

RECEIVED
MAR 14 2010
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>3/7/18</u>		Name of Building Owner/Operator (2) <u>Myrtle Walcott</u>		MAR 14 2018							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]							
		City, State, Zip Code <u>West Orange, NJ 07052</u>		ASBESTOS CONTROL & LICENSING							
		Name of Contact <u>Shawn Walcott</u>		Telephone Number							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3)			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 <u>1944</u>								
City (5) <u>West Orange, NJ 07052</u>			# of Floors <u>2</u>		Bldg. Age <u>74</u>						
County (6) <u>Essex</u>			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>Residential</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>			ASCM No. <u>N/A</u>		Name of Abatement Contractor (9) <u>A. Molly Company</u>						
Street Address			Street Address <u>174 Passaic Avenue</u>								
City, State, Zip Code			City, State, Zip Code <u>Fairfield, NJ 07004</u>								
Project Manager for Monitoring Firm			Telephone No. <u>862-702-3311</u>		License No. <u>01330</u>						
Start Date (10) <u>3/8/18</u>		Scheduled Completion Date (11) <u>3/12/18</u>		Name of OSHA Monitor <u>A. Seine Lighthouse Solutions LLC</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address <u>PO Box 354</u>							
				City, State, Zip Code <u>South Orange, NJ 07079</u>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure											
Location of Asbestos-Containing Material (ACM) 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
<u>Kitchen + Stairwell</u>		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		<u>Surfacing Material Plaster</u>		<u>636</u>		<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 <u>A. Molly Company</u>			NJDEP Waste Hauler ID No. <u>25691</u>		Cubic Yards of Waste <u>TBD</u>		Name of Registered Landfill <u>Fairless Landfill</u>				
City, State <u>Fairfield, NJ 07004</u>					Disposal Date <u>TBD</u>		City, State <u>Morrisville, PA</u>				
Completed By (Print or Type) <u>Gary Tariello</u>			Title <u>Project Manager</u>		Signature <u>[Signature]</u>			Date <u>3/7/18</u>			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:16)



Date of Notification (1) <u>3/7/18</u>		Name of Building Owner/Operator (2) <u>Myrtle Walcott</u>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOOH <input type="checkbox"/> DCA (NJAC 8:23-B)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <u>West Orange, NJ 07052</u>	
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Name of Contact <u>Shawn Walcott</u> Telephone Number _____	
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> State Chapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, etc.)	
City (5) <u>West Orange, NJ</u>	County (6) <u>Essex</u>	County Code (NJ STATE USE ONLY) _____	Square Feet <u>1244</u> # of Floors <u>2</u> Bldg. Age <u>74</u>
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. <u>N/A</u>	Name of Abatement Contractor (9) <u>A. Molly Company</u>
Street Address [REDACTED]		Street Address <u>174 Pacific Avenue</u>	
City, State, Zip Code [REDACTED]		City, State, Zip Code <u>Fairfield, NJ 07004</u>	
Project Manager for Monitoring Firm [REDACTED]		Telephone No. [REDACTED]	Telephone No. <u>862-702 3311</u> License No. <u>01330</u>
Start Date (10) <u>3/8/18</u>	Scheduled Completion Date (11) <u>3/12/18</u>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM- _____ AM		Name of OSHA Monitor <u>A. Seize Light House Solutions LLC</u>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 23 sf or > 23 sf <input checked="" type="checkbox"/> 160 sf or > 280 sf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Street Address <u>PO Box 354</u> City, State, Zip Code <u>South Orange, NJ 07079</u>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>Kitchen + Stairwell</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>Surfacing Material Plaster</u>
			Amount (Specify SF or LF) <u>636</u>
			Abatement Type Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>
Name of Registered Waste Hauler <u>A. Molly Company</u>		NJDEP Waste Hauler ID No. <u>25691</u>	Cubic Yards of Waste <u>TBD</u>
City, State <u>Fairfield, NJ 07004</u>		Disposal Date <u>TBD</u>	Name of Registered Landfill <u>Fairless Landfill</u>
Completed By (Print or Type) <u>Gary Trivello</u>		Title <u>Project Manager</u>	Signature <u>[Signature]</u> Date <u>3/7/18</u>

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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 14 2018

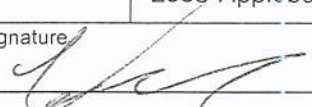
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 3-3-2017		Name of Building Owner/Operator (2) Peter Denio		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Fair Lawn, NJ 07410 Name of Contact Peter Denio	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential			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 1838		
City (5) Fair Lawn, NJ 07410			# of Floors 2		Bldg. Age 85+
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Green Environmental Services, LLC	
Street Address		Street Address 235 Virginia Avenue		City, State, Zip Code Jersey City, NJ 07304	
City, State, Zip Code		Telephone No.		License No. 01174	
Project Manager for Monitoring Firm		Telephone No. 201-333-8855		Name of OSHA Monitor Same as above	
Start Date (10) 3-5-2018		Scheduled Completion Date (11) 3-5-2018		Street Address	
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: _____		City, State, Zip Code		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) <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 S/F or L/F)
	Yes	No	N/A		
Basement		X		Pipe insulation	90 LF
Name of Registered Waste Hauler Green Environmental Services,		NJDEP Waste Hauler ID No. 0034889		Cubic Yards of Waste 2	
City, State Jersey City, NJ		Disposal Date 3-5-2018		Name of Registered Landfill Grows North Landfill	
City, State Morrisville, PA		Date 3-3-2018		Signature <i>Liliana Serrano</i>	
Completed by Liliana Serrano		Title Office Manager		Date 3-3-2018	

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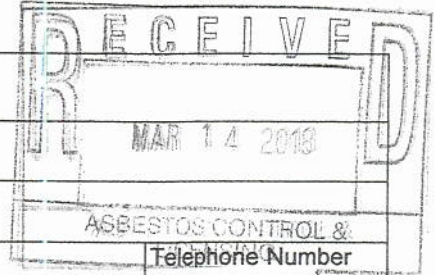
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 3/7/18		Name of Building Owner/Operator (2) JASON YARUSI		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAR 14 2018 ASBESTOS CONTROL & INSURING </div>			
Agencies Notified		Type Notification				Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code WESTFIELD, NJ Name of Contact NICOLE	
FACILITY INFORMATION							
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) WESTFIELD				Square Feet 500	# of Floors 2		
County (6) MIDDLESEX		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) RESIDENTIAL			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) DINAGO ENVIRONMENT LLC.			
Street Address				Street Address 33-LAFAYETTE STREET			
City, State, Zip Code				City, State, Zip Code NEWARK, NJ 07105			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-491-0877	License No. 01240		
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 checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code			
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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)		
	Yes	No	N/A				
1FL./BASEMENT		X		FLOOR TILE/ MASTIC	500		
Name of Registered Waste Hauler NEWARK CARTING INC.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	Name of Registered Landfill ISES BETHLEHEM LANDFILL		
City, State P O box 5670, Newark, NJ 07105				Disposal Date	City, State 2335-Applebutter Rd. Bethlehem, PA		
Completed by Carlos Gomes		Title President		Signature 	Date 3/7/18		

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

Check 2255



Date of Notification (1) 3/7/2018		Name of Building Owner / Operator (2) Peggy Garjian	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	<div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div> City, State & Zip Code Long Branch	
		Name of Contact Peggy Garjian	
		Telephone Number	

