b>Wells Fargo Bank</b>	
Agencies Notified	Type Notification	Street Address <b>One South Broad Street</b>	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <i>435</i> <input checked="" type="checkbox"/> DOH <i>459</i> <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Philadelphia, PA 19107</b>	
		Name of Contact <b>Anmar Baban</b>	
		Telephone Number <b>212-703-3647</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Wells Fargo NBOC</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>100 Fidelity Plaza</b>			Square Feet <b>75,000</b>		
City (5) <b>North Brunswick</b>			County (6) <b>Middlesex</b>		Bldg. Age <b>45+</b>
County Code (7)			Current Use (Prior if being demolished) <b>Banking Offices</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>		License Number <b>00509</b>
Scheduled Start Date (10) <b>3/12/18</b>		Scheduled Completion Date (11) <b>3/13/18</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>5:00PM to 1:30AM</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 Beaver Street</b>		
			City, State & Zip Code <b>Bristol, PA 19007</b>		

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

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

Location of Asbestos-Containing Material (ACM) 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
Mail Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>1/4 CU YD</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>New Castle, DE</b>		Disposal Date <b>3/13/18</b>		City, State <b>Waynesburg, Ohio</b>	
Completed By (Print or Type) <b>Dino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Dino Pizzigoni / g</i>		Date <b>2/22/18</b>

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

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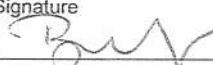
Date of Notification (1) <b>2-28-18</b>		Name of Building Owner/Operator (2) <b>TRANSFORMATION</b>		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> 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>601 W. CLARKSLANDONG RD</b>	
		City, State, Zip Code <b>EGG HARBOR N.J. 08218</b>		Name of Contact <b>TOM</b>	
				Telephone Number <b>609-965-7498</b>	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]					
City (5) <b>MARGATE</b>				Square Feet <b>1500</b>	# of Floors <b>1</b>
County (6) <b>ATLANTIC</b>				Bldg. Age <b>50+</b>	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) <b>VACANT</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.		Name of Abatement Contractor (9) <b>KLEMMCO INC.</b>	
Street Address				Street Address <b>369 S. SPRUCE AVE</b>	
City, State, Zip Code				City, State, Zip Code <b>MAPLE SHADE N.J. 08052</b>	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>856-779-0472</b>	License No. <b>#00444</b>
Start Date (10) <b>3-10-18</b>		Scheduled Completion Date (11) <b>3-17-18</b>		Name of OSHA Monitor <b>N/A</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 type="checkbox"/> Other - Describe:				Street Address	
				City, State, Zip Code	
Scope of Work (Check all that apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN FACILITY (13)</b>		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)	
<b>SIDING</b>		<b>X</b>		<b>TRANSITE</b>	
				Amount (Specify SF or LF) <b>1,250 SF</b>	
				Abatement Type Removal Repair Encapsulate Enclosure <b>X</b>	
Name of Registered Waste Hauler <b>KLEMMCO INC</b>		NJDEP Waste Hauler ID No. <b>15904</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>ACVA</b>	
City, State <b>MAPLE SHADE N.J.</b>		Disposal Date		City, State <b>PLEASANTVILLE N.J.</b>	
Completed By <b>MICHAEL KLEMM</b>		Title <b>SUPERVISOR</b>		Signature <b>[Signature]</b>	Date <b>2-28-18</b>



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

R	Print Form
	MAR - 6 2018
<b>ASBESTOS CONTROL &amp; LICENSING</b>	

Date of Notification (1) 3/3/18		Name of Building Owner/Operator (2) Danny Merk							
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 Seaside, New Jersey 08751							
		Name of Contact George	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Merk Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1500	# of Floors 2						
City (5) Seaside		Bldg. Age 50+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc						
Street Address		Street Address 95 Montrose Rd							
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey							
Project Manager for Monitoring Firm		Telephone No. 732 294 1757	License No. 00029						
Start Date (10) 3/12/18	Scheduled Completion Date (11) 3/19/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			x	siding	100 sf	x			
roof			x	roofing	1000 sf	x			
Name of Registered Waste Hauler Ace Insulation Co., Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill Chris					
City, State Colts Neck, New Jersey			Disposal Date 3/19/18	City, State Easton, PA					
Completed by Bree McGuire		Title Secretary Treasurer	Signature 	Date 3/3/18					



