

CKH 9503

PAID

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

RECEIVED

Date of Notification (1) <b>3/7/19</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G</b>		MAR 8 2019				
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>4000 HADLEY ROAD</b>				
				City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 7080</b>				
		Name of Contact <b>MIKE ESCAMILLA</b>		Telephone Number <b>973-417-0464</b>				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G</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>7 POLHEMUS LANE</b>			Square Feet <b>2500</b>					
City (5) <b>BRIDGEWATER</b>			# of Floors <b>1</b>					
County (6) <b>SOMERSET</b>			Bldg. Age <b>APPX 60 YRS.</b>					
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) <b>SWITCH STATION</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>		Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA, INC.</b>				
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>				
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		Telephone No. <b>732-290-2217</b>		Telephone No. <b>732-432-8350</b>				
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		License No. <b>01111</b>		Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA, INC.</b>				
Start Date (10) <b>3/18/19</b>		Scheduled Completion Date (11) <b>3/20/19</b>		Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA, INC.</b>				
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>necessary operators only</b>			Street Address <b>396 WHITEHEAD AVE.</b>					
			City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>					
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure				
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure				
				<input type="checkbox"/> Glovebag Procedure				
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED In Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>CONTROL ROOM</b>		<b>X</b>	<b>TRANSITE FLOOR PANELS</b>	<b>36 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>VEOLIA</b>		NJDEP Waste Hauler ID No. <b>080631369</b>		Cubic Yards of Waste <b>APPX 2</b>		Name of Registered Landfill <b>FAIRLESS</b>		
City, State <b>FLANDERS, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>MORRISVILLE, PA</b>				
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>		Signature <b>Carol Raimo</b>		Date <b>3/7/19</b>		

CK 14 9503

Print Form

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

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MAR 8 2019

Date of Notification (1) <b>3/7/19</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G</b>									
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation									
Street Address <b>4000 HADLEY ROAD</b>		City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 7080</b>									
Name of Contact <b>MIKE ESCAMILLA</b>		Telephone Number <b>973-417-0464</b>									
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G</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>234 PIERSON AVE.</b>		Square Feet <b>6300</b>									
City (5) <b>EDISON</b>		# of Floors <b>5</b>									
County (6) <b>MIDDLESEX</b>		Bldg. Age <b>appx 81 yrs</b>									
County Code (7) <b>(STATE USE ONLY)</b>		Current Use (Prior if being demolished) <b>SUB STATION</b>									
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCN No. <b>0045</b>									
Street Address <b>64 BROAD STREET</b>		Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA, INC.</b>									
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		Street Address <b>396 WHITEHEAD AVE.</b>									
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>									
Telephone No. <b>732-290-2217</b>		Telephone No. <b>732-432-8350</b>									
License No. <b>01111</b>		Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA, INC</b>									
Start Date (10) <b>3/25/19</b>		Scheduled Completion Date (11) <b>5/15/19</b>									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>OUTDOORS</b>		Street Address <b>396 WHITEHEAD AVE.</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		Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>											
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) <b>WINDOWS</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> <tr> <td></td> <td><b>X</b></td> <td></td> </tr> </table>		Yes	No	N/A		<b>X</b>			
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 CAULKING</b>		Amount (Specify SF or LF) <b>850 LF</b>									
Abatement Type <table border="1"> <tr> <th>Removal</th> <th>Repair</th> <th>Encapsulate</th> <th>Enclosure</th> </tr> <tr> <td><b>X</b></td> <td></td> <td></td> <td></td> </tr> </table>		Removal	Repair	Encapsulate	Enclosure	<b>X</b>					
Removal	Repair	Encapsulate	Enclosure								
<b>X</b>											
Name of Registered Waste Hauler <b>VEOLIA</b>		NJDEP Waste Hauler ID No. <b>080631369</b>									
City, State <b>FLANDERS, NJ</b>		Cubic Yards of Waste <b>appx 40</b>									
Disposal Date <b>TBD</b>		Name of Registered Landfill <b>FAIRLESS</b>									
City, State <b>MORRISVILLE, PA</b>											
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>									
Signature <i>Carol Raimo</i>		Date <b>3/7/19</b>									

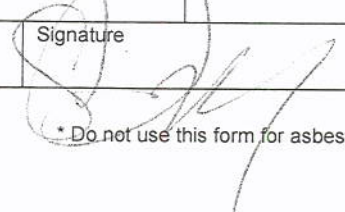


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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

