

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

CK#1065

Date of Notification (1) 03/06/2018		Name of Building Owner/Operator (2) FDU		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>  MAR 12 2018 </div>	
Agencies Notified	Type Notification	Street Address 100 University Plz.			
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hackensack, NJ 07601			
		Name of Contact		Telephone Number	

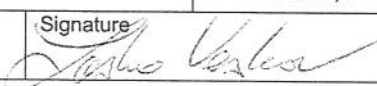
  

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) FDU			Type of Facility (4)		
Street Address 131 Temple Ave			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Hackensack			Square Feet	# 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) Environmental Design, Inc		ASCM No.		Name of Abatement Contractor (9) Removal Safety LLC	
Street Address 5434 King Ave				Street Address 8 Crosby Ave	
City, State, Zip Code Pennsauken, NJ 08109				City, State, Zip Code Paterson, NJ 07502	
Project Manager for Monitoring Firm Jay Murray		Telephone No. 856-616-9516		Telephone No. 973-400-8711	License No. 01332
Start Date (10) 03-13-2018		Scheduled Completion Date (11) 03-15-2018		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One)				Street Address 2333 Route 22 West	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>day shift</u>				City, State, Zip Code Union, NJ 07083	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥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 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 131			x	Removal/disposal of caulk	3 front windows	x			
Building 131			x	Removal/disposal of caulk	1 back window				
Building 131			x	Removal/disposal of caulk	2 front doors				

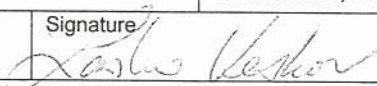
  

Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 1	Name of Registered Landfill GROWS North	
City, State Paterson, NJ		Disposal Date 3/15/18		City, State Morrisville, PA	
Completed by Lasko Veskov		Title President	Signature 		Date 03/06/2018

PAID

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

CK# 1064

Date of Notification (1) 03/06/2018		Name of Building Owner/Operator (2) FDU							
Agencies Notified	Type Notification	Street Address 100 University Plz.							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hackensack, NJ 07601							
		Name of Contact Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) FDU		Type of Facility (4)							
Street Address 139 Temple 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) Hackensack		Square Feet	# of Floors						
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design, Inc		ASCM No.							
Street Address 5434 King Ave		Name of Abatement Contractor (9) Removal Safety LLC							
City, State, Zip Code Pennsauken, NJ 08109		Street Address 8 Crosby Ave							
Project Manager for Monitoring Firm Jay Murray		City, State, Zip Code Paterson, NJ 07502							
Telephone No. 856-616-9516		Telephone No. 973-400-8711	License No. 01332						
Start Date (10) 03-13-2018	Scheduled Completion Date (11) 03-15-2018	Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>day shift</u>		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input 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 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 139			x	Removal/disposal of roof caulk	40LF	x			
				Front portion of the roof					
Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 1	Name of Registered Landfill GROWS North					
City, State Paterson, NJ		Disposal Date 3/15/18		City, State Morrisville, PA					
Completed by Lasko Veskov		Title President	Signature 			Date 03/06/2018			

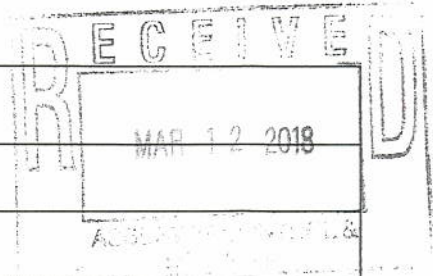


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) March 9, 2018		Name of Building Owner/Operator (2) NJDOT							
Agencies Notified	Type Notification	Street Address 1035 Parkway Ave; P.O. Box 600							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact Karl Bevans	Telephone Number 609-530-3513						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) NJDOT - Route 280, Route 21 Interchange Improvements		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 Rt 21 / Rt 280		Square Feet N/A	# of Floors Bldg. Age						
City (5) Newark	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Bridge Structures						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) George Harms Construction Co., Inc.						
Street Address		Street Address 62 Yellowbrook Road							
City, State, Zip Code		City, State, Zip Code Howell, NJ 07731							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-751-2089 License No. 01055						
Start Date (10) March 19, 2018	Scheduled Completion Date (11) March 30, 2018	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Bridge Reconstruction / Demolition</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input 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
Bridge Abutments			X	Asbestos Roofing Cement		X			
Name of Registered Waste Hauler Recovery Environmental Services		NJDEP Waste Hauler ID No. 32475	Cubic Yards of Waste 5	Name of Registered Landfill Waste Management					
City, State Augusta, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Sam Hahn		Title Project Engineer		Signature 		Date 3/9/2018			

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



Date of Notification (1) 03 / 09 / 18			Name of Building Owner/Operator (2) Provident Bank						
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 100 Wood Avenue South					
				City, State, Zip Code Iselin, NJ 08830					
		Name of Contact Nicholas D'Amore		Telephone Number 908-347-5795					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial				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 7 Jackson Street									
City (5) South River				Square Feet	# 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) Bio Terra Solutions		ASCM No. 00112		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
Street Address P.O. Box 1224				Street Address 27 Outwater Lane					
City, State, Zip Code Union, NJ				City, State, Zip Code Garfield, NJ 07026					
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762		Telephone No. 973-928-4888	License No. 1188				
Start Date (10) 03 / 24 / 18		Scheduled Completion Date (11) 04 / 07 / 18		Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM <input checked="" type="checkbox"/> Saturday				Street Address 27 Outwater Lane					
				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
West, South, Front Entrance of Trailer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	450 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 Century Waste, LLC / All Pro Management, LLC		NJDEP Waste Hauler ID No. 32797 / 989		Cubic Yards of Waste As Needed	Name of Registered Landfill G.R.O.W.S. North Landfill / Fairless Landfill / IES1 Bethlehem Landfill				
City, State Elizabeth, NJ / Garfield, NJ				Disposal Date TBD	City, State Morrisville, PA / Bethlehem, PA				
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature Allen Monchik		Date 3/9/18			



PAID

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

B &amp; G proj. #: 2018-62B

Check # 8857

Date of Notification (1) 03/09/18		Name of Building Owner/Operator (2) French & Parella Associates, PA	
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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 1800 Route 34		City, State, Zip Code Wall, NJ 07719	
Name of Contact Kevin Rothauser		Telephone Number (732) 312-9800	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Vacant dwelling			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Jersey City, NJ 07306	County (6) Hudson	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 03/19/2018	Sched. Completion Date (11) 03/31/2018		Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

- ☒ Demolition      ☐ Renovation      ☐ Full Containment w/negative pressure      ☐ Glovebag procedure  
☐ >3 sf or >3 lf      ☒ ≥160 sf or ≥260 lf      ☐ Mini-enclosure      ☒ Non-friable procedure

Location of asbestos-containing material 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						
throughout exterior walls			<input checked="" type="checkbox"/>	transite siding	1,800 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof			<input checked="" type="checkbox"/>	roofing shingles	750 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
roof			<input checked="" type="checkbox"/>	felt paper	750 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 25	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 03/19/18 - 04/02/18	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 03/09/2018

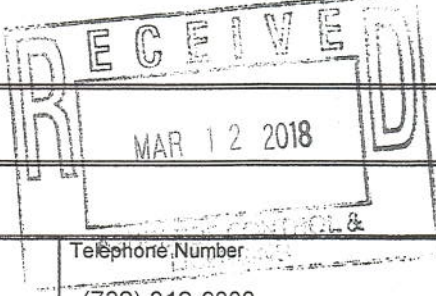


PAID

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

B &amp; G proj. #: 2018-62A

Check # 8858

Date of Notification (1) 03/10/19		Name of Building Owner/Operator (2) French & Parella Associates, PA		
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"/> Amendment <input type="checkbox"/> Cancellation		
Street Address 1800 Route 34		City, State, Zip Code Wall, NJ 07719		
Name of Contact Kevin Rothauser		Telephone Number (732) 312-9800		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Vacant dwelling			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) Jersey City, NJ 07306			County (6) Hudson		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]			ASCM No. n/a		
Street Address [REDACTED]			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code [REDACTED]			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm [REDACTED]			Phone Number [REDACTED]		License Number 00378
Scheduled Start Date (10) 03/19/2018			Sched. Completion Date (11) 03/31/2018		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

- ☒ Demolition      ☐ Renovation      ☐ Full Containment w/negative pressure      ☐ Glovebag procedure  
☐ >3 sf or >3 lf      ☒ ≥160 sf or ≥260 lf      ☐ Mini-enclosure      ☒ Non-friable procedure

Location of asbestos-containing material 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						
2nd floor			<input checked="" type="checkbox"/>	VAT	650 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof			<input checked="" type="checkbox"/>	roofing material	750 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	water proofing tar	750 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 15	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 03/19/18 - 04/02/18	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 03/09/2018



OK 1697  
OK 1701

PAID

Print Form

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

RECEIVED  
MAY 12 2018  
267.419.1766

Date of Notification (1) February 27, 2018		Name of Building Owner/Operator (2) Township of Voorhees					
Agencies Notified	Type Notification	Street Address 2400 Town Center					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <u>1</u>	City, State, Zip Code Voorhees, NJ 08043					
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Dave Archibald					
Telephone Number 267.419.1766							
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Vacant Municipal 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 620 Haddonfield Berlin Road		Square Feet	# of Floors				
City (5) Voorhees		Bldg. Age					
County (6) Camden	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) Ricco Construction Corp				
Street Address		Street Address 282 Creek Road					
City, State, Zip Code		City, State, Zip Code Bellmawr, NJ 08031					
Project Manager for Monitoring Firm		Telephone No. 856.466.6452	License No. 01339				
Start Date (10) March 9, 2018	Scheduled Completion Date (11) June 29, 2018	Name of OSHA Monitor Andrew Ricco					
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 282 Creek Road					
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		City, State, Zip Code Bellmawr, NJ 08031					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Interior		X	Floor Tile	1205 SF	X		
Exterior		X	Roofing Material	7250 SF	X		
Exterior		X	Parapet Caulking	7250 SF	X		
Name of Registered Waste Hauler Ricco Construction Corp		NJDEP Waste Hauler ID No. 28909	Cubic Yards of Waste TBD	Name of Registered Landfill Salem County			
City, State Bellmawr, NJ		Disposal Date TBD		City, State Alloway, NJ			
Completed by Andrew Ricco		Title Owner	Signature <i>Andrew Ricco</i>	Date February 27, 2018			

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

Date of Notification (1) 02-28-18		Name of Building Owner/Operator (2) Caravella Demolition	
Agencies Notified	Type Notification	Street Address 40 Deforest Ave.	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Hanover NJ 07936	
		Name of Contact Jhon Caravella	Telephone Number (973) 884-4900

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Paterson		Square Feet	# of Floors
County (6) Passaic		County Code (7) (STATE USE ONLY) _____	Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.
Street Address		Street Address 522 7th St.	
City, State, Zip Code		City, State, Zip Code Union City NJ 07087	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603
			License No. 01206
Start Date (10) 03-01-18	Scheduled Completion Date (11) 03-07-18	Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union City NJ 07087	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Entire Property		x		Demolition Asbestos Debris		x			

Name of Registered Waste Hauler Caravella Demolition Inc	NJDEP Waste Hauler ID No. 35685	Cubic Yards of Waste 80	Name of Registered Landfill IESI
City, State E. Hanover, NJ 07936		Disposal Date 03-02-18	City, State Bethlehem, PA
Completed by Jaime Delgado	Title Proj. Manager.	Signature 	Date 02-28-18



02-09-2018 11:31 FROM-

T-101 P0003/0006 F-838

Print Form

PAID

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

**RECEIVED**

MAR 2 2018

ASBESTOS CONTROL &...