FACILITY INFORMATION

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.)		
<div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div>			Square Feet # of Floors Bldg. Age 1000 1 50+		
City (5) Long Branch			Current Use (Prior if being demolished) Residential		
County (6) Monmouth			County Code (7)		
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		
Street Address			Name of Abatement Contractor (9) Alpha Environmental Services		
City, State & Zip Code			Street Address 3525 Quakerbridge Road		
Project Manager for Monitoring Firm			City, State & Zip Code Trenton, NJ 08619		
Telephone Number			Telephone Number 609-847-2956		
License Number 01222			Scheduled Start Date (10) 2/26/2018		
Scheduled Completion Date (11) 3/12/2018			Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one)			Street Address 107 Haddon Ave.		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code Westmont, NJ 08108		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Accoustical Ceiling	1000sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 00033330	Cubic Yards of Waste 2	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ		Disposal Date Various		City, State Morrisville, PA	
Completed By (Print or Type) Rod Richardson		Title Project Manager	Signature <i>Rod Richardson</i>		Date 3/7/2018

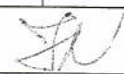
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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MAR 14 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 03/06/2018		Name of Building Owner/Operator (2) Ellen Schwartz							
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 Teaneck, NJ 07666							
		Name of Contact Ellen Schwartz	Telephone Number _____						
FACILITY INFORMATION									
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) Teaneck		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____							
Street Address		Name of Abatement Contractor (9) D&S Abatement, Inc.							
City, State, Zip Code		Street Address 11 Rosengren Avenue							
Project Manager for Monitoring Firm		City, State, Zip Code Totowa, NJ 07512							
Telephone No. _____		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 03/21/2018	Scheduled Completion Date (11) 03/22/2018	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: occupied _____		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"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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	90 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 03/06/2018			

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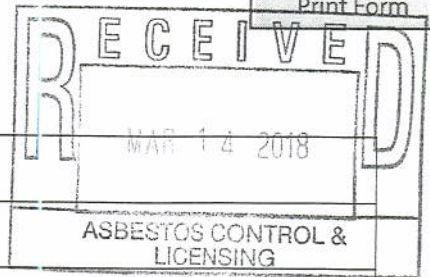
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

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RECEIVED	MAR 14 2018
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 03/06/2018		Name of Building Owner/Operator (2) Dianne White							
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 Short Hills, NJ 07078							
		Name of Contact Dianne White	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Short Hills		Square Feet N/A	# of Floors 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.						
		973-345-8685	01311						
Start Date (10) 03/22/2018	Scheduled Completion Date (11) 03/23/2018	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: occupied		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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	80 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 03/06/2018		

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



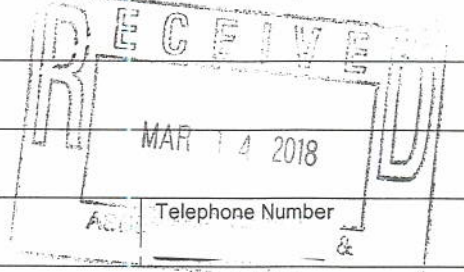
MO 24576431073

Date of Notification (1) 03/06/2018		Name of Building Owner/Operator (2) Chris Fleischman							
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 Westfield, NJ 07090							
		Name of Contact Chris Fleischman	Telephone Number						
FACILITY INFORMATION									
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) Westfield		Bldg. Age N/A							
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) 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) 03/20/2018	Scheduled Completion Date (11) 03/21/2018	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 checked="" 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 type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	100 LF	X			
Name of Registered Waste Hauler 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 03/06/2018				

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

Check 17448

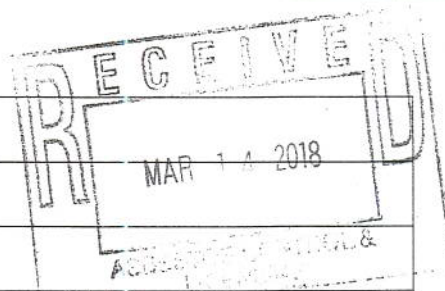


Date of Notification (1) 3/8/18		Name of Building Owner/Operator (2) Crescenzo Lepore							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Summit NJ 07901							
		Name of Contact Ms. Lepore							
		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Summit		Square Feet 2200	# of Floors 2						
		Bldg. Age 65							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 3/16/18	Scheduled Completion Date (11) 3/23/18	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 type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
kitchen			x	floor tile	150 SF	x			
den & stairs to basement			x	floor tile	180 SF	x			
Name of Registered Waste Hauler Tonys Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787		Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill				
City, State Bridgewater, NJ				Disposal Date TBD	City, State Easton, PA				
Completed by A. Scott Higgins		Title President		Signature [Signature]			Date 3/8/18		

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Print Form

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



Date of Notification (1) 3/8/18		Name of Building Owner/Operator (2) Tesi Design							
Agencies Notified	Type Notification	Street Address 1540 Ocean 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 Sea Bright NJ 07760							
		Name of Contact Virgina Tesi	Telephone Number 917-968-0944						
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]									
City (5) Red Bank		Square Feet 1800	# of Floors Bldg. Age						
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 3/14/18	Scheduled Completion Date (11) 3/15/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
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: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				Floor Tile	81 SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 2	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 3/15/18		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date		

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

Check # 25557

Date of Notification (1) 3/8/2018		Name of Building Owner/Operator (2) Woodbrook Homes, LLC							
Agencies Notified	Type Notification	Street Address 23 Revere Court							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton Junction, NJ 08550							
		Name of Contact Tom Rockoff	Telephone Number 609 275-5300						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		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 5000	# of Floors 2						
City (5) Princeton, NJ 08540		Bldg. Age 70 +/-							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 259-9688	License No. 00493						
Start Date (10) 3/20/2018	Scheduled Completion Date (11) 4/20/2018	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		X		Roof Materials	3500 sf	X			
Basement/Crawl Spaces		X		Thermal Pipe Insulation	420 lf	X			
1st Floor		X		Textured Ceilings	800 sf	X			
Basement/1st/ 2nd floor		X		VAT/Mastic/Glues	1500 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 4/20/2018	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature 		Date 3/10/18			

ASB-41 (R-06-08)

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

Basement/2nd Floor

X

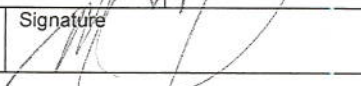
Duct Insulation

270 sf X

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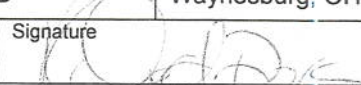
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 25558

Date of Notification (1) 3/10/2018		Name of Building Owner/Operator (2) Woodbrook Homes, LLC		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAR 14 2018 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified	Type Notification	Street Address 23 Revere Court							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton Junction, NJ 08550							
		Name of Contact Tom Rockoff	Telephone Number 609-275-5300						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4)					
Street Address [REDACTED]				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Princeton, NJ 08540				Square Feet 600	# of Floors 1				
County (6) Mercer		County Code (7) (STATE USE ONLY)		Bldg. Age 70 +/-					
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.		Current Use (Prior if being demolished) Residential- Pool House					
Street Address PO Box 341		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
City, State, Zip Code Crosswicks, NJ 08515		Street Address PO Box 322							
Project Manager for Monitoring Firm Bill Weisgarber		City, State, Zip Code Allentown, NJ 08501							
Telephone No.		Telephone No. 609 259-9688		License No. 00493					
Start Date (10) 3/20/2018	Scheduled Completion Date (11) 4/20/2018		Name of OSHA Monitor MECS						
Occupancy Status During Abatement (Check Only One)			Street Address PO Box 341						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Chesterfield, NJ 08515						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥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
Pool House		X		Roof Materials	1000 sf	X			
Pool House		X		Vinyl Flooring	600 sf	X			
Pool House		X		Traniste Flue	15 lf	X			
Pool Storage/Garage		x		Roof /Tar	565 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292		Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill				
City, State Allentown, NJ				Disposal Date 4/20/2018	City, State Morrisville, PA				
Completed by Mahlon E. Stevens		Title Project Manager		Signature 		Date 3/10/18			