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MAR 5 2019

MAR 8 2019

Date of Notification (1) 02/19/2019		Name of Building Owner/Operator (2) The Esquire Group LLC							
Agencies Notified	Type Notification	Street Address 2095 W County Line Road, Suite #3							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jackson, NJ 08527							
		Name of Contact Joseph Sabbag	Telephone Number 732-719-8684						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 101 Boardwalk		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 101 Boardwalk		Square Feet 16941	# of Floors 9						
City (5) Atlantic City		Bldg. Age 2010							
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Crown Air Services LLC		ASCM No. _____	Name of Abatement Contractor (9) Asbestways Solutions Corp						
Street Address 478 Albany Street		Street Address 132 Washington Avenue							
City, State, Zip Code Brooklyn, NY 11203		City, State, Zip Code Brooklyn, NY 11205							
Project Manager for Monitoring Firm		Telephone No. 7188582600	License No. 01340						
Start Date (10) 03/07/2019	Scheduled Completion Date (11) 03/15/2019	Name of OSHA Monitor Asbestways Solutions Corp							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 132 Washington Avenue							
		City, State, Zip Code Brooklyn, NY 11205							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Chiller Room	X			Fire Proofing	1500 Sqf	X			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 4506	Cubic Yards of Waste	Name of Registered Landfill Tully-town RE Facility					
City, State Newark, NJ 07102			Disposal Date	City, State					
Completed by Mendy Gorodetsky		Title Officer	Signature 			Date 02/19/2019			



# State of New Jersey - Notification of Asbestos Abatement

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

RECEIVED

Date of Notification (1) <b>March 1, 2019</b>		Name of Building Owner/Operator (2) <b>Shai &amp; Heather Kushner</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address [REDACTED]		City, State, Zip Code <b>Maplewood, NJ</b>	
Name of Contact <b>Heather Kushner</b>		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Private 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]		Sq. Feet: <b>2,000</b> # of Floors: <b>2</b> Bldg. Age: <b>60</b> years	
City (5) <b>Maplewood, NJ</b>	County (6) <b>Essex</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Sky Environmental Services, Inc.</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Street Address <b>140 Boulevard</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>Mountain Lakes, NJ</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Project Manager for Monitoring Firm <b>Leonid Shereshevsky</b>	Telephone Number <b>973.769.6946</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>March 4, 2019</b>	Scheduled Completion Date (11) <b>March 11, 2019</b>	Name of OSHA Monitor <b>EMSL inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe:		Street Address <b>1056 Stelton Road</b>	
		City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$		Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure x Negative Air with an attached Decon	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Basement, 1<sup>st</sup> &amp; 2<sup>nd</sup> Floors</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>Asbestos dust and asbestos contaminated material</b>	Amount (Specify SF or LF) <b>2,000 sf</b> Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose
Name of Reg. Waste Hauler <b>See Hauler Below # 1 &amp; 2</b>	NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>5 cu.yds</b>	Name of Registered Landfill <b>G.R.O.W.S</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 NY DEP #		Disposal Date <b>March 11, 2019</b>	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>Sr. PROJECT MANAGER</b>	Signature <i>Marin Graure</i>	Date <b>March 1, 2019</b>

GAC # 2019-672- Please Note: This house was previously abated by others over 3 years ago. The owner's independent air monitoring & testing company found asbestos dust fibers via bulk sample analysis. The entire interior of the home will be hepa vacuumed and wet wiped.