Telephone Number  
 (551) 998-3778

Date of Notification (1) 2/9/2018		Name of Building Owner/Operator (2) Hackensack University Medical Center	
Agencies Notified	Type Notification	Street Address 30 Prospect Avenue	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hackensack, NJ 07601	
		Name of Contact Mr. Donald Fernell	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) St. John's Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Single-Family (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 30 Prospect Avenue		Square Feet 75,000	# of Floors 6
City (5) Hackensack		Bldg. Age 95	
County (6) Bergen		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) LANGAN Environmental Services, Inc.		ASCM No. 00099	Name of Abatement Contractor (9) Sky Contracting, LLC
Street Address 300 Kimball Drive		Street Address 1385 Valley Road, Suite K	
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Wayne, New Jersey 07470	
Project Manager for Monitoring Firm Vijay Patel		Telephone No. (973) 660-4900	Telephone No. (973) 925-5040
Start Date (10) 2/12/2018		Scheduled Completion Date (11) 4/30/2018	License No. 00874
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Sky Contracting, LLC	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Exterior Work, Unoccupied Building Level		Street Address 1385 Valley Road, Suite K	
		City, State, Zip Code Wayne, New Jersey 07470	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 150$ 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 checked="" type="checkbox"/> Glove Bag Procedure <input type="checkbox"/> Non-Enclosed ("") 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	
Perimeter Wall - Penthouse Level		X	Louver Caulk
Name of Registered Waste Hauler Service Transport Group, Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste TBD	Name of Registered Landfill Lineva Enterprises, LLC
City, State New Castle, Delaware	Disposal Date TBD		City, State Wynnesburg, Ohio
Completed by Predrag Sarcav	Title Vice President	Signature 	Date 2/9/2018

ASB-41 (R.08-08)

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



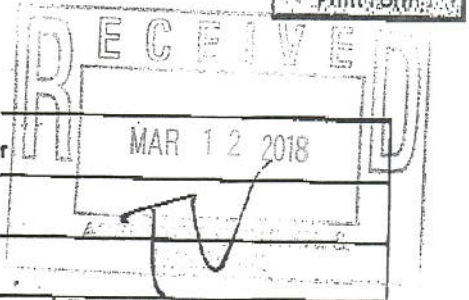
02-09-2018 11:31 FROM-

T-101 P0002/0006 F-938

**PAID**

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

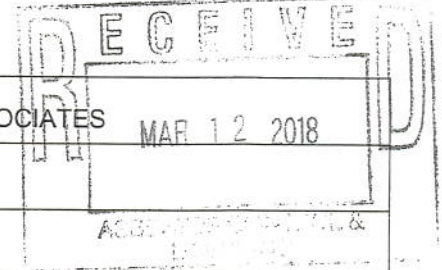
Print Form



Date of Notification (1) 2/9/2018		Name of Building Owner/Operator (2) Hackensack University Medical Center						
Agencies Notified	Type Notification	Street Address 30 Prospect Avenue						
<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 Hackensack, NJ 07601						
		Name of Contact Mr. Donald Ferrell	Telephone Number (551) 996-3778					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Strawbridge Building		Type of Facility (4)						
Street Address 30 Prospect Avenue		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Hackensack		Square Feet 25,000	# of Floors 3					
County (6) Bergen		Bldg. Age 75						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Hospital						
Name of Monitoring Firm Hired by Building Owner (8) LANGAN Environmental Services, Inc.		ASCM No. 00099	Name of Abatement Contractor (9) Sky Contracting, LLC					
Street Address 300 Kimball Drive		Street Address 1385 Valley Road, Suite K						
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Wayne, New Jersey 07470						
Project Manager for Monitoring Firm Vijay Patel		Telephone No. (973) 560-4900	Telephone No. (973) 928-5040					
Start Date (10) 2/12/2018		Scheduled Completion Date (11) 4/30/2018	License No. 00874					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Sky Contracting, LLC						
<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: Roof, Unoccupied Building Level		Street Address 1385 Valley Road, Suite K						
		City, State, Zip Code Wayne, New Jersey 07470						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glove bag procedure <input type="checkbox"/> Non-enclosed (C) and Non-Frangible Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Crawl Space below Mechanical Rm		X	Pipe Joint Insulation	5 each	X			
Crawl Space below Mechanical Rm		X	Pipe Insulation	12 LF	X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste TBD	Name of Registered Landfill Inerva Enterprises, LLC				
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio				
Completed by Predrag Sarcev		Title Vice President		Signature 		Date 2/9/2018		



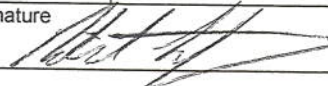
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 3/6/2018		Name of Building Owner/Operator (2) PROFESSIONAL GOVERNMENT ASSOCIATES							
Agencies Notified	Type Notification	Street Address 909 BELMONT AVENUE							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NORTH HALEDON, NJ 07508							
		Name of Contact FRANK CATANIA	Telephone Number 973-427-2500						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) VACANT RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet    # of Floors    Bldg. Age							
City (5) FRANKLIN LAKES		Current Use (Prior if being demolished)							
County (6) BERGEN	County Code (7) (STATE USE ONLY)								
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) 3/17/2018	Scheduled Completion Date (11) 4/2/2018	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: VACANT		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 If <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 ROVIC TRANSPORT		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 400	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State RIVERDALE, NJ 07457			Disposal Date 4/2/2018	City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>			Date 3/6/2018			

OK 1445

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

Date of Notification (1) 3/9/18		Name of Building Owner/Operator (2) Mark Martino							
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Somerville, NJ 08876							
		Name of Contact Mark Martino	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential 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) Somerville		Square Feet 2500	# of Floors 4						
		Bldg. Age 70 +/-							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No. _____	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. _____	License No. 01305						
Start Date (10) 3/19/18	Scheduled Completion Date (11) 3/24/18	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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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
1st Fl		X		VAT	361 SF	X			
2nd Fl		X		VAT	148 SF	X			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President	Signature 	Date 3/9/18					

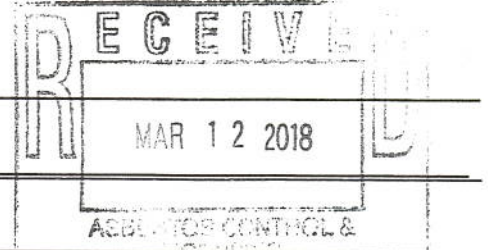


OK 19949

PAID

D&amp;S Proj. #: 18-57

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



Date of Notification (1) 03/10/18		Name of Building Owner/Operator (2) rosemary zapoloski	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code north bergen, nj 07047	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact rosemary zapoloski	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) rosemary zapoloski			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		
City (5) north bergen			County (6) hudson	County Code (7) (State use only)	# of Floors
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]			Bldg. Age		
Street Address [REDACTED]			Current Use (Prior if being demolished)		
City, State, Zip Code [REDACTED]			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Project Manager for Monitoring Firm			Street Address 20 California Ave.		
Phone Number			City, State, Zip Code Paterson, NJ 07503		
Start Date (10) 03/21/1818			Telephone Number 973-345-8020		
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)

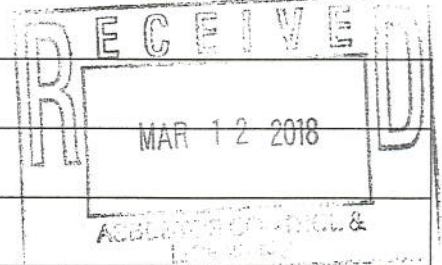
- ☒ >3 sf or >3 lf      ☒ Renovation  
☐ ≥160 sf or ≥260 lf      ☐ Demolition

- ☐ 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)	Removal	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	190 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"/>

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 03/22/18	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 03/06/2018

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

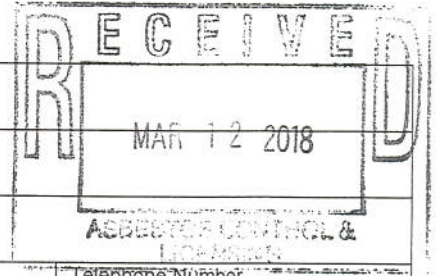


Date of Notification (1) 03/07/2018		Name of Building Owner/Operator (2) Steve Balassone							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Florham Park, NJ 07932							
		Name of Contact Steve	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Florham Park		Square Feet	# of Floors						
County (6) Morris		County Code (7) (STATE USE ONLY)	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Removal Safety LLC						
Street Address		Street Address 8 Crosby Ave							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07502							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		973-400-8711	01332						
Start Date (10) 03/20/2018	Scheduled Completion Date (11) 03/22/2018	Name of OSHA Monitor Removal Safety LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 8 Crosby Ave							
<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: 8:00am - 5:00pm		City, State, Zip Code Paterson, NJ 07502							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Floor Tiles	500 SF	x		x	
Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 3	Name of Registered Landfill GROWS North					
City, State Paterson, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Lasko Veskov		Title President	Signature <i>Lasko Veskov</i>			Date 03/07/2018			



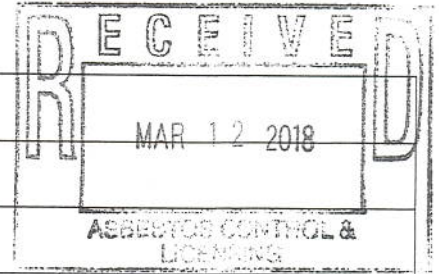
OK 1656

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



Date of Notification (1) 03/03/2018		Name of Building Owner/Operator (2) Virginia Albanis							
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 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	<div style="background-color: black; width: 150px; height: 20px;"></div>							
		City, State, Zip Code Whippany, NJ 07981							
		Name of Contact Virginia Albanis	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Whippany		Square Feet N/A	# of Floors N/A						
County (6) Morris		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685						
			License No. 01311						
Start Date (10) 03/19/2018	Scheduled Completion Date (11) 03/20/2018	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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <i>* WRAP &amp; CUT</i> <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		Duct Insulation	60 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 <i>[Signature]</i>			Date 03/03/2018		