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

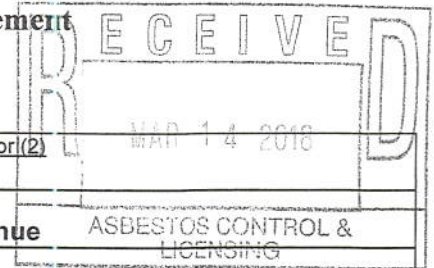
CHECK # 25017/25072/25087

Date of Notification (1) 03-08-18		Name of Building Owner/Operator (2) Riverside Square LTD. c/o Simon Property Group							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address PO Box 6120 City, State, Zip Code Indianapolis, IN 46206 Name of Contact Sam Fattah Telephone Number 317-640-2272					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) One Riverside Square				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.)					
City (5) Hackensack				Square Feet 859111	# of Floors 2 Bldg. Age 32 yrs.				
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial					
Name of Monitoring Firm Hired by Building Owner (8) TRC Solutions, Inc.		ASCM No.		Name of Abatement Contractor (9) Pinnacle Environmental Corp.					
Street Address 1430 Broadway, 10th Floor		Street Address 200 Broad Street							
City, State, Zip Code New York, NY 10018		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Arnel Javal		Telephone No. (212) 221-7822		Telephone No. 201-939-6565	License No. 00756				
Start Date (10) (2)03-13-18		Scheduled Completion Date (11) 03-05-19		Name of OSHA Monitor Even-Air 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 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101					
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
Basement: Restroom			x	Caulking	4SF	x			
1st Floor: Restroom			x	Caulking	12SF	x			
Roof: Entrance Canopy Roof			x	Flashing	360SF	x			
1st & 2nd Floors			x	Wall Tar	6,220SF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY / Bronx, NY				Disposal Date TBD	City, State Waynesburg, OH 44688				
Completed by Richard Doran		Title Project Manager		Signature 		Date 03-08-18			

State of New Jersey - Notification of Asbestos Abatement

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

NOCK



Date of Notification (1) March 8, 2018		Name of Building Owner/Operator (2) The Valley Hospital	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOH	Notification Type x Initial Notification x Amendment # 1 Emergency (including justification)		Street Address 223 North Van Dien Avenue
		City, State, Zip Code Ridgewood, NJ 07450-2736	ASBESTOS CONTROL & LICENSING
		Name of Contact William Stasiak	Telephone Number 201-447-8141
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) The Valley Hospital Cheel Wing Basement Rm# B430		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: 4 Bldg. Age: 50+ years	
Street Address 223 North Van Dien Avenue		Current Use (prior if being demolished): Hospital	
City (5) Ridgewood	County (6) Bergen	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Colden Corporation		ASCM No.	
Street Address 28 Washington Street		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code Ballston Spa, NY 12020		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm Jim Miades		City, State, Zip Code Butler, NJ 07405	
Telephone Number 347.435.3561		Telephone Number 973-492-0477	
License Number 00840		Name of OSHA Monitor EMSL inc.	
Scheduled Start Date (10) TBD		Scheduled Completion Date (11) TBD	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe:		Street Address 1056 Stelton Road	
		City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		Renovation Demolition x Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) Cheel Bsmt-Room # B430	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.) VAT & Mastic	Amount (Specify SF or LF) 300 sf
		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Disposal Date March 16, 2018	
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784	
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date March 8, 2018

GAC # 2018-633-002- Postponed By Owner

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

Ck # 3329

RECEIVED	
MAR 14 2018	
ASBESTOS CONTROL & LICENSING	
Telephone Number 609-896-7780	

Date of Notification (1) 2/14/17		Name of Building Owner / Operator (2) Rider University	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 2083 LAWRENCEVILLE ROAD	
Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#2-3/6/18 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		City, State & Zip Code LAWRENCEVILLE, NJ 08648	
		Name of Contact Walter Eddy	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Rider University - Wright Hall			Type of Facility (4) <input type="checkbox"/> School (K-12) Non-Subchapter 8 <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 2083 LAWRENCEVILLE ROAD			Square Feet		
City (5) LAWRENCEVILLE		County (6) MERCER	County Code (7)		# of Floors
Bldg. Age					
Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc.			ASCM No.		
Street Address PO Box 365			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
City, State & Zip Code Berlin, NJ 08009			Street Address 1123 Beaver Street		
Project Manager for Monitoring Firm Jim Proctor			City, State & Zip Code Bristol, PA 19007		
Telephone Number 856 656-2875			Telephone Number (215)788-6040		
License Number 00509					
Scheduled Start Date (10) 3/7/18		Scheduled Completion Date (11) 3/13/18			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement					
Name of OSHA Monitor Bristol Environmental Inc.					
Street Address 1123 Beaver Street					
City, State & Zip Code Bristol, PA 19007					

Scope of Work (Check all that apply)

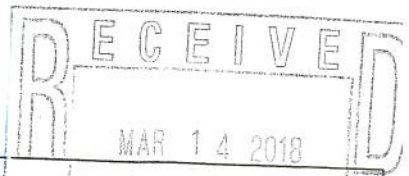
- | | | |
|---|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Clean Up	Enclosure
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank Insulation	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B Wing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Linoleum	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Sill Caulk	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bristol Environmental Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill	
City, State Bristol, PA		Disposal Date		City, State Fairless Hills, PA	
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 3/6/18

GI18022

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



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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Rider University - Wright Hall			Type of Facility (4) <input type="checkbox"/> School (K-12) Non-Subchapter 8 <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 2083 LAWRENCEVILLE ROAD			Square Feet # of Floors Bldg. Age		
City (5) LAWRENCEVILLE	County (6) MERCER	County Code (7)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc.		ASCM No.	Name of Abatement Contractor (3) Bristol Environmental, Inc.		
Street Address PO Box 365			Street Address 1123 Beaver Street		
City, State & Zip Code Berlin, NJ 08009			City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm Jim Proctor		Telephone Number 856 656-2875	Telephone Number (215)788-6040		License Number 00509
Scheduled Start Date (10) ON HOLD	Scheduled Completion Date (11)		Name of OSHA Monitor Bristol Environmental 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 Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Clean Up	Enclosure
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank Insulation	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Wing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Linoleum	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Sill Caulk	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bristol Environmental Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill	
City, State Bristol, PA		Disposal Date	City, State Fairless Hills, PA		
Completed By (Print or Type) ino Pizzigoni		Title Project Manager	Signature <i>ino Pizzigoni/jl</i>		Date 2/27/18