From: GREENWOOD ABATEMENT

19734920133

03/01/2019 09:48

#101 P.002/004

## State of New Jersey - Notification of Asbestos Abatement

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

RECEIVED  
MAR 1 8 2019

Date of Notification (1) <b>March 1, 2019</b>		Name of Building Owner/Operator (2) <b>Shai &amp; Heather Kushner</b>	
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancelled	
Street Address <b>[REDACTED]</b>		City, State, Zip Code <b>Maplewood, NJ</b>	
Name of Contact <b>Heather Kushner</b>		Telephone Number <b>[REDACTED]</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Private Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>2,000</b> # of Floors: <b>2</b> Bldg. Age: <b>80</b> years	
Street Address <b>[REDACTED]</b>		Current Use (prior to being demolished):	
CIV (5) <b>Maplewood, NJ</b>	County (6) <b>Essex</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Sky Environmental Services, Inc.</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Street Address <b>140 Boulevard</b>		Street Address <b>611 MAIN STREET</b>	
City, State, Zip Code <b>Mountain Lakes, NJ</b>		City, State, Zip Code <b>Butler, NJ 07408</b>	
Project Manager for Monitoring Firm <b>Leonid Shereshevsky</b>		Telephone Number <b>973.769.6946</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>March 4, 2019</b>		Scheduled Completion Date (11) <b>March 11, 2019</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:		Name of OSHA Monitor <b>EMSL Inc.</b>	
		Street Address <b>1058 Stelton Road</b>	
		City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ W <input type="checkbox"/> $\geq 160$ sf or $\geq 280$			
		Renovation Demolition	
		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure x Negative Air with an attached Decon	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Basement, 1<sup>st</sup> &amp; 2<sup>nd</sup> Floors</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>Asbestos dust and asbestos contaminated material</b>	Amount (Specify SF or LF) <b>2,000 sf</b>
		Abatement Type <b>Remove, Repair, Enclose, Enclose</b>	
Name of Reg. Waste Hauler <b>See Hauler Below # 1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>5 cu. yds</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12881 NY DEP #		Name of Registered Landfill <b>G.R.O.W.S.</b>	
Hauler #2) Newark Carting, Inc. - Newark, NJ 04309, NJ DEP # 19551		Disposal Date <b>March 11, 2019</b>	City, State <b>Route 2, Box 68 Bridgeport, WVA 304-942-2794</b>
Completed by (Print or Type) <b>Marin Grauro</b>	Title <b>Sr. PROJECT MANAGER</b>	Signature <b>Marin Grauro</b>	Date <b>March 1, 2019</b>

GAC # 2019-672- Please Note: This house was previously abated by others over 3 years ago. The owner's independent air monitoring & testing company found asbestos dust fibers via bulk sample analysis. The entire interior of the home will be hepa vacuumed and wet wiped.



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

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Date of Notification (1) <b>March 4, 2019</b>		Name of Building Owner/Operator (2) <b>The Valley Hospital</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	Notification Type Initial Notification <input checked="" type="checkbox"/> Amendment # 1 Emergency (including justification)	Street Address <b>223 North Van Dien Avenue</b>	
		City, State, Zip Code <b>Ridgewood, NJ 07450-2736</b>	
		Name of Contact <b>William Stasiak</b>	Telephone Number <b>201-447-8141</b>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>The Valley Hospital Warehouse</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>599 Valley Health Plaza</b>		Sq. Feet: <b>Unknown</b> # of Floors: <b>4</b> Bldg. Age: <b>50+ years</b>	
City (5) <b>Paramus</b>	County (6) <b>Bergen</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Colden Corporation</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Street Address <b>28 Washington Street</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>Ballston Spa, NY 12020</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Project Manager for Monitoring Firm <b>Jim Miades</b>	Telephone Number <b>347.435.3561</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>March 15, 2019</b>	Scheduled Completion Date (11) <b>March 26, 2019</b>	Name of OSHA Monitor <b>EMSL inc.</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe:		Street Address <b>1056 Stelton Road</b>	
		City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Phillips/Bergen Corridor Ramp	<input checked="" type="checkbox"/>	VAT & Mastic	140 sf
Kitchen	<input checked="" type="checkbox"/>	HVAC	200 sf
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>5</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Name of Registered Landfill Meadowfill Landfill/GROWS	
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		Disposal Date <b>March 26, 2019</b>	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Marin Graure</i>	Date <b>March 4, 2019</b>

GAC # 2019-673 Please Note: This amended notification includes the change in start date for the Phillips/Bergen Corridor abatement. This work will start on March 15<sup>th</sup> 2019 & The Kitchen abatement will start on March 22, 2019



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

*New check 7275*

Date of Notification (1) 2/22/19		Name of Building Owner/Operator (2) TBC Contracting Inc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 11 Vreeland Avenue	
		City, State, Zip Code Totowa NJ 07512	
		Name of Contact Viveca Ramos	Telephone Number 973-956-8700

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Vacant 2 Story Building		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 1625 Federal Street		Square Feet 1000	# of Floors 2
City (5) Camden NJ 08105		Bldg. Age 35+	
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Unknown	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Pernaco Inc.	
Street Address		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727
Start Date (10) 2/25/19	Scheduled Completion Date (11) 2/28/19	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address	
		City, State, Zip Code	