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



Date of Notification (1) 03/03/2018		Name of Building Owner/Operator (2) Tom Gonnella							
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 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 Short Hills, NJ 07078							
		Name of Contact Tom Gonnella							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Short Hills		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 03/15/2018	Scheduled Completion Date (11) 03/16/2018	Name of OSHA Monitor D&S Abatement							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Entrance		X		VAT	150 SF	X			
Stairs to the Basement		X		VAT	60 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 03/03/2018		

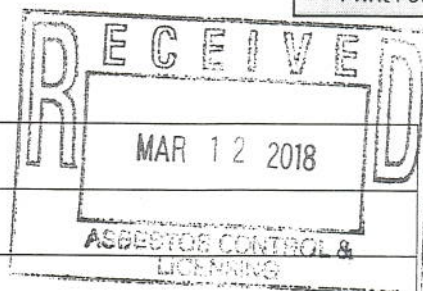


MO 18035534705

Print Form

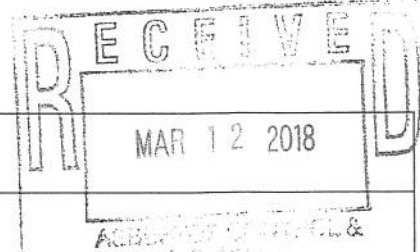
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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 03/03/2018		Name of Building Owner/Operator (2) Frank Ilaria							
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 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 Belleville, NJ 07109							
		Name of Contact Frank Ilaria	Telephone Number 1						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Belleville		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	License No. 01311						
Start Date (10) 03/14/2018	Scheduled Completion Date (11) 03/15/2018	Name of OSHA Monitor D&S Abatement							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>occupied</u>		Street Address 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 type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	115 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 Ned Joksimovic		Title Project Manager		Signature 			Date 03/03/2018		

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



Date of Notification (1) <b>03 / 05 / 18</b>		Name of Building Owner/Operator (2) <b>Stephen DeMarco</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code <b>Newtown Square, PA 19073</b>							
		Name of Contact <b>Stephen DeMarco</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>Cape May Point</b>		Square Feet <b>1,900</b>	# of Floors <b>2</b>						
		Bldg. Age <b>70</b>							
County (6) <b>Cape May</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Management &amp; Enviro. Consulting Services</b>		ASCM No.	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 / 14 / 18</b>	Scheduled Completion Date (11) <b>03 / 19 / 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"/> ≥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
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Siding	1,900 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>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>		Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>CMCMUA Sanitary Landfill</b>				
City, State <b>Freehold, NJ</b>		Disposal Date <b>3/19/2018</b>		City, State <b>Woodbine, NJ</b>					
Completed By (Print or Type) <b>Christina Lynch</b>		Title <b>Vice President of Operations</b>		Signature 		Date <b>3/5/18</b>			

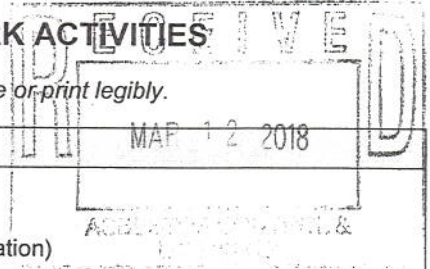


new

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

**NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES**

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



**I. NOTIFICATION INFORMATION**

Date of Notification: 03 / 06 / 2018

☐ Initial ☒ Amended ☐ Cancellation ☐ Emergency (must include justification)

Type of Work: ☐ Demolition ☒ Renovation

**II. BUILDING INFORMATION**

Name of Building Owner/Operator: Catherine Brooks

Street Address: [REDACTED] City: Somerdale State: NJ Zip: 08083

Name of Contact: Catherine Brooks Telephone No.: [REDACTED]

**III. FACILITY INFORMATION**

Name of Facility Where Work Activity is to Take Place: Brooks Residence

Describe Facility Use: Residence

Street Address: [REDACTED] City: Somerdale State: NJ Zip: 08083

County Name: Camden County Code (State Use Only): [REDACTED]

Scheduled Start Date: 03 / 16 / 2018 Scheduled Completion Date: 03 / 19 / 2018

Occupancy Status During Activity (check only one):

☒ Facility Closed/Vacated During Entire Activity

☐ Activity Performed Outside Normal Facility Hours—Describe: [REDACTED]

☐ Other—Describe: [REDACTED]

Scope of Work (check all that apply):

☒ Floor Tile Square Footage: 225 SF Percentage Asbestos: [REDACTED] %

☐ Mastic Square Footage: [REDACTED] Percentage Asbestos: [REDACTED] %

**IV. CONTRACTOR INFORMATION**

Company Name: Shade Environmental, LLC Telephone No.: 856-755-0099

Street Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052

New Jersey Asbestos License Number (if applicable): 00842

Monitoring Firm (if applicable): Mgmt. & Enviro. Consulting Services Telephone No.: 609-298-4070

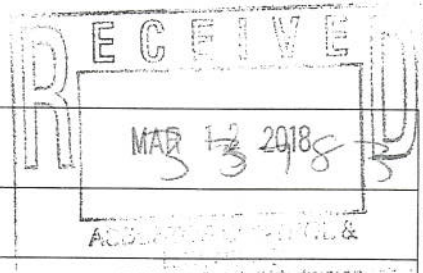
**V. SIGNATURE**

Completed By  
(type or print legibly): Christina Lynch Title: Vice President of Operations

Signature: [Signature] Date: March 6, 2018

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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 / 07 / 18</b>		Name of Building Owner/Operator (2) <b>Zarrilli Homes</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>186 Mantoloking Road</b>	
		City, State, Zip Code <b>Brick, NJ 08723</b>	
		Name of Contact <b>Patrick Bottazzi</b>	Telephone Number

**FACILITY INFORMATION**


Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <b>2000</b>	
City (5) <b>Belmar</b>		# of Floors <b>2</b>	Bldg. Age <b>65</b>
County (6) <b>Ocean</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>	ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>	
Street Address		Street Address <b>1889 Route 9, Unit 61</b>	
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>
Start Date (10) <b>03 / 19 / 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"/> >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			

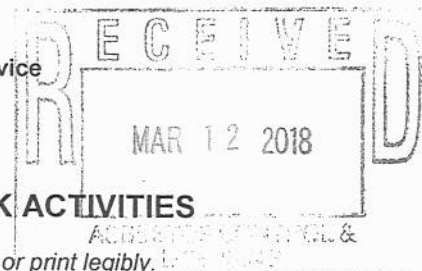
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>exterior</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>asbestos siding</b>	<b>2250 sf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>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>3/7/18</b>



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

Date of Notification (1) 3/7/18		Name of Building Owner/Operator (2) Deptford Township Board of Education		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  MAR 12 2018 </div>					
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 2022 Good Intent Road			
		City, State, Zip Code Deptford NJ 08096		Telephone Number					
		Name of Contact Nick Sheairs							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Lake Track School				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 690 Iszard Road				Square Feet 1000 +					
City (5) Woodbury NJ 08096				# of Floors 1					
County (6) Gloucester				Bldg. Age 35+					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		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					
Start Date (10) 3/20/18		Scheduled Completion Date (11) 3/30/18		License No. 00727					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>After 3 Pm or Weekend</u>				Name of OSHA Monitor Same					
				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
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 Soffit			x	Transit Panels	300 SF	x			
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 3/30/18		City, State Morrisville PA 1960					
Completed by Anthony T Perna		Title President		Signature 		Date 3/7/18			



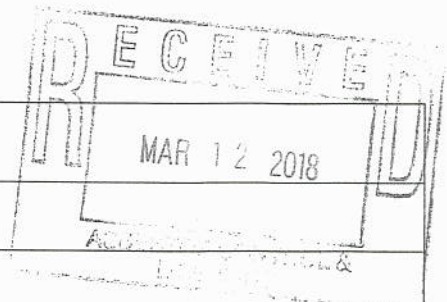
## NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

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

I. NOTIFICATION INFORMATION			
Date of Notification: <u>02 / 27 / 2018</u>			
<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Cancellation <input type="checkbox"/> Emergency (must include justification)			
Type of Work: <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation			
II. BUILDING INFORMATION			
Name of Building Owner/Operator: <u>Jesse Emple</u>			
Street Address: <u>[REDACTED]</u>		City: <u>Cherry Hill</u>	State: <u>NJ</u> Zip: <u>08003</u>
Name of Contact: <u>Jesse Emple</u>		Telephone No.: <u></u>	
III. FACILITY INFORMATION			
Name of Facility Where Work Activity is to Take Place: <u>Emple Residence</u>			
Describe Facility Use: <u>Residence</u>			
Street Address: <u>[REDACTED]</u>		City: <u>Cherry Hill</u>	State: <u>NJ</u> Zip: <u>08003</u>
County Name: <u>Camden</u>		County Code (State Use Only): <u></u>	
Scheduled Start Date: <u>03 / 08 / 2018</u>		Scheduled Completion Date: <u>03 / 09 / 2018</u>	
Occupancy Status During Activity (check only one):			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Activity			
<input type="checkbox"/> Activity Performed Outside Normal Facility Hours—Describe: <u></u>			
<input type="checkbox"/> Other—Describe: <u></u>			
Scope of Work (check all that apply):			
<input checked="" type="checkbox"/> Floor Tile	Square Footage: <u>65 SF</u>	Percentage Asbestos: <u></u> %	
<input checked="" type="checkbox"/> Mastic	Square Footage: <u>65 SF</u>	Percentage Asbestos: <u></u> %	
IV. CONTRACTOR INFORMATION			
Company Name: <u>Shade Environmental, LLC</u>		Telephone No.: <u>856-755-0099</u>	
Street Address: <u>623 Cutler Avenue</u>		City: <u>Maple Shade</u>	State: <u>NJ</u> Zip: <u>08052</u>
New Jersey Asbestos License Number (if applicable): <u>00842</u>			
Monitoring Firm (if applicable): <u>MDG Environmental, LLC</u>		Telephone No.: <u>856-755-9300</u>	
V. SIGNATURE			
Completed By (type or print legibly): <u>Christina Lynch</u>		Title: <u>Vice President of Operations</u>	
Signature: <u>[Signature]</u>		Date: <u>February 27, 2018</u>	



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



Date of Notification (1) <b>02 / 27 / 18</b>		Name of Building Owner/Operator (2) <b>Jesse Emple</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>							
		City, State, Zip Code <b>Cherry Hill, NJ 08003</b>							
		Name of Contact <b>Jesse Emple</b>	Telephone Number 						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Emple 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: 15px;"></div>									
City (5) <b>Cherry Hill</b>		Square Feet <b>2,200</b>	# of Floors <b>3</b>						
		Bldg. Age <b>70</b>							
County (6) <b>Camden</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>MDG Environmental, LLC</b>		ASCM No.	Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>						
Street Address <b>1000 Maplewood Drive, Suite 207</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Maple Shade, NJ 08052</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Chris Macri</b>		Telephone No. <b>856-755-9300</b>	License No. <b>00842</b>						
Start Date (10) <b>03 / 08 / 18</b>	Scheduled Completion Date (11) <b>03 / 09 / 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"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" 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"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Laundry Room</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Linoleum, Floor Tile, and Mastic</b>	<b>65 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>GROWS North Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>03/09/2018</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>2/27/18</b>			