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

**RECEIVED** Print Form  
MAR - 6 2018  
**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) 3/3/18		Name of Building Owner/Operator (2) Lunch Break							
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 121 Drs James Parker Blvd		City, State, Zip Code Red Bank, New Jersey 07701							
Name of Contact Armida		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Lunc Break 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 109 Drs James Parker Blvd		Square Feet 3000	# of Floors 3						
City (5) Red Bank		Bldg. Age 50+							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacated building							
Name of Monitoring Firm Hired by Building Owner (8)		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) 3/13/18		Scheduled Completion Date (11) 3/21/18							
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: 7am-7pm		Name of OSHA Monitor							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address							
City, State, Zip Code									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  (2 pages) exterior roof interior 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)  siding roofing floor tile pipe insulation	Amount (Specify SF or LF)  2000 sf 1000 sf 200 sf 100lf	Abatement Type			
						Removal	Repair	Encapsulate	Enclosure
						x			
						x			
						x			
Name of Registered Waste Hauler Ace Insulation Co., Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 10	Name of Registered Landfill Chris					
City, State Colts Neck, New Jersey		Disposal Date 3/21/18		City, State Easton, PA					
Completed by Bree McGuire		Title Secretary Treasurer		Signature 		Date 3/3/18			



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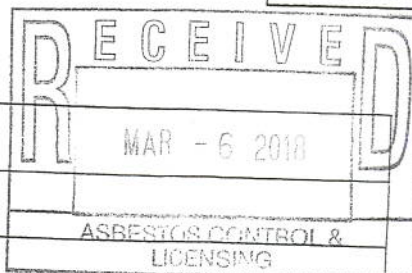
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Print Form  
RECEIVED  
MAR - 6 2018  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 3/3/18		Name of Building Owner/Operator (2) Lunch Break							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	121 Drs James Parker Blvd							
		City, State, Zip Code Red Bank, New Jersey 07701							
		Name of Contact Armida	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Lunc Break Property		Type of Facility (4)							
Street Address 109 Drs James Parker Blvd		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Red Bank		Square Feet 3000	# of Floors 3						
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) vacated building							
Street Address		Name of Abatement Contractor (9) Ace Insulation Co., Inc							
City, State, Zip Code		Street Address 95 Montrose Rd							
Project Manager for Monitoring Firm		City, State, Zip Code Colts Neck, New Jersey							
Telephone No.		Telephone No. 732 294 1757	License No. 00029						
Start Date (10) 3/13/18	Scheduled Completion Date (11) 3/21/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		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 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
Cont. from pg 1									
fireplace			x	fireplace coating	150 sf	x			
chimney			x	chimney caulking	100 lf	x			
Name of Registered Waste Hauler Ace Insulation Co., Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 10	Name of Registered Landfill Chris					
City, State Colts Neck, New Jersey		Disposal Date 3/21/18		City, State Easton, PA					
Completed by Bree McGuire		Title Secretary Treasurer		Signature			Date 3/3/18		