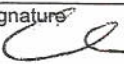
Scope of Work (Check All That Apply)
 

☐  $\geq 3$  sf or  $\geq 3$  lf  
☒  $\geq 160$  sf or  $\geq 260$  lf

☐ Renovation  
☒ Demolition

☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☒ 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
Right Side of Building Between			x	Flashing material	210 LT	x			
1st & 2nd Floor									

Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.	
City, State Elm NJ		Disposal Date 2/28/19		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President	Signature 	Date 2/22/19	



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

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MAR 8 2019

Date of Notification (1) 3/1/2019		Name of Building Owner/Operator (2) Grosso Homes	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton NJ	
		Name of Contact Grosso Homes	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Grosso Homes's Residential		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Princeton NJ	Square Feet	# of Floors	Bldg. Age
County (6) Mercer County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MKD Property Maintenance LLC
Street Address		Street Address 105 Van Riper Avenue	
City, State, Zip Code		City, State, Zip Code Clifton NJ 07011	
Project Manager for Monitoring Firm		Telephone No.	License No. 01336
Start Date (10) 3/1/2019	Scheduled Completion Date (11) 3/5/2019	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 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
Exterior		X		Siding Transite	1120	X			
1st floor				VAT	280	X			

Name of Registered Waste Hauler MKD Property Maintenance LLC	NJDEP Waste Hauler ID No. 0037991	Cubic Yards of Waste 1 YD	Name of Registered Landfill Fairless Landfill
City, State Clifton NJ	Disposal Date	City, State Morrisville, PA 19067	
Completed by Darko Raloski	Title Project Manager	Signature 	Date 3/1/2019



Project #

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

Check # 4563

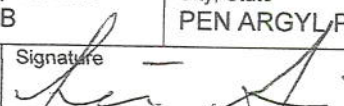
Date of Notification (1) 03/04/2019		Name of Building Owner/Operator (2) Us Bank Master Trust							
Agencies Notified	Type Notification	Street Address 2711 N Haskett Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Dallas, TX 75204							
		Name of Contact Edwardo Loor	Telephone Number 908 361 9548						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hillside, NJ 07205		Square Feet	# of Floors						
County (6) Union		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC						
Street Address		Street Address 72 Brookside Rd							
City, State, Zip Code		City, State, Zip Code Randolph, NJ 07869							
Project Manager for Monitoring Firm		Telephone No. 973933-2550	License No. 01358						
Start Date (10) 03/16/2019		Scheduled Completion Date (11) 03/18/2019							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor IRIS							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 2333 Rt 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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 area		X		TSI	100 LF	X			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 0033782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State Randolph, NJ		Disposal Date TBD		City, State Tullytown, Pa					
Completed by Nikica Mrda		Title President		Signature <i>William Hicks</i>				Date 03/04/2019	



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

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MAR 8 2019

Date of Notification (1) 2/28/19 check #0153		Name of Building Owner/Operator (2) CARLA TURNER							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code JERSEY CITY NJ, 07304							
		Name of Contact CARLA TURNER	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		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) JERSEY CITY NJ, 07304		Square Feet 50X100	# of Floors 2						
County (6) HUDSON		Bldg. Age 50 YEARS							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING						
Street Address		Street Address 24 CHURCH ST							
City, State, Zip Code		City, State, Zip Code ELMWOOD PARK NJ 07407							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 873-9418						
Start Date (10) 02/28/2019		Scheduled Completion Date (11) 03/01/2019	License No. 01301						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor ALL SOLUTIONS CONTRACTING							
<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: 4:30 PM TONIGHT TO 12:00 PM		Street Address 24 CHURCH ST							
		City, State, Zip Code ELMWOOD PARK NJ 07407							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	PIPE INSULATION	17LF	X			
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill GRAND CENTRAL					
City, State PEN ARGYL PA		Disposal Date TDB		City, State PEN ARGYL PA					
Completed by LUIS ARCILA		Title PRESIDENT		Signature 		Date 02/28/2019			