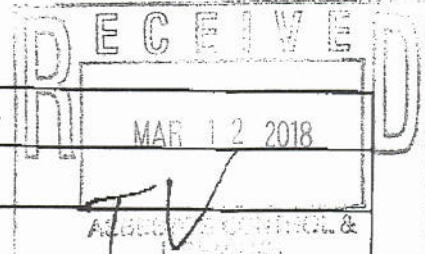
02-09-'18 11:32 FROM-

T-101 P0004/0008 F-938

Print Form

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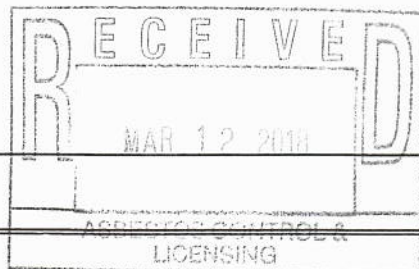
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:26 and 12:12a)



Date of Notification (1) 2/9/2018		Name of Building Owner/Operator (2) Hackensack University Medical Center	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 30 Prospect Avenue		City, State, Zip Code Hackensack, NJ 07601	
Name of Contact Mr. Donald Ferrell		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Main Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Single-Family (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 30 Prospect Avenue		Square Feet 70,000	
City (5) Hackensack		# of Floors 6	
County (6) Bergen		Bldg. Age 95	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Hospital	
Name of Monitoring Firm Hired by Building Owner (8) LANGAN Environmental Services, Inc.		ASCM No. 00099	
Street Address 300 Kimball Drive		Name of Abatement Contractor (9) Sky Contracting, LLC	
City, State, Zip Code Parsippany, NJ 07054		Street Address 1385 Valley Road, Suite K	
Project Manager for Monitoring Firm Vijay Patel		City, State, Zip Code Wayne, New Jersey 07470	
Telephone No. (973) 680-4900		Telephone No. (973) 928-5440	
Start Date (10) 2/12/2018		License No. 00874	
Scheduled Completion Date (11) 4/30/2018		Name of OSHA Monitor Sky Contracting, LLC	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: Exterior Work, Unoccupied Building Level		Street Address 1385 Valley Road, Suite K	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or less if <input type="checkbox"/> 23 sf or more if <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glove bag Procedure <input checked="" type="checkbox"/> Non-enclosed (C) and Non-Friable Procedure		City, State, Zip Code Wayne, New Jersey 07470	
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	
Roof Level Stair Exit Door		x	
Carpenter Shop - Level B1		x	
Perimeter Wall - Level B1		x	
Roof Level		x	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Door Caulking		20 LF	
Window Caulk		20 SF	
Vapor Barrier Mastic		50 SF	
Mastic on fiberglass pipe insulation		20 LF	
Name of Registered Waste Hauler Service Transport Group, Inc.		NJ DEP Waste Hauler ID No. 20990	
City, State New Castle, Delaware		Cubic Yards of Waste TBD	
Disposal Date TBD		Name of Registered Landfill Minerva Enterprises, LLC	
City, State Lanesburg, Ohio		Abatement Type Removal Repair Encapsulate Enclosure	
Completed by Predrag Sarcevic		Title Vice President	
Signature		Date 2/9/2018	



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



D&S Proj. #: 18-55  
*Ch 10448*

Date of Notification (1) 03/11/18		Name of Building Owner/Operator (2) forest green management corp.	
Agencies Notified	Type Notification	Street Address 1 university plaza	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code hackensack, nj 07601	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact joe schachter	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number 646-529-3632	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) forest green management corp.			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 1 university plaza			Square Feet		
City (5) hackensack,			County (6) bergen		Bldg. Age
			County Code (7) (State use only)		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
License Number 01169		Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503		
Start Date (10) 03/20/18	Sched. Completion Date (11) 03/30/18			
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- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

Scope of Work (check all that apply)

<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

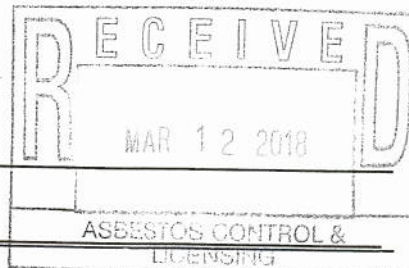
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
ground floor		<input checked="" type="checkbox"/>		fireproofing	2,568 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 30 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date various dates	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 03/05/2018



D&amp;S Proj. #: 18-54

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



Date of Notification (1)  
03/10/18

Name of Building Owner/Operator (2)

abe lehman

Street Address

City, State, Zip Code

elizabeth, NJ 07201

Name of Contact

Lourdes, brewster realty

Telephone Number

Agencies Notified

☐ EPA

☐ DEP

☒ DOL

☒ DOH

☐ DCA

Type Notification

☒ Initial

☐ Amended

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

☐ Emergency  
(including  
justification)

☐ Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

abe lehman

Street Address

City (5)

elizabeth

County (6)

union

County Code (7)  
(State use only)

Type of Facility (4)

☐ School (K - 12)

☐ Subchapter 8 (Other than K-12)

☒ Other (Private/Commercial  
Bldgs./Homes, etc.)

Square Feet

# of Floors

Bldg. Age

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

20 California Ave.

City, State, Zip Code

Paterson, NJ 07503

Telephone Number

973-345-8020

License Number

01169

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

03/15/18

Sched. Completion Date (11)

03/30/18

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.

☐ Abatement performed outside of normal facility hours-  
Describe: \_\_\_\_\_

☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

☒ >3 sf or >3 lf

☒ Renovation

☐ ≥160 sf or ≥260 lf

☐ Demolition

☐ Full Containment w/negative pressure

☐ Mini-enclosure

☒ Glovebag procedure

☐ Non-Exempted (\*) and Non-friable procedure

Location of  
asbestos-containing  
material (acm) to be  
abated in facility (13)

Is location normally used solely  
by maintenance/custodial  
staff (12)

Yes

No

N/A

Description of asbestos-containing  
material (ACM)

Amount  
(Specify SF or  
LF)

R  
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m  
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R  
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p

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c  
l

BASEMENT

PIPE INSULATION

250 ft

☒

☐

☐

☐

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  
03/16/18

City, State  
TULLYTOWN, PA

Completed by (Print or Type)  
BOGDAN JOLDZIC

Title  
PRESIDENT

Signature

Date  
03/05/2018



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

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 MAR 12 2018  
 ASBESTOS CONTROL &  
 LICENSING

Date of Notification (1) 03/09/2018		Name of Building Owner/Operator (2) Alexis Van Ostenbridge							
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 West Orange, NJ, 07052							
		Name of Contact Alexis VAN	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE HOUSE		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) West Orange		Square Feet N/A	# of Floors N/A						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) PRIVATE HOUSE							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-333-5144						
			License No. 01274						
Start Date (10) 03/21/2018	Scheduled Completion Date (11) 03/22/2018	Name of OSHA Monitor EHW ABATEMENT LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 89 FRANKLIN STREET							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code PATERSON, NJ, 07524							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		VAT	850SF	X			
FIRST FLOOR		X		VAT	250SF	X			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste TBD	Name of Registered Landfill TRY STATE TRANSFER					
City, State PATERSON, NJ		Disposal Date TBD		City, State BRONX, NY					
Completed by VICTOR ESPIRITU		Title PROJECT MANAGER	Signature <i>[Signature]</i>			Date 03/09/201			



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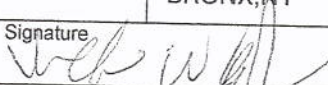
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

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MAR 12 2018

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 03/09/2018		Name of Building Owner/Operator (2) John Monschauer							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Clifton, NJ, 07011							
Name of Contact John Monschauer									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE HOUSE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Clifton		Bldg. Age N/A							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) PRIVATE HOUSE							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524							
Project Manager for Monitoring Firm		Telephone No. 973-333-5144	License No. 01274						
Start Date (10) 03/20/2018	Scheduled Completion Date (11) 03/21/2018	Name of OSHA Monitor EHW ABATEMENT LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 89 FRANKLIN STREET							
		City, State, Zip Code PATERSON, NJ, 07524							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	150LF	X			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste TBD	Name of Registered Landfill TRY STATE TRANSFER					
City, State PATERSON, NJ		Disposal Date TBD		City, State BRONX, NY					
Completed by VICTOR ESPIRITU		Title PROJECT MANAGER		Signature 			Date 03/09/201		

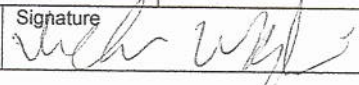


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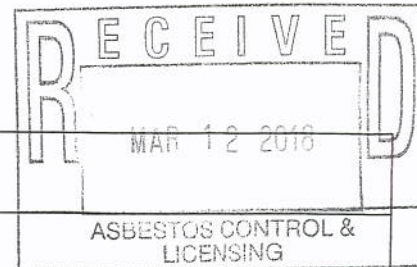
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED	Print Form
MAR 12 2018	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 03/06/2018		Name of Building Owner/Operator (2) Luis Tejada							
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, NJ, 07901							
		Name of Contact Luis Tejada							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE HOUSE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Maplewood		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) PRIVATE HOUSE							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524							
Project Manager for Monitoring Firm		Telephone No. 973-333-5144	License No. 01274						
Start Date (10) 03/15/2018	Scheduled Completion Date (11) 03/16/2018	Name of OSHA Monitor EHW ABATEMENT LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 89 FRANKLIN STREET							
		City, State, Zip Code PATERSON, NJ, 07524							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	30	X			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste TBD	Name of Registered Landfill TRY STATE TRANSFER					
City, State PATERSON, NJ		Disposal Date TBD		City, State BRONX, NY					
Completed by VICTOR ESPIRITU		Title PROJECT MANAGER		Signature 		Date 03/06/2018			



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



Date of Notification (1) <u>2</u> / <u>27</u> / <u>18</u>		Name of Building Owner/Operator (2) <b>NJ DOT / Job #1707-5182 Check #9926</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended- Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 600</b> City, State, Zip Code <b>Trenton, NJ 08625-0600</b> Name of Contact <b>Matt Kolar</b> Telephone Number <b>609-586-5005</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>NJ DOT Paterson Plank Rd. Bridge</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>Route 495 &amp; Route 1 &amp; 9</b>		Square Feet	
City (5) <b>North Bergen, NJ</b>		# of Floors	
County (6) <b>Hudson</b>		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Bridge</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>M.E.C.S.</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Street Address <b>PO Box 341</b>		Street Address <b>30 Maple Ave. PO Box 25</b>	
City, State, Zip Code <b>Crosswicks, NJ 08515</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>William Weisgarber</b>		License No. <b>00529</b>	
Telephone No. <b>609-915-1140</b>		Telephone No. <b>609-265-2107</b>	
Start Date (10) <u>3</u> / <u>5</u> / <u>18</u>		Name of OSHA Monitor <b>EMSL Analytical</b>	
Scheduled Completion Date (11) <u>5</u> / <u>4</u> / <u>18</u>			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>      </u> AM - <u>      </u> PM <u>11</u> PM - <u>5:30</u> 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)