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



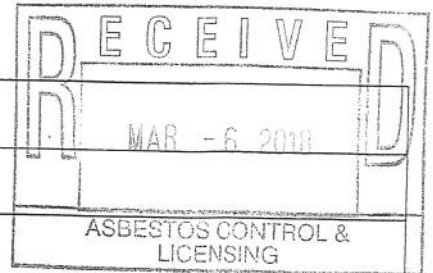
Date of Notification (1) <b>3/1/18</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G</b>	
Agencies Notified	Type Notification	Street Address <b>4000 HADLEY ROAD</b>	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b>	
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G</b>		Name of Contact <b>MATT DANDURAND</b>	Telephone Number <b>732-439-7072</b>
Street Address <b>207 N. DEAN ST.</b>		Type of Facility (4)	
City (5) <b>ENGLEWOOD</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY)	Square Feet <b>13,340</b>	# of Floors <b>2</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		Bldg. Age <b>APPR 94 YRS.</b>	
Street Address <b>64 BROAD STREET</b>		Current Use (Prior if being demolished) <b>SUB STATION</b>	
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA</b>	
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Street Address <b>396 WHITEHEAD AVE.</b>	
Telephone No. <b>732-290-2217</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>	
Start Date (10) <b>2/13/18</b>	Scheduled Completion Date (11) <b>2/26/18</b>	Telephone No. <b>732-432-8350</b>	License No. <b>01111</b>
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>necessary operators only</b>		Street Address <b>396 WHITEHEAD AVE.</b>	
Scope of Work (Check All That Apply)		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>	
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) In Facility (13) <b>WINDOWS</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <b>X</b>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>ACM WINDOW CAULKING</b>	Amount (Specify SF or LF) <b>350 SF</b>
Abatement Type			
Removal Repair Encapsulate Enclosure			
<b>X</b>			
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>APPR 20</b>
City, State <b>ELIZABETH, NJ</b>		Name of Registered Landfill <b>GROWS NORTH</b>	
Disposal Date <b>TBD</b>		City, State <b>MORRISVILLE, PA</b>	
Completed by <b>CAROL RAIMO</b>	Title <b>OFFICE MANAGER</b>	Signature <b>Carol Raimo</b>	Date <b>3/1/18</b>



CK # 8683

Print Form

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

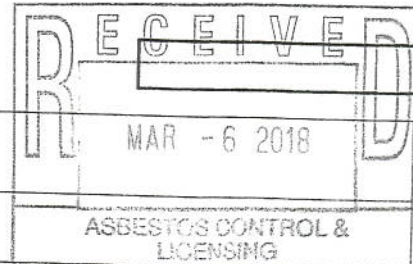


Date of Notification (1) <b>1/30/18</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G</b>							
Agencies Notified	Type Notification	Street Address <b>4000 HADLEY ROAD</b>							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b>							
		Name of Contact <b>MATT DANDURAND</b>	Telephone Number <b>732-439-7072</b>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G</b>		Type of Facility (4)							
Street Address <b>207 N. DEAN ST.</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>ENGLEWOOD</b>	Square Feet <b>13,340</b>	# of Floors <b>2</b>	Bldg. Age <b>Appx 94 yrs.</b>						
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>SUB STATION</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA</b>							
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-290-2217</b>	License No. <b>01111</b>						
Start Date (10) <b>2/13/18</b>	Scheduled Completion Date (11) <b>3/30/18</b>	Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>							
Occupancy Status During Abatement (Check Only One)		Street Address <b>396 WHITEHEAD AVE.</b>							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>necessary operations only</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</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 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) 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>WINDOWS</b>		<b>X</b>		<b>ACM WINDOW CAULKING</b>	<b>350 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>Appx 20</b>	Name of Registered Landfill <b>GROWS NORTH</b>					
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>MORRISVILLE, PA</b>					
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MANAGER</b>	Signature <b>Carol Raimo</b>		Date <b>1/30/18</b>				



Check#2999

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



Date of Notification (1)

03 / 03 / 18

Name of Building Owner/Operator (2)

MVP Management LLC

Street Address

3 Courtland Street

City, State, Zip Code

New Brunswick, NJ 08901

Name of Contact

Steve Dicke

Telephone Number

973-229-2210

Agencies Notified

☐ EPA☒ DOLWD☒ DHSS☐ DCA  
(NJAC 5:23-8)

Type Notification

☒ Initial☐ Amended

Amendment # \_\_\_\_\_

☐ Emergency (including justification)☐ Cancellation**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