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

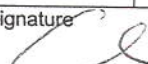
Check # 2451

Date of Notification (1) <b>02/26/2019</b>		Name of Building Owner / Operator (2) <b>EMR Camden Iron &amp; Metals Inc</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>143 Harding Avenue</b> City, State & Zip Code <b>Bellmawr, NJ 08031</b> Name of Contact <b>Robert Speed</b>	
		Telephone Number <b>856-617-3762</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Warehouse</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>1423 Ferry Ave</b>		Square Feet <b>10,000</b>	# of Floors <b>1</b>
City (5) <b>Camden</b>	County (6) <b>Camden</b>	County Code (7)	Bldg. Age <b>50+</b>
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		License Number	
Telephone Number		Telephone Number	
Scheduled Start Date (10) <b>03/07/2019</b>		Scheduled Completion Date (11) <b>03/17/2019</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor <b>EMSL Analytical</b>	
Street Address		Street Address	
City, State & Zip Code		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 $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) 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)
<b>Warehouse</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<b>Pipe insulation</b>	<b>1,300 LF</b>
Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>	NJDEP Waste Hauler ID No. <b>00033330</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Grows Landfill</b>
City, State <b>Trenton, NJ</b>	Disposal Date <b>various</b>	City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Rod Richardson</b>	Title <b>Project Manager</b>	Signature <i>Rod Richardson</i>	Date <b>02/26/2019</b>



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

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Date of Notification (1) 3/5/19		Name of Building Owner/Operator (2) Monroe Township Public Schools		MAR 8 2019					
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		75 East Academy Street					
				City, State, Zip Code Williamstown NJ 08094					
		Name of Contact Tom		Telephone Number 856-767-7750					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Holly Glen Elementary School				Type of Facility (4)					
Street Address 900 N Main Street				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Williamstown NJ 08094				Square Feet 10000 +	# of Floors 1				
County (6) Gloucester				County Code (7) (STATE USE ONLY)	Bldg. Age 35+				
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address				Street Address PO Box 329					
City, State, Zip Code				City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 3/15/19		Scheduled Completion Date (11) 3/29/19		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input 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 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 Window panels			x	Transit panels	800 sf	x			
above windows and doors									
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ				Disposal Date 3/29/19	City, State Morrisville PA 19067				
Completed by Anthony T Perna			Title President	Signature 			Date 3/5/19		



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

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MAR 8 2019

Date of Notification (1) 03/06/19		Name of Building Owner/Operator (2) Matt's Construction							
Agencies Notified	Type Notification	Street Address 14 Irene Court							
<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 Lakewood, NJ 08701							
		Name of Contact Matt's Construction	Telephone Number 732-905-4494						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Lakewood		Square Feet	# of Floors						
County (6) Ocean		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 03/17/19	Scheduled Completion Date (11) 03/22/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		City, State, Zip Code LAKEWOOD, NJ 08701							
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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				SIDING	2500SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 8	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 03/22/19		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 03/06/19			



CK# 4768

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

MAR 8 2019

Date of Notification (1) <u>3-3-19</u>		Name of Building Owner/Operator (2) <u>ADAMS CONTRACTING</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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>716 HAVEN AVE</u>							
		City, State, Zip Code <u>OCEAN CITY N.J 08226</u>							
		Name of Contact <u>DEAN</u>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <u>OCEAN CITY</u>		Square Feet <u>1000</u>	# of Floors <u>1</u>						
County (6) <u>CAPE MAY</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>		Name of Abatement Contractor (9) <u>KLEMCO INC.</u>							
Street Address		Street Address <u>369 S. SPRUCE AVE</u>							
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>							
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>01371</u>						
Start Date (10) <u>3-13-19</u>	Scheduled Completion Date (11) <u>3-23-19</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)	Amount (Specify SF or LF) <u>1250 SF</u>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>		<u>X</u>			
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>C.M.C.M.U.A</u>					
City, State <u>MAPLE SHADE N.J</u>		Disposal Date		City, State <u>WOODBINE</u>					
Completed By <u>MICHAEL KLEAM</u>		Title <u>SUP.</u>	Signature <u>[Signature]</u>			Date <u>3-3-19</u>			



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 / 05 / 19		Name of Building Owner/Operator (2) Groundhawn Demolition							
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 P O Box 32 City, State, Zip Code Bay Head, NJ 08742 Name of Contact Jim Telephone Number 732-899-5200							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2000 sf							
City (5) Wall		# of Floors 2							
County (6) Monmouth		Bldg. Age 65							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
City, State, Zip Code		Street Address 1889 Route 9, Unit 61							
Project Manager for Monitoring Firm		City, State, Zip Code Toms River, New Jersey 08755							
Telephone No.		Telephone No. 732-349-9932							
Start Date (10) 03 / 18 / 19		License No. 00624							
Scheduled Completion Date (11) 03 / 19 / 19		Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton							
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		City, State, Zip Code Piscataway, New Jersey 08854							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	2100 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 03/19/19		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature [Signature]		Date 3/5/19			