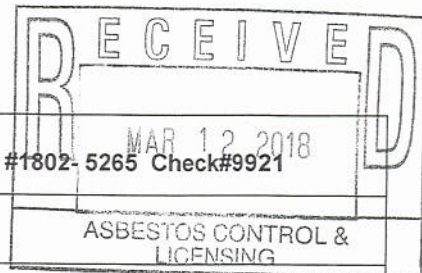
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Piping	5,200 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>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>5/4/18</b>		City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature 		Date <b>2/27/18</b>	

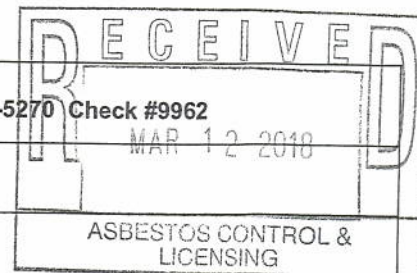


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>3 / 1 / 18</b>		Name of Building Owner/Operator (2) <b>Robert Wood Johnson Hospital / Job #1802-5265 Check#9921</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>One Robert Wood Johnson Place</b> City, State, Zip Code <b>New Brunswick, NJ 08901</b> Name of Contact <b>Kristen Bell</b> Telephone Number <b>732-937-8701</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Robert Wood Johnson Hospital</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>One Robert Wood Johnson Place</b>		Square Feet							
City (5) <b>New Brunswick</b>		# of Floors							
County (6) <b>Middlesex</b>		Bldg. Age							
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>Omega Environmental</b>		ASCM No.							
Street Address <b>280 Huyler Street</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
City, State, Zip Code <b>South Hackensack, NJ 07606</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
Project Manager for Monitoring Firm <b>Geiser Fajardo</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Telephone No. <b>201-489-8700</b>		Telephone No. <b>609-265-2107</b>							
Start Date (10) <b>2 / 19 / 18</b>		License No. <b>00529</b>							
Scheduled Completion Date (11) <b>3 / 9 / 18</b>		Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <b>200 Route 130 North</b>							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior 2 <sup>nd</sup> Floor 58 Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk/glazing	400 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>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>3/9/18</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature <i>gmt</i>		Date <b>3/1/18</b>			

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



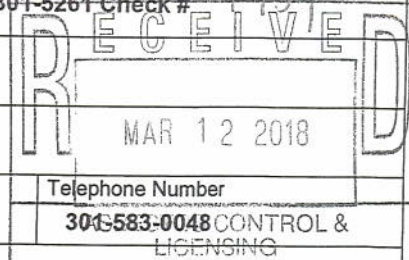
Date of Notification (1) <b>3 / 7 / 18</b>		Name of Building Owner/Operator (2) <b>NJ Dept. of Military Affairs / Job #1802-5270</b>		Check #9962					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> 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>101 Eggerts Crossing Road</b> City, State, Zip Code <b>Lawrenceville, NJ 08648</b>					
Name of Contact <b>Bill McBride</b>				Telephone Number <b>609-530-7136</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Sea Girt Training Center Building #18</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>1 Camp Drive</b>				Square Feet					
City (5) <b>Sea Girt, NJ</b>				# of Floors					
County (6) <b>Monmouth</b>				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Military Training Center</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental</b>		ASCM No.		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>					
Street Address <b>1253 North Church Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Mike Stocku</b>		Telephone No. <b>609-304-3969</b>		License No. <b>00529</b>					
Start Date (10) <b>3 / 19 / 17</b>		Scheduled Completion Date (11) <b>3 / 23 / 18</b>		Name of OSHA Monitor <b>EMSL Analytical</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM				Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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
Throughout Building #18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Residual Floor Tile Mastic	3,032 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>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>3/23/18</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>3/7/18</b>			



PAID

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

Date of Notification (1) 3 / 7 / 18		Name of Building Owner/Operator (2) <b>Verizon Communications</b> / Job #801-5261-Check # <b>9951</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>100 Greenwood Avenue</b>	
		City, State, Zip Code <b>Jenkintown, PA 19046</b>	
		Name of Contact <b>Alex Baylor</b>	Telephone Number <b>301-583-0048</b>



## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Verizon- Pompton Lakes</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>8 Hamburg Turnpike</b>		Square Feet	# of Floors
City (5) <b>Pompton Lakes, NJ</b>		Bldg. Age	
County (6) <b>Passaic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Offices</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Street Address <b>8436 Enterprise Ave.</b>		Street Address <b>30 Maple Ave. PO Box 25</b>	
City, State, Zip Code <b>Philadelphia, PA 19153</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Mark Jenkins</b>	Telephone No. <b>215-365-5810</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>
Start Date (10) 3 / 12 / 18	Scheduled Completion Date (11) 3 / 14 / 18	Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ <b>5PM-1:30AM</b>		Street Address <b>200 Route 130 North</b>	
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	

## 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) 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
2 <sup>nd</sup> Floor Mechanical Equipment Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting Insulation	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Floor Mechanical Equipment Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct Insulation	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Floor Lunch Locker Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting Insulation	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Floor Mechanical Equipment Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>25</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>3/14/18</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>3/17/18</b>			



PAID

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

check # 3060

Date of Notification (1) 02 / 23 / 18		Name of Building Owner / Operator (2) CELGENE CORPORATION		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAR 12 2018 ASBESTOS CONTROL &amp; LICENSING </div>	
Agencies Notified		Street Address 535 MORRIS AVENUE			
Type of Notification		City, State, Zip Code SUMMIT, NJ 07901			
		Name of Contact JANOS ANGELI			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment _1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Telephone Number 908-897-4646	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) CELGENE CORPORATION - BLDG. S-5			Type of Facility (4)		
Street Address 535 MORRIS AVENUE			<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.)		
City (5) SUMMIT	County (6) UNION	County Code (7)	Square Feet 10,000	# Of Floors 1	Building Age 40+
			Current Use (Prior if being demolished) MECHANICAL		
Name of Monitoring Firm Hired by Bldg. Owner (8) MC CABE ENVIRONMENTAL			ASCM NO NORTHSTAR CONTRACTING GROUP. INC.		
Street Address 464 VALLEY BROOK AVE LYNDHURST, NJ 07071			Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07036		
Project Mngr. For Monitoring Firm JOHN CHAVIELLO		Telephone Number 201-438-4839		License Number 00860	
Schedul Start Date (10) 03 / 19 / 18		Sched. Completion Date (11) 05 / 07 / 18			
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP. INC.		
<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			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 type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf					
<input checked="" type="checkbox"/> Renovation <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  <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	YES NO N/A			R E M O V A L	E N C A P S U L
BOILER ROOM	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	GASKET	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	FLASHING/TAR	175 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"/>
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC.		NJDEP Waste Hauler ID No. 30534	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL	
City, State EAST HANOVER, NJ		Disposal Date	City, State MORRISVILLE, PA		
Completed by (Print or Type) Steven Stiles		Title Project Manager	Signature <i>Steven Stiles</i>		Date 03/09/18



NO CK

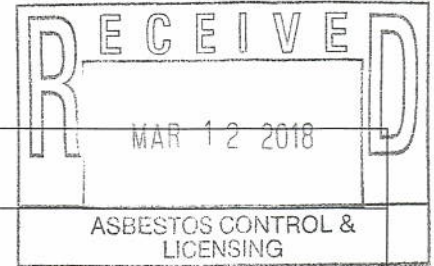
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED	Print Form
	MAR 12 2018
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 3/9/18		Name of Building Owner/Operator (2) Builders, Inc.					
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"/> OCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 4 Raymond Drive, Unit 3		City, State, Zip Code Havertown, PA 19083					
Name of Contact Mr. Steve Smith		Telephone Number 610-446-0500					
Name of Facility Where Abatement is Taking Place (3) Warehouse Building							
Street Address 200 (194 - 236, et al) Liberty Street		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter E (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Little Ferry		Square Feet 30,000	# of Floors 2				
County (6) Bergen		Bldg Age 40+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Warehouse / commercial					
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC				
Street Address 28 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 Customer Service		Telephone No. 610-891-0114	Telephone No. 484-872-8884				
Start Date (10) 3/13/18		License No. 01161					
Scheduled Completion Date (11) 6/29/18		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address 200 Route 100 North					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 250 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		City, State, Zip Code Cinnaminson, NJ					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
See Attached	Yes	No	N/A				
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 200	Name of Registered Landfill GROWS Landfill			
City, State New Castle, DE		Disposal Date TBD		City, State Morrisville, PA			
Completed by Jack Bally		Title Sr. Project Manager		Signature Jack Bally		Date 3/9/18	

CH63160

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



Date of Notification (1) <b>3 / 9 / 18</b>		Name of Building Owner/Operator (2) <b>INSPIRA MEDICAL CTR</b>		<b>ASBESTOS CONTROL &amp; LICENSING</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>333 IRVING AVE</b>		City, State, Zip Code <b>BRIDGETON NJ</b>		Telephone Number <b>215 593-9259</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>INSPIRIA MED. CTR CRISIS AREA</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>333 IRVING AVE</b>				Square Feet <b>&gt;50,000</b>					
City (5) <b>BRIDGETON</b>				# of Floors <b>4</b>					
County (6) <b>CUMBERLAND</b>				Bldg. Age <b>50+</b>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>HEALTH CENTER</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>CRITERION LABS</b>		ASCM No.		Name of Abatement Contractor (9) <b>DELTA/BJDS, INC</b>					
Street Address <b>400 STREET ROAD</b>		Street Address <b>1345 INDUSTRIAL BLVD</b>							
City, State, Zip Code <b>BENSALEM PA 19020</b>		City, State, Zip Code <b>SOUTHAMPTON, PA 18966</b>							
Project Manager for Monitoring Firm <b>ERIC WYSOCKI</b>		Telephone No. <b>215 244-1300</b>		License No. <b>00783</b>					
Start Date (10) <b>3 / 29 / 18</b>		Scheduled Completion Date (11) <b>7 / 31 / 18</b>		Name of OSHA Monitor <b>EHS</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: <b>7</b> AM- <b>11</b> PM- <b>11</b> PM- <b>AM</b>				Street Address <b>411 SOUTH GATE SUITE E</b> City, State, Zip Code <b>MICKLETON, NJ 08056</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									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>1,410</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Crisis Area</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>FLOOR TILE &amp; MASTIC</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GRP</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste		Name of Registered Landfill <b>MINERVA LANDFILL</b>			
City, State <b>58 PYLES LANE NEW CASTLE DE 19720</b>				Disposal Date		City, State <b>WAYNESBURG, OH 44688</b>			
Completed By (Print or Type) <b>CHRISTINE DEL VISCIO</b>		Title <b>ASST. ADMIN.</b>		Signature <i>Christine DelVisio</i>		Date <b>3-9-2018</b>			