Private house

Street Address

City (5)

New Brunswick, NJ 08901

County (6)

Middlesex

County Code (7) (STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)☐ Subchapter 8 (Other than K-1 2)☒ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

Street Address

576 Valley Rd #283

City, State, Zip Code

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

973-638-1777

01127

Start Date (10)

03 / 13 / 18

Scheduled Completion Date (11)

03 / 14 / 18

Name of OSHA Monitor

Envirovision Consultants, Inc

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours - Describe  
Time of Abatement: \_\_\_\_\_ AM- \_\_\_\_\_ PM/ \_\_\_\_\_ PM- \_\_\_\_\_ AM

Street Address

20-21 Wagaraw Road, Bldg. # 35E

City, State, Zip Code

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf☐ > 160 sf or >260 lf☒ Renovation☐ Demolition
☐ Clean up and decontamination with negative pressure  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glovebag Procedure ☐ Tent with Negative Pressure  
☐ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	140 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler

Gr Tech LLC

NJDEP Waste Hauler ID No.

0033785

Cubic Yards of Waste

TBD

Name of Registered Landfill

T.R.R.F. Inc

City, State

Disposal Date

TBD

City, State

Wayne, NJ 07470

Tullytown, PA

Completed By (Print or Type)

N.Jevtic

Title

Owner

Signature

N.Jevtic

Date

03/03/18

ASB-41

MAY 11

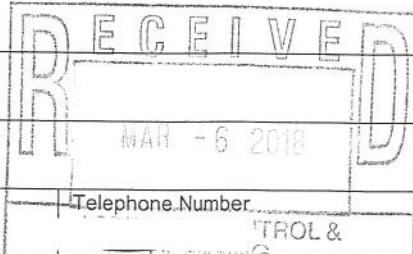
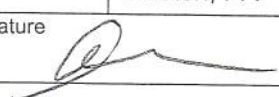
\* Do not use this form for asbestos licensure exempted activities.

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

Check 17422

Date of Notification (1) 3/2/18		Name of Building Owner/Operator (2) Mr. Christopher Kondreck							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Belleville, NJ 07109							
		Name of Contact Christopher							
<p align="center"><b>FACILITY INFORMATION</b></p>									
Name of Facility Where Abatement is Taking Place (3) home			Type of Facility (4)						
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Belleville			Square Feet 1300	# of Floors 2	Bldg. Age 80				
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) home						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276	License No. 703					
Start Date (10) 3/13/18		Scheduled Completion Date (11) 3/27/18		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)			Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement &amp; outside</u>			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input 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
basement			x	boiler insulation	30 SF	x			
exterior			x	transite siding	900 SF	x			
Name of Registered Waste Hauler Tony's Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787		Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill				
City, State Bridgewater NJ				Disposal Date TBD	City, State Easton, PA				
Completed by A. Scott Higgins		Title President		Signature 		Date 3/2/18			



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

Check 174107

Date of Notification (1) 2/28/18		Name of Building Owner/Operator (2) Walter J Scheibner	
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 Moorestown, NJ 08057	
		Name of Contact Walter	Telephone Number [REDACTED]

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CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) home				Type of Facility (4)	
Street Address [REDACTED]				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Nutley		Square Feet 2200	# of Floors 2	Bldg. Age 71	
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) home	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC	
Street Address		Street Address 4 E Gate Drive, PO Box 483			
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-764-2276	License No. 703
Start Date (10) 3/8/18		Scheduled Completion Date (11) 3/15/18		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			X	pipe insulation	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 NJ	
Completed by A. Scott Higgins		Title President	Signature 		Date 2/28/18

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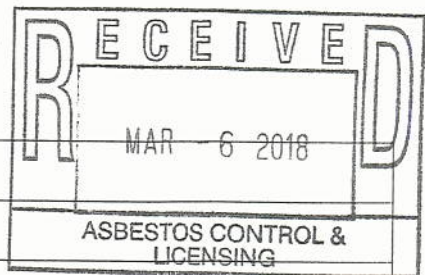
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