SI 18022

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

CHK #3319

RECEIVED

MAR 14 2018

ASBESTOS CONTROL &

Telephone Number
609-896-7780

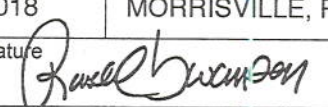
Date of Notification (1) 2/14/17		Name of Building Owner / Operator (2) Rider University	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 2649 <input checked="" type="checkbox"/> DOH 2632 <input checked="" type="checkbox"/> DCA 2618	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 2083 LAWRENCEVILLE ROAD City, State & Zip Code LAWRENCEVILLE, NJ 08648 Name of Contact Walter Eddy	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Rider University - Wright Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) Non-Subchapter 8 <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2083 LAWRENCEVILLE ROAD		Square Feet 	
City (5) LAWRENCEVILLE	County (6) MERCER	County Code (7) 	# of Floors
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc.		ASCM No. 	
Street Address PO Box 365		Name of Abatement Contractor (9) Bristol Environmental, Inc.	
City, State & Zip Code Berlin, NJ 08009		Street Address 1123 Beaver Street	
Project Manager for Monitoring Firm Jim Proctor		City, State & Zip Code Bristol, PA 19007	
Scheduled Start Date (10) 2/28/18	Scheduled Completion Date (11) 3/6/18	Telephone Number 856 656-2875	Telephone Number (215)788-6040
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		License Number 00509	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
ement	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tank Insulation	150 SF
ing	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Linoleum	100 SF
rior	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Window Sill Caulk	100 LF
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Registered Waste Hauler Bristol Environmental Inc.	NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill
State PA	Disposal Date	City, State Fairless Hills, PA	
ated By (Print or Type) Pizzigoni	Title Project Manager	Signature <i>Dino Pizzigoni</i>	Date 2-14-18

18022

PAID

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

CHECK# 1728

Date of Notification (1) 03/07/2018		Name of Building Owner/Operator (2) EDUCATIONAL TESTING SERVICES-PRINCETON CAMPUS							
Agencies Notified	Type Notification	Street Address 660 ROSEDALE ROAD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code PRINCETON NJ 08540							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact ALAN LLOYD	Telephone Number 856-547-0505						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ETS PRINCETON CAMPUS		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 660 ROSEDALE ROAD		Square Feet 100,000	# of Floors 3						
City (5) PRINCETON		Bldg. Age 50+							
County (6) MERCER	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) PENNONI ASSOC. INC.		ASCM No. _____	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 515 GROVE STREET		Street Address 570 CLEMS RUN							
City, State, Zip Code HADDON HEIGHTS NJ 08085		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm ALAN LLOYD		Telephone No. 856-547-0505	License No. 01145						
Start Date (10) 03/09/2018	Scheduled Completion Date (11) 03/10/2018	Name of OSHA Monitor EMSL							
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>OUTSIDE PARKING LOT</u>		Street Address 200 RT. 130 NORTH							
		City, State, Zip Code CINNAMINSON NJ 08077							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
PARKING LOT			X	TRANSITE PIPE CONDUIT	24 LF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE INC.		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 10	Name of Registered Landfill GROWS LANDFILL					
City, State FREEHOLD, NJ			Disposal Date 03/12/2018	City, State MORRISVILLE, PA					
Completed by RON SWANSON		Title GENERAL MANAGER	Signature 	Date 03/07/2018					

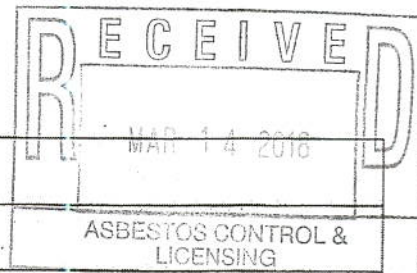
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

PAID

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Date of Notification (1) 3/8/18		Name of Building Owner/Operator (2) Kamson Corporation		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAR 14 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 270 Sylvan Ave			
		City, State, Zip Code Englewood Cliffs, NJ .07632				Name of Contact Ms. Emily Rodriguez			
				Telephone Number 732-249-5747					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) North Brunswick Gardens			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 65D Pardun Rd									
City (5) North Brunswick			Square Feet 6260	# of Floors 2	Bldg. Age 60 yrs +				
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Apartments					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Best Removal Inc					
Street Address				Street Address 450 South River St					
City, State, Zip Code				City, State, Zip Code Hackensack, NJ 07601					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 4/9/18		Scheduled Completion Date (11) 4/18/18		Name of OSHA Monitor Omega Environmental					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: BAK TO 5:00 PM				Street Address 280 Huyler St					
				City, State, Zip Code South Hackensack, NJ.07606					
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
Bldg 6 Crawl Space # 33			X	Thermal insulation	235 lf	X			
Bldg 6 Crawl Space # 34			X	Thermal Insulation	240 lf	X			
Bldg 6 Crawl Space # 35			X	Thermal Insulation	235 lf	X			
Bldg 6 Crawl space # 36			X	Thermal Insulation	240 lf	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 12 cys	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark, NJ.07105				Disposal Date 4/18/18	City, State Bethlehem, PA 18072				
Completed by J. Maiorano		Title Estimator		Signature <i>J. Maiorano</i>	Date 3/8/18				

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



Date of Notification (1) 3/8/18		Name of Building Owner/Operator (2) Kamson Corporation							
Agencies Notified	Type Notification	Street Address 270 Sylvan Ave							
<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 Englewood Cliffs, NJ .07632							
		Name of Contact Ms. Emily Rodriguez	Telephone Number 732-249-5747						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) North Brunswick Gardens		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 65D Pardun Rd		Square Feet 6260	# of Floors 2						
City (5) North Brunswick		Bldg. Age 60 yrs +							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartments							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 South River St							
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 4/9/18	Scheduled Completion Date (11) 4/18/18	Name of OSHA Monitor Omega Environmental							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		Street Address 280 Huyler St							
		City, State, Zip Code South Hackensack, NJ.07606							
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
Bldg 6 Crawl Space # 39			X	Thermal insulation	235 lf	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 3 eys	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ.07105		Disposal Date 4/18/18		City, State Bethlehem, PA 18072					
Completed by J. Maiorano		Title Estimator		Signature 		Date 3/8/18			

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

check 4501

RECEIVED
MAR 14 2018
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ASBESTOS CONTROL & REMEDIATION

Date of Notification (1) 3/8/18		Name of Building Owner/Operator (2) Kamson Corporation	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 270 Sylvan Ave		City, State, Zip Code Englewood Cliffs, NJ .07632	
Name of Contact Ms. Emily Rodriguez		Telephone Number 732-249-5747	

Name of Facility Where Abatement is Taking Place (3) North Brunswick Gardens		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 65D Pardun Rd		Square Feet 4406	
City (5) North Brunswick		# of Floors 2	
County (6) Middlesex		Bldg. Age 60 yrs +	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Apartments	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Best Removal Inc	
Street Address				Street Address 450 South River St	
City, State, Zip Code				City, State, Zip Code Hackensack, NJ 07601	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-329-7444	
Start Date (10) 3/20/18		Scheduled Completion Date (11) 3/29/18		License No. 00388	

Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		Name of OSHA Monitor Omega Environmental	
		Street Address 280 Huyler St	
		City, State, Zip Code South Hackensack, NJ.07606	

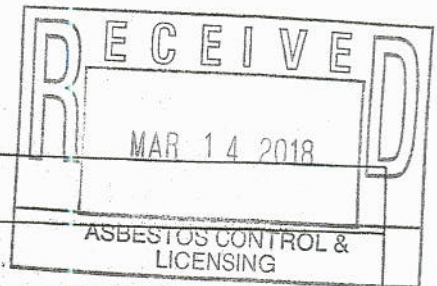
Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) 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
Bldg 4 Crawl Space #17,			X	Thermal insulation	235 lf	X			
Bldg 4 Crawl Space # 20			X	Thermal Insulation	240 lf	X			
Bldg 4 Crawl Space #21			X	Thermal Insulation	235 lf	X			
Bldg 4 Crawl Space #22			X	Thermal Insulation	240 lf	X			