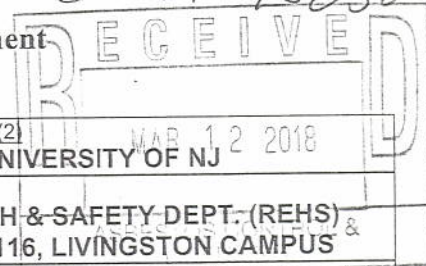
GAC Project # 060-18

# PAID

## State of New Jersey - Notification of Asbestos Abatement

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

Check # 13050



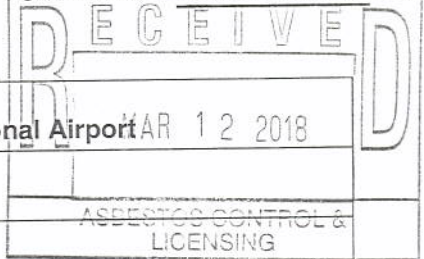
Date of Notification (1) <b>February 27, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) &amp; 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>	
		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
		Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>	Telephone Number <b>848-445-2550</b>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>GRADUATE SCHOOL OF SOCIAL WORK, BLDG# 3008</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>COLLEGE AVENUE CAMPUS</b>		Sq. Feet: <b>N/A</b> # of Floors: <b>3</b> Bldg. Age: <b>80+ years</b>	
City (5) <b>NEW BRUNSWICK</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC Group Services LLC</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
ASCN No. <b>00098</b>		Street Address <b>511 MAIN STREET</b>	
Street Address <b>3 TERRI LANE</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>	Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>	Name of OSHA Monitor <b>ENVIROVISION, INC.</b>		
Scheduled Start Date (10) <b>03/09/18</b>	Scheduled Completion Date (11) <b>03/13/18</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 - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5PM - 5AM Daily (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> > 3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>1,2,3 Corridors</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>	Amount (Specify SF or LF) <b>1500 SF</b>
		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>10 CY</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>03/13/2018</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>			
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>February 27, 2018</b>

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



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

Check No.                      To be determined



Date of Notification (1) <b>October 30, 2017</b>		Name of Building Owner/Operator (2) <b>PA of NY &amp; NJ, Newark Liberty International Airport</b>							
Agency Notified  <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10:2004</small> <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>02</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>241 Erie Street</b>  City, State, Zip Code <b>Jersey City, NJ 07310</b>  Name of Contact <b>Ralph Campione, Facility Supervisor, Asbestos OPS</b>  Telephone Number <b>973-961-6100</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Newark Liberty International Airport</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>Bidges N57, N58, N59 &amp; Utilities - FSA Demolition &amp; Earhart Rd., Fuel Line Removal</b>		Square Feet <b>N/A</b>	# of Floors <b>Underground Fuel Lines</b>						
City (5) <b>Newark</b>		Bldg. Age <b>50+/-</b>							
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Abandoned Fuel Lines</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>PA of NY &amp; NJ</b>	ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>B&amp;N&amp;K Restoration Co., Inc.</b>							
Street Address <b>241 Erie Street, Room 236</b>		Street Address <b>223 Randolph Avenue</b>							
City, State, Zip Code <b>Jersey City, NJ 07310</b>		City, State, Zip Code <b>Clifton, NJ 07011</b>							
Project Manager for Monitoring Firm <b>Ralph Campione</b>	Telephone No. <b>973-624-6898</b>	Telephone No. <b>973-478-4681</b>	License No. <b>00120</b>						
Start Date (10) <b>November 17, 2017</b>	Scheduled Completion Date (11) <b>November 16, 2018</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 <input type="checkbox"/> Other - Describe:		Street Address <b>200 Route 130 N</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077-2892</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition  <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-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
Along Earhart Road			X	14" OD Tar & Tar Paper Pipe Insulation	960 In ft	X			
Along Earhart Road			X	12" OD Tar & Tar Paper Pipe Insulation	2,080 In ft	X			
Along Earhart Road			X	18" OD Tar & Tar Paper Pipe Insulation	22,500 In ft	X			
Name of Registered Waste Hauler <b>Jimmy Byrne</b>		NJDEP Waste Hauler ID No. <b>19551</b>	Cubic Yards of Waste <b>1571</b>	Name of Registered Landfill <b>Minerva Enterprises, Inc.</b>					
City, State <b>1199 Randall Avenue, Bronx, NY 10474</b>			Disposal Date <b>11/13/2017 - 11/17/2018</b>	City, State <b>Waynesburg, OH</b>					
Completed by <b>G. Roger Woodman</b>	Title <b>Project Manager</b>		Signature 			Date <b>2/9/2018</b>			



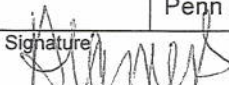
**PAID**  
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:20)

Print Form

MAR 12 2018

**ASBESTOS CONTROL & LICENSING**

CH1945

Date of Notification (1) 03/01/2018		Name of Building Owner/Operator (2) Residence							
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		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
		City, State, Zip Code Clifton, N.J. 07013							
		Name of Contact Michael Moskowitz							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		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) Clifton		Square Feet 1,421	# of Floors 2						
County (6) Passaic		Bldg. Age 78							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.							
Street Address PO Box 354		Name of Abatement Contractor (9) Brinks Tank Services							
City, State, Zip Code South Orange, NJ 07079		Street Address 1256 Liberty Avenue							
Project Manager for Monitoring Firm Sarah Calandra		City, State, Zip Code Hillside, NJ 07205	Telephone No. 844-462-7465						
Start Date (10) 03/12/2018		License No. 01316							
Scheduled Completion Date (11) 03/16/2018		Name of OSHA Monitor A. Seine Lighthouse Solutions							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 354							
<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 South Orange, NJ 07079							
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 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		Pipewrap	65 LF	X			
Basement		X		Vinyl Floor Tile	325 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill				
City, State East Orange, NJ		Disposal Date		City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager		Signature 			Date 03/01/2018		

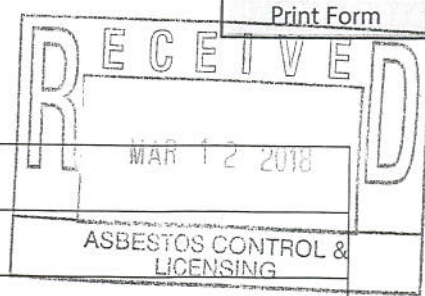
ADDITIONAL \$ 200.00

CH 2580

PAID

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

Print Form



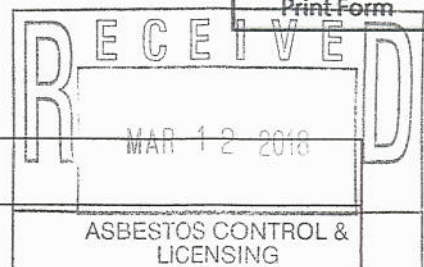
Date of Notification (1) 2/7/2018		Name of Building Owner/Operator (2) Hackensack University Medical Center							
Agencies Notified	Type Notification	Street Address 30 Prospect Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> 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 Hackensack, NJ 07601							
		Name of Contact Mr. Donald Ferrell	Telephone Number (551) 996-3778						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Trailer Building		Type of Facility (4)							
Street Address 30 Prospect Avenue		<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) Hackensack		Square Feet 4,300	# of Floors 1						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Age 35						
Name of Monitoring Firm Hired by Building Owner (8) LANGAN Environmental Services, Inc.		ASCM No. 00099	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address 300 Kimball Drive		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. (973) 560-4900	License No. 00874						
Start Date (10) 2/19/2018	Scheduled Completion Date (11) 4/30/2018	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 1385 Valley Road, Suite K							
<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 Wayne, New Jersey 07470							
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
Roof		x		Roof & Flashing Material	4,300 SF	x			
North Section		x		Floor Tiles	3,000 SF	x			
Perimeter Doors		x		Door Window Glazing	7 SF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio					
Completed by Predrag Sarcev		Title Vice President		Signature			Date 2/7/2018		



CH1355

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

Print Form



Date of Notification (1) 02-20-18		Name of Building Owner/Operator (2) All County Services LLC							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	57 Maple Ave.							
		City, State, Zip Code Woodland Park, NJ 07424							
		Name of Contact Joe Scirica	Telephone Number (973) 747-7425						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hamilton		Square Feet	# of Floors						
County (6) Mercer		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		201 216-9603	01206						
Start Date (10) 02-22-18	Scheduled Completion Date (11) 02-26-18	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage 2nd floor		X		VAT	1200 SF	X			
Garage 1st floor		X		Transite panels	600 SF	X			
1st floor Kitchen		X		Wall plaster	320 SF	X			
Basement		X		Pipe Insulation	40 LF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240		Cubic Yards of Waste 12	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Union City, NJ				Disposal Date 02-27-18	City, State Tullytown, PA				
Completed by Jaime Delgado		Title Proj. Manager.		Signature 		Date 02-20-18			

CK11953

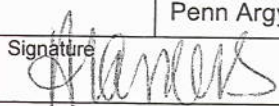
**PAID**  
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 17:27 and 17:28)

Print Form

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MAR 12 2018

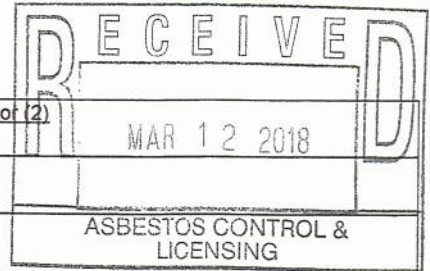
**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) 3/2/18		Name of Building Owner/Operator (2) Residence							
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07106							
		Name of Contact Edison Salazar							
		Telephone Number							
<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) Newark		Square Feet 1665	# of Floors 2						
		Bldg. Age 86							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services						
Street Address PO Box 354		Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	Telephone No. 844-462-7465						
		License No. 01316							
Start Date (10) 3/12/18	Scheduled Completion Date (11) 3/17/18	Name of OSHA Monitor A. Seine Lighthouse Solutions							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 354							
<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 South Orange, NJ 07079							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input 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 Wrap	80 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill					
City, State East Orange, NJ			Disposal Date	City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager	Signature 	Date 3/2/18					