Check 17420

Date of Notification (1) 3/1/18		Name of Building Owner/Operator (2) Mr. & Mrs. Frank Ford		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  MAR - 6 2018  ASBESTOS CONTROL &amp; NG </div>					
Agencies Notified		Type Notification				Street Address			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Hillside, NJ 08057 Name of Contact Sulaimun Jenkins			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home				Type of Facility (4)					
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Hillside				Square Feet 2100	# of Floors 2				
County (6) Union				County Code (7) (STATE USE ONLY)	Bldg. Age 73				
Name of Monitoring Firm Hired by Building Owner (8)				Current Use (Prior if being demolished) home					
Street Address				Name of Abatement Contractor (9) ABS Environmental Services, LLC					
City, State, Zip Code				Street Address 4 E Gate Drive, PO Box 483					
Project Manager for Monitoring Firm				City, State, Zip Code Glenwood, NJ 07418					
Telephone No.				Telephone No. 973-764-2276	License No. 703				
Start Date (10) 3/6/18		Scheduled Completion Date (11) 3/15/18		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: bsement				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	floor tile	600 SF	x			
Name of Registered Waste Hauler Tony's Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787		Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill				
City, State Bridgewater NJ				Disposal Date TBD	City, State Easton, PA				
Completed by A. Scott Higgins		Title President		Signature			Date 3/1/18		



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



Date of Notification (1) <b>2/14/17</b>		Name of Building Owner / Operator (2) <b>Rider University</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#1-2/27/18 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>2083 LAWRENCEVILLE ROAD</b> City, State & Zip Code <b>LAWRENCEVILLE, NJ 08648</b> Name of Contact <b>Walter Eddy</b>	
		Telephone Number <b>609-896-7780</b>	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Rider University – Wright Hall</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) Non-Subchapter 8 <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>2083 LAWRENCEVILLE ROAD</b>		Square Feet	# of Floors
City (5) <b>LAWRENCEVILLE</b>	County (6) <b>MERCER</b>	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services Inc.</b>		ASCM No.	
Street Address <b>PO Box 365</b>		Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>	
City, State & Zip Code <b>Berlin, NJ 08009</b>		Street Address <b>1123 Beaver Street</b>	
Project Manager for Monitoring Firm <b>Jim Proctor</b>		City, State & Zip Code <b>Bristol, PA 19007</b>	Telephone Number <b>(215)788-6040</b>
Telephone Number <b>856 656-2875</b>		License Number <b>00509</b>	
Scheduled Start Date (10) <b>ON HOLD</b>	Scheduled Completion Date (11)	Name of OSHA Monitor <b>Bristol Environmental Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <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 checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glove Bag Procedures	
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Clean Up	Enclosure
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank Insulation	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B Wing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Linoleum	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Sill Caulk	100 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>Bristol Environmental Inc.</b>	NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Fairless Landfill</b>
City, State <b>Bristol, PA</b>	Disposal Date	City, State <b>Fairless Hills, PA</b>	
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni/jl</i>	Date <b>2/27/18</b>

GI 18022



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

*mk #3319*

Date of Notification (1) <b>2/14/17</b>		Name of Building Owner / Operator (2) <b>Rider University</b>	
Agencies Notified	Type Notification	Street Address <b>2083 LAWRENCEVILLE ROAD</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>LAWRENCEVILLE, NJ 08648</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <b>Walter Eddy</b>	
<input checked="" type="checkbox"/> DOL 2649	<input type="checkbox"/> Emergency	Telephone Number <b>609-896-7780</b>	
<input checked="" type="checkbox"/> DOH 2632	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DCA 2618			