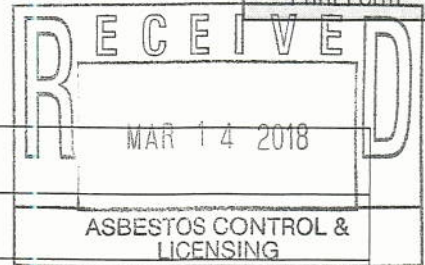
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 15 c yds		Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, NJ.07105		Disposal Date 3/29/18		City, State Bethlehem, PA 18072			
Completed by J. Maiorano		Title Estimator		Signature <i>J. Maiorano</i>		Date 3/8/18	

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



Date of Notification (1) 3-8-18		Name of Building Owner/Operator (2) Kamson Corporation							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 270 Sylvan Ave		City, State, Zip Code Englewood Cliffs, NJ .07632							
Name of Contact Ms. Emily Rodriguez		Telephone Number 732-249-5747							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) North Brunswick Gardens		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 65D Pardun Rd		Square Feet 4406							
City (5) North Brunswick		# of Floors 2							
County (6) Middlesex		Bldg. Age 60 yrs +							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Apartments							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Best Removal Inc							
City, State, Zip Code		Street Address 450 South River St							
Project Manager for Monitoring Firm		City, State, Zip Code Hackensack, NJ 07601							
Telephone No.		Telephone No. 201-329-7444							
Start Date (10) 3/20/18		License No. 00388							
Scheduled Completion Date (11) 3/29/18		Name of OSHA Monitor Omega Environmental							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		Street Address 280 Huyler St							
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		City, State, Zip Code South Hackensack, NJ.07606							
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
Bldg 4 Crawl Space #23			X	Thermal insulation	235 lf	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 3 cts		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark, NJ.07105		Disposal Date 3/29/18		City, State Bethlehem, PA 18072					
Completed by J. Maiorano		Title Estimator		Signature <i>J. Maiorano</i>		Date 3/8/18			

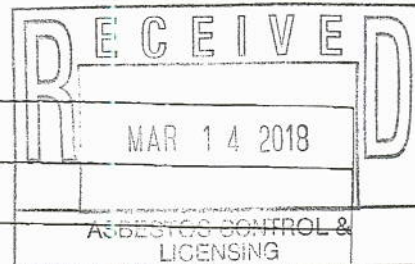
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 03/06/2018		Name of Building Owner/Operator (2) Stevens Institute of Technology							
Agencies Notified	Type Notification	Street Address 1 Castle Point on Hudson							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hoboken, NJ 07030							
		Name of Contact Kevin Klich	Telephone Number 551-655-9149						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Fraternity House		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 805 Castle Point Terrace		Square Feet N/A	# of Floors N/A						
City (5) Hoboken		Bldg. Age N/A							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Fraternity House							
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No. 0004	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address 3 Crosswicks Street		Street Address 11 Rosengren Avenue							
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609-298-5520	Telephone No. 973-345-8685						
		License No. 01311							
Start Date (10) 03/15/2018	Scheduled Completion Date (11) 03/18/2018	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: occupied		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 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	240 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager	Signature 			Date 03/06/2018			

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

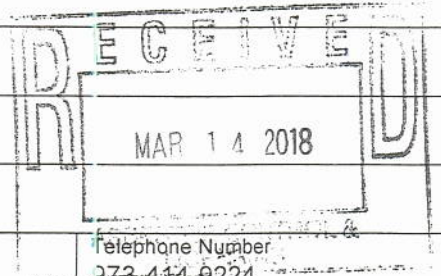


Date of Notification (1) 1-10-18 3/9/18		Name of Building Owner/Operator (2) Englewood Hospital and Medical Center	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 350 Engle Street	City, State, Zip Code Englewood NJ 07631
Name of Facility Where Abatement is Taking Place (3) Main Building Center Wing		Name of Contact Harry Neen	Telephone Number 201-834-3791
FACILITY INFORMATION			
Street Address 350 Engle Street		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.)	
City (5) Englewood	Square Feet 24,000	# of Floors 4	Bldg. Age 90 yrs
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office space	
Name of Monitoring Firm Hired by Building Owner (8) Hillman Environmental		Name of Abatement Contractor (9) Degmor Environmental Services	
Street Address 1600 Route 22E		Street Address 511 Canal Street	
City, State, Zip Code Union, NJ 07083		City, State, Zip Code NY, 10013	
Project Manager for Monitoring Firm Michael Nehlsen		Telephone No. (908) 688-7800	Telephone No. 212-431-0696
Start Date (10) 2-26-18	Scheduled Completion Date (11) 3-12-18	License No.	
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: Monday through Friday 6:00 PM to 2:30 AM		Name of OSHA Monitor EMSL Analytical, Inc.	
Scope of Work (Check All That Apply) <input type="checkbox"/> 3 sf or 23 lf <input checked="" type="checkbox"/> 2150 sf or 2260 lf		Street Address 307 West 38th Street	
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code New York, NY 10018	
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED	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)
3 FL Center Wing		VAT & Mastic	4,350 SF
3 FL Center Wing		TSI Pipes & Elbows	156 LF
4th Floor - 3rd Floor		PIPE ELBOWS	25 / 5
1st Floor - Suite 1252		VAT & Mastic	1600 SF
Name of Registered Waste Hauler Newark Carting, Inc.	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 40 CY	Name of Registered Landfill Waste Management (Grandcentral)
City, State Newark, NJ 07105	Disposal Date	City, State Per Azyl, PA 18072	
Completed by J. Robert Dombrowski	Title Project Manager	Signature <i>J. Robert Dombrowski</i>	Date 3/9/2018

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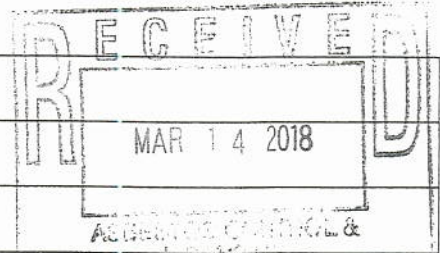
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 03/01/2018		Name of Building Owner/Operator (2) NJ Institute of Technology							
Agencies Notified	Type Notification	Street Address 323 Martin Luther King Blvd							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07102							
		Name of Contact Greg Frankoski	Telephone Number 973-414-9224						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Tiernan Lecture Hall		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 120-142 Bleeker Street		Square Feet	# of Floors						
City (5) Newark		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services Inc.		ASCM No.	Name of Abatement Contractor (9) Be Construction Corporation						
Street Address 280 Huyler Street		Street Address 179 Route 46, Suite 15 #182							
City, State, Zip Code South Hackensack NJ 07606		City, State, Zip Code Rockaway, NJ 07866							
Project Manager for Monitoring Firm Alex Palets		Telephone No. 201-342-5412	License No. 01231						
Start Date (10) 03/09/18	Scheduled Completion Date (11) 03/19/18	Name of OSHA Monitor Schneider Laboratories Global Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Lecture Hall closed from 7AM to 4PM</u>		Street Address 2512 W Cary Street							
		City, State, Zip Code Richmond, VA. 23220							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Lecture Hall		X		Hood Panels	86SF	X			
Lecture Hall		X		Ceiling	16SF	X			
Lecture Hall		X		Floor Tile w/Mastic	1,500SF	X			
Lecture Hall		X		Wall String	74SF	X			
Name of Registered Waste Hauler Be Construction Corporation		NJDEP Waste Hauler ID No. 0035767		Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill				
City, State Rockaway, NJ 07866				Disposal Date	City, State Morrisville, PA				
Completed by Barbara Reed		Title President		Signature <i>Barbara Reed</i>	Date 03/01/2018				