## State of New Jersey - Notification of Asbestos Abatement

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

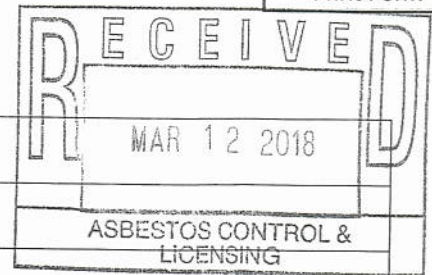


Date of Notification (1) <b>March 2, 2018</b>		Name of Building Owner/Operator (2) <b>Bloomfield College</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type Initial Notification <input checked="" type="checkbox"/> Amended Certification # 1 Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>171 Liberty Street</b>		City, State, Zip Code <b>Bloomfield, NJ 07003</b>	
City (5) <b>Bloomfield</b>		County (6) <b>Essex</b>	
County Code (7) (State Use Only)		Name of Contact <b>Jack Mc Grane</b>	
Telephone Number <b>973-748-6656</b>		Telephone Number <b>973-748-6656</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Bloomfield College- Science Hall Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>171 Liberty Street</b>		Sq. Feet: <b>10,000</b> # of Floors: <b>3</b> Bldg. Age: <b>50+</b> years	
City (5) <b>Bloomfield</b>		County (6) <b>Essex</b>	
County Code (7) (State Use Only)		Current Use (prior if being demolished):	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Envirovision, inc.</b>		ASCM No.	
Street Address <b>20-21 Wagaraw Road, Bldg # 35E</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>Fairlawn, NJ 07410</b>		Street Address <b>511 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>Fred Larson</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Telephone Number <b>973-636-9145</b>		Telephone Number <b>973-492-0477</b>	
License Number <b>00840</b>		Name of OSHA Monitor <b>EMSL Inc.</b>	
Scheduled Start Date (10) <b>March 4, 2018</b>		Scheduled Completion Date (11) <b>March 16, 2018</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: <b>Non-Occupied</b>		Street Address <b>1056 Stelton Road</b>	
Source of Work (Check all that apply)  <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Rooms # 119-122</b>		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>Accoustical Drop Ceilings VAT &amp; Mastic Transite Fume Hood TSI</b>		Amount (Specify SF or LF) <b>2,000 sf 410 sf 100 sf 52 ea</b>	
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		Name of Registered Landfill <b>Meadowfill Landfill</b>	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	
Cubic Yards of Waste: <b>40</b>		Disposal Date <b>March 16, 2018</b>	
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> <b>NJ DEP # 12561</b>		City, State <b>Route 2, Box 68 Bridgeport, WVA 304-842-2784</b>	
Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>		Completed by (Print or Type) <b>Marin Graure</b>	
Title <b>SENIOR PROJECT MANAGER</b>		Signature <i>Marin Graure</i>	
Date <b>March 2, 2018</b>		Date <b>March 2, 2018</b>	

GAC # 2017-625-002- Amendment # 1 - Change in start date from 03/03/2018 to 03/04/2018

CH 22975

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



Date of Notification (1) 3/2/2018		Name of Building Owner/Operator (2) MIFTAAHUL ULOOM ACADEMY							
Agencies Notified	Type Notification	Street Address 501 15TH STREET							
<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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code UNION CITY, NJ 07087							
		Name of Contact FAATIMAH YANES	Telephone Number 201-606-5477						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) MIFTAAHUL ULOOM ACADEMY		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 501 15TH STREET		Square Feet	# of Floors						
City (5) UNION CITY, NJ		Bldg. Age							
County (6) HUDSON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) RJB ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 56 EAST BRIDGE STREET		Street Address 11 VREELAND AVENUE							
City, State, Zip Code MORRISVILLE, PA 19067		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm RICK BEACH		Telephone No. 267-991-9212	Telephone No. 973-956-8700						
Start Date (10) 3/3/2018		Scheduled Completion Date (11) 3/8/2018	License No. 00494						
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 SAME AS (9) ABOVE							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
ROOM 102		X		PIPE	9 LF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 2	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ			Disposal Date 3/8/2018	City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>			Date 3/2/2018			



03/02/2018 18:14 Two Brothers Contracting

(AX) 173-956-8811 P.002/003

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

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MAR 12 2018

ASBESTOS CONTROL & LICENSING

Telephone Number 201-856-5477

Date of Notification (1) 3/2/2018		Name of Building Owner/Operator (2) MIFTAAHUL ULOOM ACADEMY	
Agencies Notified	Type Notification	Street Address 501 15TH STREET	
<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	City, State, Zip Code UNION CITY, NJ 07087	
		Name of Contact FAATIMAH YANES	
Name of Facility Where Abatement is Taking Place (3) MIFTAAHUL ULOOM ACADEMY			
Street Address 501 15TH STREET		Type of Facility (4) <input checked="" type="checkbox"/> School K-12 <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) UNION CITY, NJ		Square Feet	# of Floors
County (6) HUDSON		Current Use (or if being demolished)	
County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8) RJB ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.
Street Address 66 EAST BRIDGE STREET		Street Address 11 VREELAND AVENUE	
City, State, Zip Code MORRISVILLE, PA 18067		City, State, Zip Code TOTOWA, NJ 07062	
Project Manager for Monitoring Firm RICK BEACH		Telephone No. 287-991-8212	Telephone No. 973-958-8700
Start Date (10) 3/3/2018		Scheduled Completion Date (11) 3/8/2018	License No. 00494
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 SAME AS (9) ABOVE	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 280$ lf		Street Address	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code	
Full Containment with Negative Pressure Mini-Enclosure Gloved Bag Procedure Non-Exempted (*) and Non-Frangible Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED (in Facility) (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
ROOM 102	Yes No N/A X	PIPE	9 LF
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING	NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 2	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.
City, State TOTOWA, NJ	Disposal Date 3/8/2018	City, State MORRISVILLE, PA	
Completed by VIVECA RAMOS	Title PROJECT COORDINATOR	Signature Viveca Ramos	Date 3/2/2018

ASB-41 (R-08-08)

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

CK# 5052

\*RIEM\*

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

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MAR 12 2018  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 3/5/18		Name of Building Owner/Operator (2) Goodman							
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 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 Highland Park, New Jersey							
		Name of Contact Abe							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Goodman 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 1700	# of Floors 2						
City (5) Highland Park		Bldg. Age 55+							
County (6) Middlesex	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) 3/6/18	Scheduled Completion Date (11) 3/8/18	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 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
exterior side a			X	window caulking	35 lf	X			
utility closet			X	flue packing	3sf	X			
Name of Registered Waste Hauler Ace Insulation Co., Inc		NJDEP Waste Hauler ID No. 1286	Cubic Yards of Waste 1	Name of Registered Landfill Chrins					
City, State Colts Neck, New Jersey			Disposal Date 3/8/18	City, State Easton, PA					
Completed by Bree McGuire		Title Secretary Treasurer	Signature 	Date 3/5/18					



CK# 5053

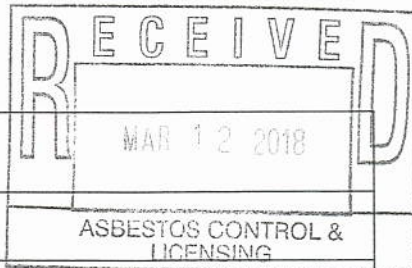
**PAID**

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:129)

Print Form  
**RECEIVED**  
MAR 12 2018  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 3/6/18		Name of Building Owner/Operator (2) [Redacted]							
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 Scotch Plains, New Jersey							
Name of Contact Anthony									
<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) Scotch Plains		Square Feet 1600	# of Floors 2						
County (6) Union		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) residence							
Street Address		Name of Abatement Contractor (9)							
City, State, Zip Code		Ace Insulation Co, Inc Street Address 45 Montrose Rd City, State, Zip Code Colts Neck, NJ 07722							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 3/16/18		Scheduled Completion Date (11) 3/20/18	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: Jan 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
interior			X	floor tile	125 lf	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
Ace Insulation Co, Inc		12006	1	Chans					
City, State Colts Neck, NJ		Disposal Date 3/20/18	City, State Eaton, PA						
Completed by Breen/Gure	Title Secretary Treasurer	Signature [Signature]	Date 3/6/18						

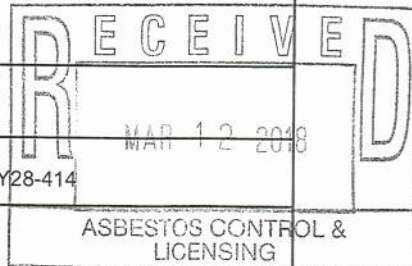
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>03 / 05 / 18</b>		Name of Building Owner/Operator (2) <b>United States Postal Service</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>329 Broadway</b> City, State, Zip Code <b>Westville, NJ 08093</b>							
		Name of Contact <b>Trevor Heydon (Belfor)</b>	Telephone Number <b>856-285-6615</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Westville Post Office</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>329 Broadway</b>									
City (5) <b>Westville</b>		Square Feet <b>10,000</b>	# of Floors <b>2</b>						
		Bldg. Age <b>70</b>							
County (6) <b>Gloucester</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Post Office</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillman Consulting</b>		ASCM No.	Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>						
Street Address <b>309 Fellowship Road, Suite 200</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Mount Laurel, NJ 08054</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>John Murphy</b>		Telephone No. <b>908-721-2302</b>	Telephone No. <b>856-755-0099</b>						
		License No. <b>00842</b>							
Start Date (10) <b>03 / 17 / 18</b>	Scheduled Completion Date (11) <b>03 / 25 / 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"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Work Floor & Bathrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	20 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>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>GROWS North Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>03/25/2018</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>3/5/18</b>		




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



Date of Notification (1) 3 / 5 /18		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
		Name of Contact PATRICIA JOHNSON	Telephone Number 732-594-2257

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80N		Square Feet 40,000	# of Floors 1
City (5) RAHWAY		County (6) UNION	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	License Number 1101
Expected State Date (10) 1 / 5 /18 Month Day Year	Sched. Completion Date (11) 11 / 15 /18 Month Day Year	Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 5PM-1AM SATURDAY 7AM-3:30 PM		Street Address 117 EAST 30TH STREET	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		City, State, Zip Code NEW YORK, NEW YORK 10016	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Encl. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

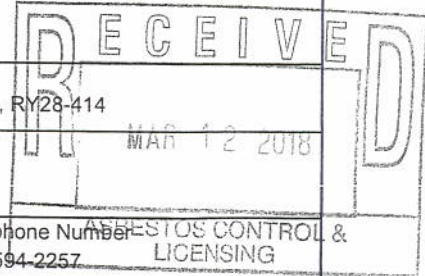
Location of Asbestos-containing Material (ACM) <b>TO BE ABATED</b> in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
	Yes	No	N/A						
1ST FLOOR CORRIDOR			X	ACM MASTIC	5,720 SF	X			
1ST FLOOR CORRIDOR			X	PIPE FITTINGS	489 LF	X			
1ST FLOOR CORRIDOR			X	DUCT INSULATION	400 SF	X			
1ST FLOOR CORRIDOR			X	PIPE SADDLES	6 LF	X			
1ST FLOOR CORRIDOR				DUCT SEAM MASTIC	12 SF	X			
1ST FLOOR CORRIDOR			X	PIPE INSULATION	250 LF	X			
1ST FLOOR CORRIDOR				FIRE DOORS (40)	800 SF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 120	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15				
Disposal Date 11/29/17-11/15/18				City, State MONTGOMERY, PA 17752					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS			Signature 			Date 3/5/18	