<b>RECEIVED</b>	
MAR 6 2018	
ASBESTOS CONTROL & REMEDIATION	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Rider University - Wright Hall</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) Non-Subchapter 8 <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>2083 LAWRENCEVILLE ROAD</b>			Square Feet		
City (5) <b>LAWRENCEVILLE</b>	County (6) <b>MERCER</b>	County Code (7)	# of Floors		
			Bldg. Age		
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services Inc.</b>			ASCM No.		
Street Address <b>PO Box 365</b>			Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		
City, State & Zip Code <b>Berlin, NJ 08009</b>			Street Address <b>1123 Beaver Street</b>		
Project Manager for Monitoring Firm <b>Jim Proctor</b>			City, State & Zip Code <b>Bristol, PA 19007</b>		
Telephone Number <b>856 656-2875</b>			Telephone Number <b>(215)788-6040</b>		
Scheduled Start Date (10) <b>2/28/18</b>			License Number <b>00509</b>		
Scheduled Completion Date (11) <b>3/6/18</b>			Name of OSHA Monitor <b>Bristol Environmental Inc.</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <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 checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Clean Up	Enclosure
<b>Basement</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Tank Insulation</b>	<b>150 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B Wing</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Linoleum</b>	<b>100 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Exterior</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Window Sill Caulk</b>	<b>100 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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>Bristol Environmental Inc.</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Fairless Landfill</b>	
City, State <b>Bristol, PA</b>		Disposal Date		City, State <b>Fairless Hills, PA</b>	
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>		Date <b>2-14-18</b>

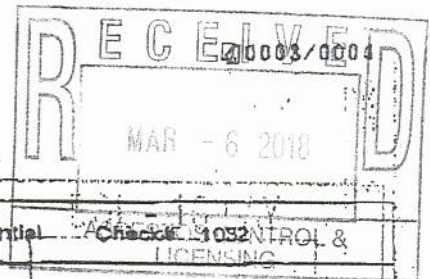
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**PAID**  
 State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:80 and 12:120)



Date of Notification (1) 2/28/2018		Name of Building Owner/Operator (2) 1268 Apartment Corp. & FirstService Residential		Check # 1032	
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 5 Horizon Road City, State, Zip Code Fort Lee, New Jersey 07024 Name of Contact Michael Alejandro	
<div style="display: flex; justify-content: space-between;"> <div>         Telephone Number 201-224-8300       </div> <div>         RECEIVED       </div> </div>					
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Horizon House (apt. # 1809)			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 5 Horizon Road			Square Feet 30,000		
City (5) Fort Lee, New Jersey 07024			# of Floors 50+		
County (6) Bergen			County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates Inc			ASCM No.		
Street Address 300 Grand Avenue			Name of Abatement Contractor (9) Lilich Corporation		
City, State, Zip Code Englewood, New Jersey 07631			Street Address 806 McBride Ave		
Project Manager for Monitoring Firm Anthony Valentine			City, State, Zip Code Woodland Park, New Jersey		
Telephone No. 201-569-8708			Telephone No. 973-225-8400		
License No. D1104			Name of OSHA or for Iris Environmental Laboratories, LLC		
Start Date (10) 03/02/2018		Scheduled Completion Date (11) 03/09/2018		Name of OSHA or for Iris Environmental Laboratories, 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: 8 AM					
Street Address 2333 Route 20 West City, State, Zip Code Union, NJ 07003					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 180$ sf or $\geq 250$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glove bag Procedure / Limited Containment Tent <input 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) Yes No N/A		Description of Asbestos Containing Material (14) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Riser-6, Conference Room		X		O&M Wrap & Cut TSI, Critical	
Riser 6, Conference Room		X		O&M Cleanup Debris	
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 2	
City, State Woodland Park, New Jersey		Disposal Date 03/09/2018		Name of Registered Landfill Fairless Landfill	
City, State Morrisville, PA		Signature 		Date 02/28/2018	