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

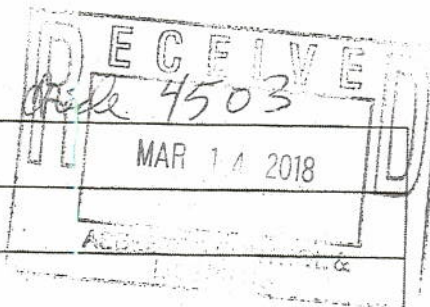


Date of Notification (1) 2/27/2018		Name of Building Owner/Operator (2) NJ Institute of Technology							
Agencies Notified	Type Notification	Street Address 323 Martin Luther King Blvd							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <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 Newark, NJ 07102							
		Name of Contact Greg Frankoski	Telephone Number 973-414-9224						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Tiernan Lecture Hall		Type of Facility (4)							
Street Address 120-142 Bleeker Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark		Square Feet	# of Floors						
County (6) Essex		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services Inc.		ASCM No.	Name of Abatement Contractor (9) Be Construction Corporation						
Street Address 280 Huyler Street		Street Address 179 Route 46, Suite 15 #182							
City, State, Zip Code South Hackensack NJ 07606		City, State, Zip Code Rockaway, NJ 07866							
Project Manager for Monitoring Firm Alex Palets		Telephone No. 201-342-5412	Telephone No. 973-669-2900						
License No. 01231									
Start Date (10) 03/09/18	Scheduled Completion Date (11) 03/19/18	Name of OSHA Monitor Schneider Laboratories Global Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 2512 W Cary 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 Richmond, VA. 23220							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Lecture Hall		X		Hood Panels	86SF	X			
Lecture Hall		X		Ceiling	16SF	X			
Lecture Hall		X		Floor Tile w/Mastic	1,500SF	X			
Name of Registered Waste Hauler Be Construction Corporation		NJDEP Waste Hauler ID No. 0035767		Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill				
City, State Rockaway, NJ 07866				Disposal Date	City, State Morrisville, PA				
Completed by Barbara Reed		Title President		Signature <i>Barbara Reed</i>			Date 02/27/18		

OK 4503


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



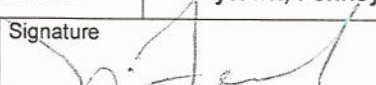
Date of Notification (1) 3/8/18		Name of Building Owner/Operator (2) Kamson Corporation							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 270 Sylvan Ave		City, State, Zip Code Englewood Cliffs, NJ .07632							
Name of Contact Ms. Emily Rodriguez		Telephone Number 732-249-5747							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) North Brunswick Gardens		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 65D Pardun Rd		Square Feet 3166							
City (5) North Brunswick		# of Floors 2							
County (6) Middlesex		Bldg. Age 60 yrs +							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Apartments							
Name of Monitoring Firm Hired by Building Owner (8) _____		ASCM No. _____							
Street Address _____		Name of Abatement Contractor (9) Best Removal Inc							
City, State, Zip Code _____		Street Address 450 South River St							
Project Manager for Monitoring Firm _____		City, State, Zip Code Hackensack, NJ 07601							
Telephone No. _____		Telephone No. 201-329-7444							
Start Date (10) 3/29/18		License No. 00388							
Scheduled Completion Date (11) 4/9/18		Name of OSHA Monitor Omega Environmental							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		Street Address 280 Huyler St							
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		City, State, Zip Code South Hackensack, NJ.07606							
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED	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
Bldg 5 Crawl Space #24			X	Thermal insulation	240 lf	X			
Bldg 5 Crawl Space # 25			X	Thermal Insulation	235 lf	X			
Bldg 5 Crawl Space # 28			X	Thermal Insulation	240 lf	X			
Bldg 5 Crawl space #29			X	Thermal Insulation	235 lf	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 12 cys	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark, NJ.07105		Disposal Date 4/9/18		City, State Bethlehem, PA 18072					
Completed by J. Maiorano		Title Estimator		Signature <i>J. Maiorano</i>		Date 3/8/18			

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

Date of Notification (1) 03 / 8 / 18		Name of Building Owner/Operator (2) Jersey Shore Medical Center							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1945 Route 33 City, State, Zip Code Neptune, NJ 07753 Name of Contact Lisa Fritz Telephone Number 732-776-4100							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jersey Shore Medical Center-Ackerman Building 4		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1945 Route 33		Square Feet 750,000 sf	# of Floors 7						
City (5) Neptune		Bldg. Age 65							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address 64 Broad Street		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732-290-2217	Telephone No. 732-349-9932						
Start Date (10) 03 / 05 / 18		Scheduled Completion Date (11) 03 / 30 / 18	License No. 00624						
Name of OSHA Monitor E.M.S.L. Analytical									
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <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
Cath Lab Ackerman 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	plaster	400 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cath Lab Ackerman 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pipe insulation	90 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 10	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey				Disposal Date 03/30/18	City, State Tullytown, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 3/8/18			

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

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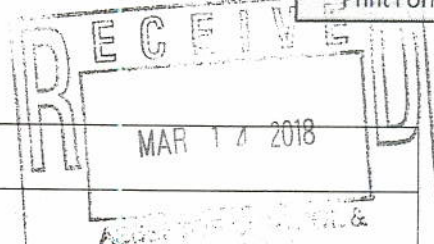
Date of Notification (1) <div style="text-align: center;">03 / 08 / 18</div>		Name of Building Owner/Operator (2) Jacobs Demolition		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED MAR 14 2018 </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 9							
		City, State, Zip Code Manasquan, NJ 08736							
		Name of Contact Linda		Telephone Number 732-528-3800					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address [REDACTED]									
City (5) Spring Lake			Square Feet 2000 sf	# of Floors 2	Bldg. Age 65				
County (6) Monmouth		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) Guardian Contracting, Inc.						
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-349-9932	License No. 00624					
Start Date (10) <div style="text-align: center;">03 / 19 / 18</div>	Scheduled Completion Date (11) <div style="text-align: center;">03 / 21 / 18</div>	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	2000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 03/21/18	City, State Tullytown, Pennsylvania						
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 3/8/18					

OK 6/18/16

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Print Form

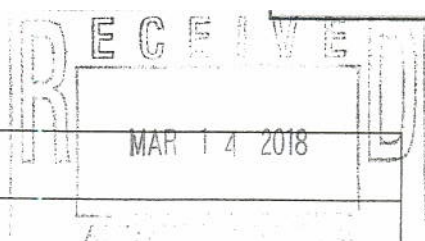
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**



Date of Notification (1) 3/8/18		Name of Building Owner/Operator (2) Seminole Construction							
Agencies Notified	Type Notification	Street Address 128 Bartlett 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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Creek NJ 08092							
		Name of Contact Joycelynn	Telephone Number 609-296-0700						
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 1400	# of Floors Bldg. Age						
City (5) Beach Haven									
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 3/18/18	Scheduled Completion Date (11) 3/22/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
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: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				SIDING	3000SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 15	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 3/22/18		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date			