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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) 3/1/2019		Name of Building Owner/Operator (2) Old Dominion Freight Line							
Agencies Notified	Type Notification	Street Address 500 Old Dominion Way							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Thomasville, NC 27360							
		Name of Contact Michael Diggs	Telephone Number 336-239-4213						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Old Dominion Terminal Building		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 200 S. Inman Ave		Square Feet 18,000	# of Floors 1						
City (5) Avenel		Bldg. Age 50							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Shipping terminal							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Consulting		ASCM No.	Name of Abatement Contractor (9) ELCON Environmental Inc						
Street Address 2002 Renaissance Blvd, Suite 110		Street Address 150 Glenwood Dr							
City, State, Zip Code King of Prussia		City, State, Zip Code Washington Crossing, PA 18977							
Project Manager for Monitoring Firm Andrew D. Hubley		Telephone No. 610-279-7070	Telephone No. 215-313-7427						
License No. 01225									
Start Date (10) 3/18/2019	Scheduled Completion Date (11) 3/28/19	Name of OSHA Monitor same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Attached									
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State New Castle, DE		Disposal Date TBD		City, State Waynesburg OH					
Completed by Andre Gosek		Title Project Manager		Signature <i>Andre Gosek</i>			Date 03/01/2019		



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

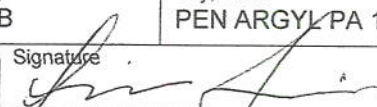
Check#3282

Date of Notification (1) 03 / 05 / 19		Name of Building Owner/Operator (2) Carol Smith							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code Montclair, NJ 07043							
		Name of Contact Carol Smith	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Montclair, NJ 07043		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		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) 03 / 15 / 19		Scheduled Completion Date (11) 03 / 16 / 19							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc							
		Street Address 20-21 Wagaraw Road, Bldg. # 35E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	110 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 03/05/19		

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

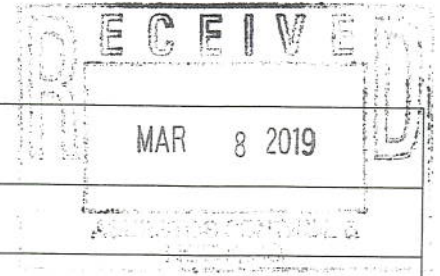
RECEIVED  
MAR 8 2019

CK 0155 PAID

Date of Notification (1) 02/01/2019 check #0155		Name of Building Owner/Operator (2) JIM BRENNAN		MAR 8 2019					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code RIDGWOOD NJ, 07450 Name of Contact JIM BRENNAN 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) RIDGWOOD NJ, 07450			Square Feet 100X100	# of Floors 2 FL	Bldg. Age 50 YEARS				
County (6) BERGEN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) OCCUPAID					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING INC					
Street Address		Street Address 24 CHURCH ST		City, State, Zip Code ELMWOOD PARK NJ 07407					
City, State, Zip Code		Telephone No. 201 873 9418		License No. 01301					
Start Date (10)		Scheduled Completion Date (11)		Name of OSHA Monitor ALL SOLUTIONS CONTRACTING INC					
Occupancy Status During Abatement (Check Only One)				Street Address 24 CHURCH ST					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM TO 3:30 PM				City, State, Zip Code ELMWOOD PARK NJ 07407					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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	FLOOR TILE	350 SF	X			
BASEMENT			X	DUCT INSULATION	6 SF	X			
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.		Cubic Yards of Waste TDB	Name of Registered Landfill GRAND CENTRAL				
City, State PEN ARGYL PA 18072				Disposal Date TDB	City, State PEN ARGYL PA 18072				
Completed by LUIS ARCILA			Title PRESIDENT		Signature 		Date 03/01/2019		