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

CK # 31684

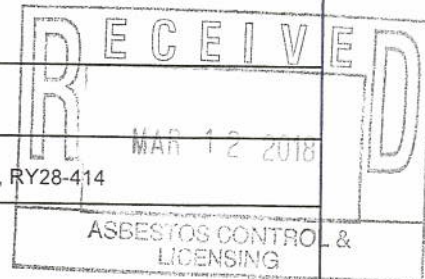
Date of Notification (1) 1 / 4 /18		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Name of Contact PATRICIA JOHNSON		Telephone Number 732-594-2257	



FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)							
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80N		Square Feet 40,000	# of Floors 1						
City (5) RAHWAY		County (6) UNION	County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION						
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD							
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901							
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	License Number 1101						
Expected State Date (10) 1 / 5 /18 Month Day Year		Sched. Completion Date (11) 11 / 15 /18 Month Day Year							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 5PM-1AM SATURDAY 7AM-3:30 PM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480							
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure							
Location of Asbestos-containing Material (ACM) <b>TO BE ABATED</b> in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR CORRIDOR			X	ACM MASTIC	5,720 SF	X			
1ST FLOOR CORRIDOR			X	PIPE FITTINGS	489 LF	X			
1ST FLOOR CORRIDOR			X	DUCT INSULATION	400 SF	X			
1ST FLOOR CORRIDOR			X	PIPE SADDLES	6 LF	X			
1ST FLOOR CORRIDOR			X	DUCT SEAM MASTIC	12 SF	X			
1ST FLOOR CORRIDOR			X	PIPE INSULATION	250 LF	X			
1ST FLOOR CORRIDOR			X	FIRE DOORS (40)	800 SF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 120	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15					
City, State FREEHOLD, NEW JERSEY		Disposal Date 11/29/17-11/15/18		City, State MONTGOMERY, PA 17752					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 1/4/18					



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



Date of Notification (1) 11 / 28 /17		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414  City, State, Zip Code RAHWAY, NEW JERSEY 07065  Name of Contact PATRICIA JOHNSON  Telephone Number 732-594-2257	
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #1 <input type="checkbox"/> EMERGENCY NOTIFICATION			

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80N		Square Feet 40,000	# of Floors 1
City (5) RAHWAY	County (6) UNION	Bldg. Age 65	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	License Number 1101
Expected State Date (10) 11 / 29 /17 Month Day Year		Sched. Completion Date (11) 11 / 15 /18 Month Day Year	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 5PM-1AM SATURDAY 7AM-3:30 PM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR CORRIDOR			X	ACM MASTIC	5,720 SF	X			
1ST FLOOR CORRIDOR			X	PIPE FITTINGS	489 LF	X			
1ST FLOOR CORRIDOR			X	DUCT INSULATION	400 SF	X			
1ST FLOOR CORRIDOR			X	PIPE SADDLES	6 LF	X			
1ST FLOOR CORRIDOR				DUCT SEAM MASTIC	12 SF	X			
1ST FLOOR CORRIDOR			X	PIPE INSULATION	250 LF	X			
1ST FLOOR CORRIDOR				FIRE DOORS (40)	800 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 120	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15
City, State FREEHOLD, NEW JERSEY	Disposal Date 11/29/17-11/15/18	City, State MONTGOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>[Signature]</i>	Date 11/28/17



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

CK 3553

Date of Notification (1)

11 / 15 /17

Name of Building Owner/Operator (2)

MERCK SHARP & DOHME CORP.

Street Address

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code

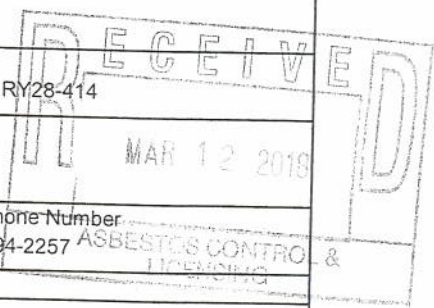
RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-2257



Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☒ Initial Notification  
☐ Amended Notification  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Street Address

126 EAST LINCOLN AVENUE - BUILDING 80N

City (5)

RAHWAY

County (6)

UNION

County Code (7)

(STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet

40,000

# of Floors

1

Bldg. Age

65

Name of Monitoring Firm hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

City, State, Zip Code

SPARTA, NEW JERSEY 07871

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

11 / 29 /17  
Month Day Year

Sched. Completion Date (11)

11 / 15 /18  
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

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: MONDAY -FRIDAY 5PM-1AM  
SATURDAY 7AM-3:30 PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

☐ Demolition  
☐ >3SF OR LF  
☒ >160 SF OR 260 LF  
☒ Renovation

☒ Full Containment with Negative Pressure  
☒ Mini Enclo.  
☒ Glovebag Procedure  
☒ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR CORRIDOR			X	ACM MASTIC	5,720 SF	X			
1ST FLOOR CORRIDOR			X	PIPE FITTINGS	489 LF	X			
1ST FLOOR CORRIDOR			X	DUCT INSULATION	400 SF	X			
1ST FLOOR CORRIDOR			X	PIPE SADDLES	6 LF	X			
1ST FLOOR CORRIDOR				DUCT SEAM MASTIC	12 SF	X			
1ST FLOOR CORRIDOR			X	PIPE INSULATION	250 LF	X			
1ST FLOOR CORRIDOR				FIRE DOORS (40)	800 SF	X			

Name of Registered Waste Hauler

FREEHOLD CARTAGE, INC.

825 HIGHWAY 33

City, State

FREEHOLD, NEW JERSEY

NJDEP Waste

Hauler ID No.

15939

Cubic Yards of Waste

120

Name of Registered Landfill

LYCOMING COUNTY RESOURCE MANAGEMENT SE

447 ALEXANDER DRIVE/ROUTE 15

Disposal Date

11/29/17-11/15/18

City, State

MONTGOMERY, PA 17752

Completed by (Print or Type)

BENJAMIN SANCHEZ

Title

DIRECTOR OF OPERATIONS

Signature

*[Signature]*

Date

11/15/17



# PAID

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

VIA U.S. MAIL  
Ph# 4275

Date of Notification (1) 3/6/18		Name of Building Owner/Operator (2) [REDACTED]		RECEIVED MAR 12 2018 ASBESTOS CONTROL	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 101 GOTTARD ST City, State, Zip Code NEWARK N.J. 07105-3103 Name of Contact MR JOSEPH NUNES Telephone Number	
FACILITY INFORMATION					
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 2,500		
City (5) ELIZABETH N.J. 07202			# of Floors 2		Bldg. Age 80
County (6) UNION			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) HOUSE
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]			ASCM No.		Name of Abatement Contractor (9) NOVATECH INC
Street Address [REDACTED]			Street Address P.O. Box 814		
City, State, Zip Code			City, State, Zip Code Old Bridge N.J. 08857		
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 732 238x7500
Start Date (10) 3/13/18			Scheduled Completion Date (11) 4/15/18		License No. 00806
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 NOVATECH INC		
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			Street Address P.O. Box 814		
City, State, Zip Code Old Bridge N.J. 08857					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)			Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
Attic			X		Floor Tile
Name of Registered Waste Hauler NOVATECH INC			NJDEP Waste Hauler ID No. 18501		Cubic Yards of Waste 3
City, State Old Bridge N.J. 08857			Disposal Date 4/16/18		Name of Registered Landfill G.R.O.W.S.
Completed by CARLOS ALMEIDA			Title PRESIDENT		Signature [Signature]
					Date 3/6/18



CH 3731

PAID

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

RECEIVED	Print Form
MAR 12 2018	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 03/05/2018		Name of Building Owner/Operator (2) TOWNSHIP OF UPPER CAPE MAY							
Agencies Notified	Type Notification	Street Address 2100 TUCKAHOE ROAD							
<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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code PETERSBURG, NJ 08270							
		Name of Contact PAUL DIETRICH SR. PE	Telephone Number 609-628-2011, EXT 244						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) OLD TOWN HALL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1721 MOUNT PLEASANT - TUCKAHOE ROAD		Square Feet 6000 +/-	# of Floors 2						
City (5) TUCKAHOE		Bldg. Age 40+							
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT							
Name of Monitoring Firm Hired by Building Owner (8) BRINKERHOFF ENVIRONMENTAL SERVICES		ASCM No. 0100	Name of Abatement Contractor (9) PENNS CONTRACTING, INC.						
Street Address 1805 ATLANTIC AVENUE		Street Address 270 SPARTA AVENUE, SUITE 104, PMB 332							
City, State, Zip Code MANASQUAN, NJ 08736		City, State, Zip Code SPARTA, NJ 07871							
Project Manager for Monitoring Firm GARY FLEMING		Telephone No. 732-223-2225	License No. 01271						
Start Date (10) 03/19/2018	Scheduled Completion Date (11) 03/30/2018	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 <input type="checkbox"/> Other - Describe:		Street Address 200 ROUTE 130 NORTH							
		City, State, Zip Code CINNAMINSON, NJ 08077							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
THROUGHOUT FIRST FLOOR		X		PINHOLE CEILING TILE	1800 SF	X			
THROUGHOUT FIRST FLOOR		X		TAN 9X9 FLOOR TILE	2800 SF	X			
BASEMENT COMMUNITY ROOM		X		CEMENTIOUS WALL PANELS	260 SF	X			
THROUGHOUT BASEMENT		X		PIPE FITTINGS	20 EA	X			
Name of Registered Waste Hauler WASTE MANAGEMENT OF NJ		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 80	Name of Registered Landfill CAPE MAY COUNTY LANDFILL					
City, State VINELAND, NJ			Disposal Date 03/30/2018	City, State WOODBINE, NJ					
Completed by PETAR BUBALO		Title PRESIDENT	Signature 	Date 03/05/2018					



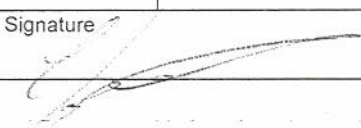
PAID

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

0328

Date of Notification (1) 2/21/18		Name of Building Owner/Operator (2) HELEN TRESSGRA	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input checked="" 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 NORTH ARLINGTON, NJ	
Name of Contact HELEN		[REDACTED]	

**RECEIVED**  
MAR 12 2018  
TO: ASBESTOS CONTROL &

<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 1200	# of Floors 1						
City (5) NORTH ARLINGTON, NJ		Bldg. Age +50							
County (6) HUDSON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) DINAGO ENVIRONMENT LLC.						
Street Address		Street Address 339-LAFAYETTE STREET							
City, State, Zip Code		City, State, Zip Code NEWARK, NJ 07105							
Project Manager for Monitoring Firm		Telephone No. 973-491-0877	License No. 01240						
Start Date (10) 3-3-18	Scheduled Completion Date (11) 3/5/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	180LF.	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISIS LANDFILL					
City, State PO BOX 5670			Disposal Date	City, State BETHLEHEM, PA					
Completed by CARLOS GOMES		Title PRESIDENT	Signature 			Date 2/21/18			