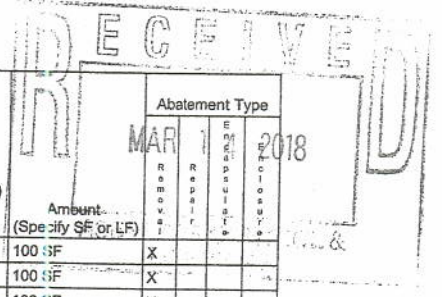
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 03/08/2018		Name of Building Owner/Operator (2) Newark Public Schools							
Agencies Notified	Type Notification	Street Address 765 Broad Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark NJ 07102							
		Name of Contact Christopher Cerf	Telephone Number 973-733-7333						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Newark Vocational High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 301 W Kinney St		Square Feet N/A	# of Floors N/A						
City (5) Newark NJ 07103		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Whitman Environmental Consultatnt		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 7 Pleasant Hill Road		Street Address PO BOX 734							
City, State, Zip Code Cranbury NJ 08512		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	License No. 01266						
Start Date (10) 03-19-2018	Scheduled Completion Date (11) 04-30-2018	Name of OSHA Monitor Amax Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED BUILDING		Street Address PO BOX 734							
		City, State, Zip Code Woodland Park NJ 07424							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Classroom 303			X	1x1 Ceiling Glue Dots	100SF	X			
Classroom 304			X	1x1 Ceiling Glue Dots	100SF	X			
Classroom 305			X	1x1 Ceiling Glue Dots	100SF	X			
Classroom 306			X	1x1 Ceiling Glue Dots	100SF	X			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 30 cy	Name of Registered Landfill Fairless Hills					
City, State Woodland Park NJ 07424			Disposal Date 05-08-2018	City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager		Signature 		Date 03-08-2018			

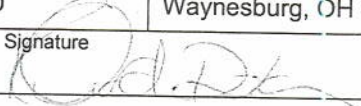
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	YES	NO	N/A			Removal	Repair	Encapsulation	Partial Removal	Other
Classroom 307			X	1x1 ceiling glue dots	100 SF	X				
Classroom 308			X	1x1 ceiling glue dots	100 SF	X				
Classroom 309			X	1x1 ceiling glue dots	100 SF	X				
Classroom 310			X	1x1 ceiling glue dots	100 SF	X				
Classroom 311			X	1x1 ceiling glue dots	100 SF	X				
Classroom 312			X	1x1 ceiling glue dots	100 SF	X				
Classroom 313			X	1x1 ceiling glue dots	100 SF	X				
Classroom 314			X	1x1 ceiling glue dots	100 SF	X				
Classroom 315			X	1x1 ceiling glue dots	100 SF	X				
Classroom 301			X	1x1 ceiling glue dots	100 SF	X				
Classroom 302			X	1x1 ceiling glue dots	100 SF	X				
Girls Room			X	1x1 ceiling glue dots	80 SF	X				
Stair #3			X	1x1 ceiling glue dots	100 SF	X				
Classroom 316			X	1x1 ceiling glue dots	100 SF	X				
Classroom 317			X	1x1 ceiling glue dots	100 SF	X				
Classroom 318			X	1x1 ceiling glue dots	100 SF	X				
Classroom 319			X	1x1 ceiling glue dots	100 SF	X				
Classroom 322			X	1x1 ceiling glue dots	130 SF	X				
Boys Room			X	1x1 ceiling glue dots	80 SF	X				
Preparation Room			X	1x1 ceiling glue dots	80 SF	X				
Stair #2			X	1x1 ceiling glue dots	80 SF	X				
Classroom 201			X	1x1 ceiling glue dots	100 SF	X				
Classroom 202			X	1x1 ceiling glue dots	100 SF	X				
Classroom 203			X	1x1 ceiling glue dots	100 SF	X				
Boys Room			X	1x1 ceiling glue dots	80 SF	X				
Classroom 204			X	1x1 ceiling glue dots	100 SF	X				
Classroom 205			X	1x1 ceiling glue dots	100 SF	X				
Classroom 206			X	1x1 ceiling glue dots	100 SF	X				
Classroom 207			X	1x1 ceiling glue dots	100 SF	X				
Classroom 208			X	1x1 ceiling glue dots	100 SF	X				
Girls Room			X	1x1 ceiling glue dots	80 SF	X				
Classroom 209			X	1x1 ceiling glue dots	100 SF	X				
Classroom 210			X	1x1 ceiling glue dots	100 SF	X				
Classroom 211			X	1x1 ceiling glue dots	100 SF	X				
Classroom 212			X	1x1 ceiling glue dots	100 SF	X				
Classroom 213			X	1x1 ceiling glue dots	100 SF	X				
Classroom 214			X	1x1 ceiling glue dots	100 SF	X				
Classroom 215			X	1x1 ceiling glue dots	100 SF	X				
Classroom 222			X	1x1 ceiling glue dots	130 SF	X				
Classroom 220			X	1x1 ceiling glue dots	100 SF	X				
Classroom 221			X	1x1 ceiling glue dots	100 SF	X				
Classroom 219			X	1x1 ceiling glue dots	100 SF	X				
Classroom 216			X	1x1 ceiling glue dots	100 SF	X				
Classroom 217			X	1x1 ceiling glue dots	100 SF	X				
Classroom 218			X	1x1 ceiling glue dots	100 SF	X				
Classroom 101			X	1x1 ceiling glue dots	100 SF	X				
Classroom 102			X	1x1 ceiling glue dots	100 SF	X				
Classroom 103			X	1x1 ceiling glue dots	100 SF	X				
Classroom 104			X	1x1 ceiling glue dots	100 SF	X				
Classroom 105			X	1x1 ceiling glue dots	100 SF	X				
Classroom 106			X	1x1 ceiling glue dots	100 SF	X				
Classroom 122			X	1x1 ceiling glue dots	120 SF	X				
Classroom 107			X	1x1 ceiling glue dots	100 SF	X				
Classroom 110			X	1x1 ceiling glue dots	100 SF	X				
Classroom 108			X	1x1 ceiling glue dots	100 SF	X				
Classroom 109			X	1x1 ceiling glue dots	110 SF	X				
Classroom 111			X	1x1 ceiling glue dots	100 SF	X				
Classroom 112			X	1x1 ceiling glue dots	100 SF	X				
Classroom 113			X	1x1 ceiling glue dots	100 SF	X				
Classroom 116			X	1x1 ceiling glue dots	140 SF	X				
Classroom 114			X	1x1 ceiling glue dots	100 SF	X				
Classroom 115			X	1x1 ceiling glue dots	80 SF	X				
Girls Room			X	1x1 ceiling glue dots	80 SF	X				
Classroom 119			X	1x1 ceiling glue dots	100 SF	X				
Classroom 120			X	1x1 ceiling glue dots	100 SF	X				
Boys Room			X	1x1 ceiling glue dots	80 SF	X				



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

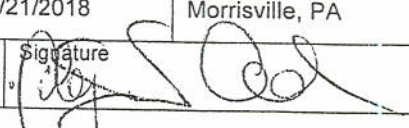
CHECK # 25017/25072

Date of Notification (1) 03-01-18		Name of Building Owner/Operator (2) Riverside Square LTD. c/o Simon Property Group							
Agencies Notified	Type Notification	Street Address PO Box 6120							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1	City, State, Zip Code Indianapolis, IN 46206							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Sam Fattah	Telephone Number 317-640-2272						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) One Riverside Square		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.)							
City (5) Hackensack	Square Feet 859111	# of Floors 2	Bldg. Age 32 yrs.						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) TRC Solutions, Inc.		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 1430 Broadway, 10th Floor		Street Address 200 Broad Street							
City, State, Zip Code New York, NY 10018		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Arnel Javal		Telephone No. (212) 221-7822	License No. 00756						
Start Date (10) 03-05-18(1)Project Postponed	Scheduled Completion Date (11) 03-05-19	Name of OSHA Monitor Even-Air 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 10-59 Jackson Avenue							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Long Island City, NY 11101							
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement: Restroom			x	Caulking	4SF	x			
1st Floor: Restroom			x	Caulking	12SF	x			
Roof: Entrance Canopy Roof			x	Flashing	360SF	x			
1st & 2nd Floors			x	Wall Tar	6,220SF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY			Disposal Date TBD	City, State Waynesburg, OH 44688					
Completed by Richard Doran		Title Project Manager	Signature 	Date 03-01-18					