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



Date of Notification (1) <b>03 / 05 / 19</b>		Name of Building Owner/Operator (2) <b>Township of Deptford</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 # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1011 Cooper Street</b>	
		City, State, Zip Code <b>Deptford, NJ 08096</b>	
		Name of Contact <b>Donald Banks</b>	Telephone Number <b>856-686-2218</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Deptford Municipal Building</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>1011 Cooper Street</b>		Square Feet <b>50,000</b>	# of Floors <b>2</b>
City (5) <b>Deptford</b>		Bldg. Age <b>96</b>	
County (6) <b>Gloucester</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Municipal Building</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Management &amp; Enviro. Consulting Services</b>		ASCM No.	Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>
Street Address <b>PO Box 341</b>		Street Address <b>623 Cutler Avenue</b>	
City, State, Zip Code <b>Chesterfield, NJ 08515</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>	
Project Manager for Monitoring Firm <b>Bill Weisgarber</b>		Telephone No. <b>609-298-4070</b>	License No. <b>00842</b>
Start Date (10) <b>03 / 06 / 19</b>	Scheduled Completion Date (11) <b>03 / 08 / 19</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>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<b>2<sup>nd</sup> Floor Storage Room</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>1</b>
City, State <b>Freehold, NJ</b>		Name of Registered Landfill <b>Fairless Landfill</b>	
Disposal Date <b>03/08/2019</b>		City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Christina Lynch</b>	Title <b>Vice President of Operations</b>	Signature 	Date <b>3/5/19</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) 3/1/2019		Name of Building Owner/Operator (2) Marotta Controls Inc.							
Agencies Notified	Type Notification	Street Address 78 Boonton Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Montville NJ 07045							
		Name of Contact Thomas Marotta	Telephone Number 973-334-7800						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Marotta Controls Inc.		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 78 Boonton Avenue		Square Feet 50,000	# of Floors 2						
City (5) Montville		Bldg. Age 70							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) office							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial						
Street Address		Street Address 54 Morgan Dr							
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871							
Project Manager for Monitoring Firm		Telephone No. 973-570-2645	License No. 01334						
Start Date (10) 3/2/2019	Scheduled Completion Date (11) 3/15/2019	Name of OSHA Monitor Checkmark Industrial							
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 54 Morgan Dr							
		City, State, Zip Code Sparta NJ 07871							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
office area		X		floor tile	1,085 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 10	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark NJ		Disposal Date		City, State Pen Argyl, PA					
Completed by Corey Stankovic		Title CEO	Signature <i>Corey Stankovic</i>			Date 2/1/2019			



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



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

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MAR 8 2019

Date of Notification (1) <b>3 / 05 / 19</b>		Name of Building Owner/Operator (2) <b>Hackensack University Medical Center</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>30 Prospect Avenue</b> City, State, Zip Code <b>Hackensack, NJ 07601</b>	
		Name of Contact <b>Mr. Donald Ferrell</b>	Telephone Number <b>(551) 996-3778</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Hackensack University Medical Center (Laundry Building/Main Building)</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>30 Prospect Avenue</b>			
City (5) <b>Hackensack</b>	Square Feet <b>~ 75,000</b>	# of Floors <b>6</b>	Bldg. Age <b>95</b>
County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Hospital</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Langan Engineering Environmental Servies</b>		ASCM No. <b>00099</b>	Name of Abatement Contractor (9) <b>SAI Environmental Services, LLC</b>
Street Address <b>300 Kimball Drive</b>		Street Address <b>277 Fairfield Road, Suite 102</b>	
City, State, Zip Code <b>Parsippany, NJ 07054</b>		City, State, Zip Code <b>Fairfield, NJ 07004</b>	
Project Manager for Monitoring Firm <b>Vijay Patel</b>		Telephone No. <b>973-560-4983</b>	Telephone No. <b>(973) 852-3444</b>
			License No. <b>01349</b>
Start Date (10) <b>3 / 21 / 19</b>	Scheduled Completion Date (11) <b>04 / 30 / 19</b>	Name of OSHA Monitor <b>SAI Environmental Services, LLC</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM/4:00PM-12:30AM</b>		Street Address <b>277 Fairfield Road, Suite 102</b> City, State, Zip Code <b>Fairfield, NJ 07004</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Laundry Building Level B2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe & Joint Insulation	1,000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry/Main Building Level B2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe & Joint Insulation	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry Building Level B2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe & Joint Insulation	250 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