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

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Date of Notification 2/28/18		Name of Building Owner / Operator (2) <b>Adele Milligan</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>   MAR - 6 2018 </div>	
Agencies Notified	Type of Notification	Street Address			
EPA	Emergency Notification	[REDACTED]			
DEP	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code <b>Roseland, NJ 07068</b>			
<input checked="" type="checkbox"/> DOL	Amended Notification	Name of Contact <b>Adele Milligan</b>		ASBESTOS Telephone Number LIC [REDACTED]	
<input checked="" type="checkbox"/> DOH	Cancellation				
DCA					

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>Vacant Residence</b>			Type of Facility (4)		
Street Address [REDACTED]			School (K-12)		
			Subchapter 8 (Other than K-12)		
City (5) <b>Manasquan</b>			County (6) <b>Ocean</b>	County Code (7)	
			Square Feet <b>2,500</b>	# of Floors <b>2</b>	Bldg. Age <b>70+</b>
Current Use (Prior if being demolished) <b>Residence</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics</b>			Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>		
Street Address <b>64 Broad Street</b>			Street Address <b>443 Schoolhouse Road</b>		
City, State & Zip Code <b>Matawan, NJ 07716</b>			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-605-9062</b>		License Number <b>00714</b>
Scheduled Start Date (10) <b>3/9/18</b>	Scheduled Completion Date (11) <b>3/10/18</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			Street Address <b>443 Schoolhouse Road</b>		
Abatement Performed Outside of Normal Facility Hours - Describe:			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Other - Describe:					

Scope of Work (Check all that apply)					
Demolition		<input checked="" type="checkbox"/> Renovation	Full Containment with Negative Pressure		
Large Project			Mini-Enclosure		
<input checked="" type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM			<input checked="" type="checkbox"/> Glovebag		
Quantity is $\geq 160$ SF or $\geq 260$ LF ACM			Other: <b>Non-friable</b>		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
<b>Basement</b>	<b>N/A</b>	<b>TSI Pipe</b>	<b>110 LF</b>	<b>Removal</b>

Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>5</b>	Name of Registered Landfill <b>Cumberland County</b>	
City, State <b>Freehold, NJ</b>		Disposal Date <b>3/11/18</b>		City, State <b>Newburg, PA</b>	
Completed By (Print or Type) <b>Dominick Tringali</b>		Title <b>Manager</b>		Signature <i>Dominick Tringali</i>	
				Date <b>2/28/18</b>	



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Print Form

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

Ck# 1521

Date of Notification (1) 3/1/18		Name of Building Owner/Operator (2) Kitty Koo Trust		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAR - 6 2018 ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified	Type Notification	Street Address 511 Durie Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Closter, NJ							
		Name of Contact							
<div style="text-align: center;">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) Abandoned former school Bldg. for Demo				Type of Facility (4)					
Street Address 511 Durie Ave				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Closter				Square Feet 25,000	# of Floors 3				
County (6) Bergen				County Code (7) (STATE USE ONLY)	Bldg. Age 50+				
Name of Monitoring Firm Hired by Building Owner (8) n/a				Name of Abatement Contractor (9) Harmony Contracting Inc					
Street Address n/a				Street Address 360 Palisade Ave					
City, State, Zip Code n/a				City, State, Zip Code Garfield, NJ 07026					
Project Manager for Monitoring Firm n/a				Telephone No. n/a	License No. 01255				
Start Date (10) 12/23/17		Scheduled Completion Date (11) 5/31/18		Name of OSHA Monitor Harmony Contracting Inc					
Occupancy Status During Abatement (Check Only One)				Street Address 360 Palisade Ave					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: DEMO				City, State, Zip Code Garfield, NJ 07026					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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 of Original Building			x	Cementitious Ceiling Plaster	5,300 SF	<			
Basement of Original Building			x	VAT & Mastic	4,000 SF	<			
Basement Boiler Room			x	Breeching Insulation	400 SF	<			
Basement Boiler Room			x	Pipe Insulation	350 LF	<			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Riverdale, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Tina Caporino		Title Secretary		Signature E. Crovi		Date 3/1/18			