OK 1040

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

Date of Notification (1) 03/06/2018		Name of Building Owner/Operator (2) Hunterdon Healthcare		Check# 1089 replacement	
Agencies Notified	Type Notification	Street Address 2100 Westcott Drive			
<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 Flemington, New Jersey 08822			
		Name of Contact Jim Traum		Telephone Number 908-237-5545	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Hunterdon Healthcare			Type of Facility (4)		
Street Address 2100 Westcott Drive			<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) Flemington, New Jersey 08822			Square Feet 30,000	# of Floors 2	Bldg. Age 50+
County (6) Hunterdon	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Medical Facility		
Name of Monitoring Firm Hired by Building Owner (8) Briggs/H&R Environmental Services Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation		
Street Address 3 Crosswicks Street			Street Address 606 McBride Ave		
City, State, Zip Code Bordentown, New Jersey 08505			City, State, Zip Code Woodland Park, New Jersey		
Project Manager for Monitoring Firm Douglas Ferry		Telephone No 609-298-5520	Telephone No. 973-225-8400	License No. 01104	
Start Date (10) 03/16/2018	Scheduled Completion Date (11) 03/21/2018		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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Weekdays 4PM Start, Weekends 8am Start</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 checked="" type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
4th Floor Construction Area			X	Asbestos Duct TSI-Wrap & Cure	300 SF
4th Floor Construction Area			X	Asbestos Pipe TSI -Wrap & Cure	200 LF
3rd Floor Offices			X	Asbestos Pipe Insul-Tent/Glove bag	20 LF
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill	
City, State Woodland Park, New Jersey			Disposal Date 03/21/2018	City, State Morrisville, PA	
Completed by Adriana Olejarova		Title President	Signature 	Date 03/06/2018	

OK 8043

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PAID - 10 DAY

TV

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Emergency Request

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

Check # 3002

Date of Notification (1) 01-15-2018		Name of Building Owner/Operator (2) Jeffrey Boerum							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address c/o [REDACTED] City, State, Zip Code Pine Hill, New Jersey 08021 Name of Contact Jeff Boerum Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Dwelling (rental)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1100	# of Floors 1						
City (5) Pine Hill		Bldg. Age 52 yrs							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) residential							
Name of Monitoring Firm Hired by Building Owner (8) Quality Environmental Concepts		Name of Abatement Contractor (9) Quality Environmental Concepts							
Street Address 1053 North Tuckahoe Road		Street Address 1053 North Tuckahoe Road							
City, State, Zip Code Williamstown, New Jersey 08094		City, State, Zip Code Williamstown, New Jersey 08094							
Project Manager for Monitoring Firm Edward Knorr		Telephone No. 856-629-1166	License No. 01086						
Start Date (10) 01-17-2018	Scheduled Completion Date (11) 01-19-2018	Name of OSHA Monitor Quality Environmental Concepts							
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 1053 North Tuckahoe Road City, State, Zip Code Williamstown, New Jersey 08094							
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 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			Removed	Repair	Encapsulate	Enclosure
Basement			<input checked="" type="checkbox"/>	Ductwork					
				thin paper/cloth insulation wrap	90sf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Quality Environmental Concepts		NJDEP Waste Hauler ID No. 19710	Cubic Yards of Waste 4cy 2cy	Name of Registered Landfill Salem County Landfill					
City, State Williamstown, New Jersey		Disposal Date		City, State Alloway, Salem County, NJ					
Completed by Edward Knorr		Title Vice President	Signature [Signature]	Date 01-15-2018					

MAF 13 2018

CL 8043

PAID

Emergency Request

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

Check # 8002

Print Form

Date of Notification (1) 01-15-2018		Name of Building Owner/Operator (2) Jeffrey Boerum	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address c/o [REDACTED] City, State, Zip Code Pine Hill, New Jersey 08021 Name of Contact Jeff Boerum Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential Dwelling (rental)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1100	
City (5) Pine Hill		# of Floors 1	
County (6) Camden		Bldg. Age 52yrs	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) residential	
Name of Monitoring Firm Hired by Building Owner (8) Quality Environmental Concepts		Name of Abatement Contractor (9) Quality Environmental Concepts	
Street Address 1053 North Tuckahoe Road		Street Address 1053 North Tuckahoe Road	
City, State, Zip Code Williamstown, New Jersey 08094		City, State, Zip Code Williamstown, New Jersey 08094	
Project Manager for Monitoring Firm Edward Knorr		Telephone No. 856-629-1166	License No. 01086
Start Date (10) 01-17-2018		Scheduled Completion Date (11) 01-19-2018	
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 Other - Describe: _____		Name of OSHA Monitor Quality Environmental Concepts	
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 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		Street Address 1053 North Tuckahoe Road	
City, State, Zip Code Williamstown, New Jersey 08094			
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)
Basement		Ductwork	
		thin paper/cloth	90sf
		insulation wrap	
Name of Registered Waste Hauler Quality Environmental Concepts	NJDEP Waste Hauler ID No. 19710	Cubic Yards of Waste 4cy 2cy	Name of Registered Landfill Salern County Landfill
City, State Williamstown, New Jersey		Disposal Date	City, State Alloway, Salern County, NJ
Completed by Edward Knorr	Title Vice President	Signature <i>[Signature]</i>	Date 01-15-2018

MAP 13 2018

CL 8043

PAID

EXL-10 DAY

TV

Print Form

Emergency Request

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

Check # 8002

Date of Notification (1) 01-15-2018		Name of Building Owner/Operator (2) Jeffrey Boerum						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address c/o [REDACTED] City, State, Zip Code Pine Hill, New Jersey 08021 Name of Contact Jeff Boerum Telephone Number [REDACTED]						
Name of Facility Where Abatement is Taking Place (3) Residential Dwelling (rental)		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 1100						
City (5) Pine Hill		# of Floors 1						
County (6) Camden		Bldg. Age 52 yrs						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) residential						
Name of Monitoring Firm Hired by Building Owner (8) Quality Environmental Concepts		Name of Abatement Contractor (9) Quality Environmental Concepts						
Street Address 1053 North Tuckahoe Road		Street Address 1053 North Tuckahoe Road						
City, State, Zip Code Williamstown, New Jersey 08094		City, State, Zip Code Williamstown, New Jersey 08094						
Project Manager for Monitoring Firm Edward Knorr		Telephone No. 856-629-1166						
Telephone No. 856-629-1166		License No. 01086						
Start Date (10) 01-17-2018		Scheduled Completion Date (11) 01-19-2018						
Name of OSHA Monitor Quality Environmental Concepts								
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 1053 North Tuckahoe Road						
		City, State, Zip Code Williamstown, New Jersey 08094						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥280 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement			Ductwork					
			thin paper/cloth	90sf	X			
			insulation wrap					
Name of Registered Waste Hauler Quality Environmental Concepts		NJDEP Waste Hauler ID No. 19710		Cubic Yards of Waste 4cy 2cy		Name of Registered Landfill Salem County Landfill		
City, State Williamstown, New Jersey		Disposal Date		City, State Alloway, Salem County, NJ				
Completed by Edward Knorr		Title Vice President		Signature E. Knorr		Date 01-15-2018		

RECEIVED
MAP 13 2018