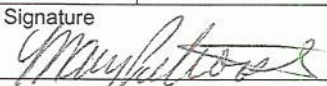
Name of Registered Waste Hauler <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>	Cubic Yards of Waste <b>100</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>New Castle, DE</b>		Disposal Date <b>Various</b>		City, State <b>Waynesburgh, OH</b>	
Completed By (Print or Type) <b>Mary Petrovski</b>	Title <b>Manager</b>	Signature <i>Mary Petrovski</i>		Date <b>3/5/19</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) <b>3 / 05 / 19</b>		Name of Building Owner/Operator (2) <b>Hackensack University Medical Center</b>		MAR 8 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>30 Prospect Avenue</b>		City, State, Zip Code <b>Hackensack, NJ 07601</b>					
		Name of Contact <b>Mr. Donald Ferrell</b>		Telephone Number <b>(551) 996-3778</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Hackensack University Medical Center (Laundry Bldg)</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>30 Prospect Avenue</b>									
City (5) <b>Hackensack</b>			Square Feet <b>~ 75,000</b>	# of Floors <b>6</b>	Bldg. Age <b>95</b>				
County (6) <b>Bergen</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Hospital</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Langan Engineering Environmental Servies</b>		ASCM No. <b>00099</b>	Name of Abatement Contractor (9) <b>SAI Environmental Services, LLC</b>						
Street Address <b>300 Kimball Drive</b>		Street Address <b>277 Fairfield Road, Suite 102</b>							
City, State, Zip Code <b>Parsippany, NJ 07054</b>		City, State, Zip Code <b>Fairfield, NJ 07004</b>							
Project Manager for Monitoring Firm <b>Vijay Patel</b>		Telephone No. <b>973-560-4983</b>	Telephone No. <b>(973) 852-3444</b>	License No. <b>01349</b>					
Start Date (10) <b>3 / 21 / 19</b>		Scheduled Completion Date (11) <b>04 / 30 / 19</b>		Name of OSHA Monitor <b>SAI Environmental Services, LLC</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM/4:00PM-12:30AM</b>			Street Address <b>277 Fairfield Road, Suite 102</b>						
			City, State, Zip Code <b>Fairfield, NJ 07004</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Laundry Building Level B2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Pipe	2 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry Building Level B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Glazing Putty/Caulking (3 windows)	265 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry Building Level G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expansion Joint / Caulking	160 SF/300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry Building Level B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>		Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>Minerva Landfill</b>				
City, State <b>New Castle, DE</b>		Disposal Date <b>Various</b>		City, State <b>Waynesburgh, OH</b>					
Completed By (Print or Type) <b>Mary Petrovski</b>		Title <b>Manager</b>		Signature 		Date <b>3/5/19</b>			




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

**RECEIVED**

MAR 8 2019

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Date of Notification (1) 3-6-2019		Name of Building Owner/Operator (2) Paulsboro Refining Company		MAR 8 2019	
Agencies Notified		Type Notification		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		800 Billingsport Rd	
				City, State, Zip Code Paulsboro NJ 08066	
		Name of Contact Ravi Jarecha		Telephone Number 856-224-4444	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Paulsboro Refining Company				Type of Facility (4)	
Street Address 800 Billingsport Rd				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Paulsboro				Square Feet NA	# of Floors NA
County (6) Gloucester				County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Oil Refinery
Name of Monitoring Firm Hired by Building Owner (8) Total Environmental Solutions		ASCM No. NA		Name of Abatement Contractor (9) Brand Energy Services LLC	
Street Address 1005 St Georges Lane				Street Address 740 Veterans Drive	
City, State, Zip Code Landenburg, Pa 19350				City, State, Zip Code Swedesboro, NJ 08085	
Project Manager for Monitoring Firm Ed Igelesias		Telephone No. 302-344-4217		Telephone No. 856-467-2850	License No. 01009
Start Date (10) 3-18-2019*		Scheduled Completion Date (11) 12-31-2019*		Name of OSHA Monitor Total Environmental Solutions	
Occupancy Status During Abatement (Check Only One)				Street Address 1005 St Georges Lane	
<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: Regulated Area will be Established - Active Oil Refinery				City, State, Zip Code Landenburg, PA 19350	
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 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)
	Yes	No	N/A		
CU7		x		Thermal Insulation Systems	42 lf
Running up the south side of the structure.				16" pipe - 42' long riser	
				3" thick	
Name of Registered Waste Hauler Waste Management Inc.		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	Name of Registered Landfill Gloucester County Landfill
City, State South Harrison NJ		Disposal Date Various		City, State South Harrison, NJ	
Completed by Tim Evans		Title Insulation Manager		Signature 	Date 3-7-2019

\*To Support scheduled and unscheduled plant shutdowns, revised notification will be submitted for each project.