

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

**RECEIVED**

CK2889

**PAID**

MAR 14 2019

Date of Notification (1) 03/08/19		Name of Building Owner/Operator (2) James Moran							
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code Ridgewood, NJ 07450							
		Name of Contact James Moran	Telephone Number 1 _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Ridgewood		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.	Name of Abatement Contractor (9) Academy Construction Inc						
Street Address		Street Address 205 Route 46 Suite 14							
City, State, Zip Code		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973 832 4244	License No. 01379						
Start Date (10) 03/20/19	Scheduled Completion Date (11) 03/27/19	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe insulation	100lf	x		x	
Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Totowa NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Filip Geleski		Title Supervisor	Signature <i>Filip Geleski</i>	Date 03/08/19					

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

Date of Notification (1)

3/11/2019

Name of Building Owner/Operator (2)

Mary Ellen Geanarias

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial

Notification

☐ Amended

Notification

☐ EMERGENCY☐ Cancellation

Street Address

City, State, Zip Code

West Orange, NJ, 07052

Name of Contact

Mary Ellen Geanarias

Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Mary Ellen Geanarias

Street Address

City

West Orange

County

Essex

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

03 21 19

Month Day Year

Sched. Completion Date (11)

03 23 19

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»☐ Other - Describe: «Other Occupancy Descript»

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf☐ >160 sf or >260 lf☒ Renovation☐ Demolition☐ Full Containment with Negative Pressure☒ Mini-Enclosure☒ Glovebag Procedure☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
Basement			X	Pipe Insulation	10 LF	X			

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste

Hauler ID No.  
17040Cubic Yards  
of Waste .5

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

03/25/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

Date

3/11/2019



CK 110545 PAID

Check # 16545

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

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MAR 14 2019

Date of Notification (1)

3/11/2019

Name of Building Owner/Operator (2)

Michael Seidmon

Agencies Notified

[ ] EPA

[ ] DEP

[X] DOL

[X] DOH

[ ] DCA

Type Notification

[X] Initial Notification

[ ] Amended Notification

[ ] EMERGENCY

[ ] Cancellation

Street Address

City, State, Zip Code

Bloomfield, NJ, 07003

Name of Contact

Michael Seidmon

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Michael Seidmon

Type of Facility (4)

[ ] School (K-12)

[ ] Subchapter 8 (Other than K-12)

[X] Other (i.e., private & commercial buildings, homes, etc.)

Street Address

City

County

County Code (7)  
(STATE USE ONLY)

Bloomfield

Essex

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

Street Address

86 Christopher St.

City, State, Zip Code

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number  
N/A

Telephone Number

(973) 744-8800

License Number  
00371

Scheduled Start Date (10)

03 20 19

Sched. Completion Date (11)

03 22 19

Month Day Year

Month Day Year

Occupancy Status During Abatement (Check only one)

[X] Facility Closed/Vacated During Entire Period of Abatement

[ ] Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»

[ ] Other - Describe: «Other Occupancy Descript»

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

[X] >3 sf or >3 lf

[ ] >160 sf or >260 lf

[X] Renovation

[ ] Demolition

[ ] Full Containment with Negative Pressure

[X] Mini-Enclosure

[X] Glovebag Procedure

[ ] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)  
TO BE ABATED  
In Facility  
(13)

Is Location Normally Used Solely By Maintenance/Custodial Staff (12)

Yes No N/A

Description of Asbestos-Containing Material (ACM)  
(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type  
REMOVAL REPAIR ENCLOSURE

Basement

X

Pipe Insulation

25 LF

X

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.  
17040

Cubic Yards of Waste 1.0

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

03/22/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

Date

3/11/2019



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MAR 14 2019

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

Date of Notification 0   2   2   6   1   9			Name of Building Owner/Operator MACY'S CORPORATE SERVICES		
Agencies Notified USEPA X DEP X DCA/DOL X DOH		Type of Notification Initial Notification X Amended 1 Cancellation EMERGENCY		Street Address 7 WEST SEVENTH STREET	
				City, State, Zip Code CINCINNATI, OHIO 45202	
Name of Contact Ralph Coppola				Telephone Number 973-265-9763	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place MACY'S STORE - Menlo Park Mall			Type of Facility ( ) School (K-12) ( ) Sub-Chapter 8 (Other than K-12) ( X ) Other (I.e. private & Commercial buildings, homes, etc.)		
Street Address 275 PARSAONAGE ROAD			SF of Bldg. 1 MILLION +SF		# Floor 3
City EDISON, NJ	County UNION	County Code State use Only	Age of Bldg. 50+		
Name of Monitoring Firm Hired by Building Owner PENNONI ASSOICATES			ASCM No.		
Street Address 24 COMMERCE ROAD			Name of Abatement Contractor ACM CONSULTING CORP.		
City, State, Zip Code NEWARK, NJ 07102			Street Address 2150 STANLEY TERRACE		
Project Manager for Monitoring Firm TO BE DETERMINED			Telephone No. TO BE DETERMINED		License Number 00575
Scheduled Start Date 2 27 2019		Scheduled Completion Date 3 29 2019		Name of OSHA Monitor EMSL ANALYTICAL	
Month Day Year		Month Day Year		Street Address 307 WEST 38TH STREET	
Occupancy Status During Abatement (Check Only One) X Facility Closed/Vacated During Entire Period of Abatement X Abatement Outside Normal Facility Hours Describe: 9:30PM TO 7:00AM Other - Describe: _____				City, State, Zip Code NEW YORK, NY 10118	
Scope of Work (Check Only One) Demolition X >3sf or >3lf X ≥ 160sf or ≥ 260lf Renovation			Abatement Method Full Containment with Negative Pressure Mini-Enclosure X Glovebag Procedure Non-Friable Procedure		
Location of ACM Facility		Is Location Normally Used by Custodial Staff Yes NO N/A		Description of ACM to be Removed	
GROUND FLOOR CONSTRUCTION AREA				FLOOR TILE	
1st Floor LUGGAGE AND LINENS				VAT & Mastic	
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste ID No. SW1896		Cubic Yds waste TBD	
City, State BRONX, NY		Disposal Date TBD		Name of Registered Landfill MINERVA ENTERPRISES, INC	
Completed By (Print or Type) Regina Smolar		Title GENERAL MANAGER		Signature Regina Smolar	
				Date 3/8/2019	



CK 455020

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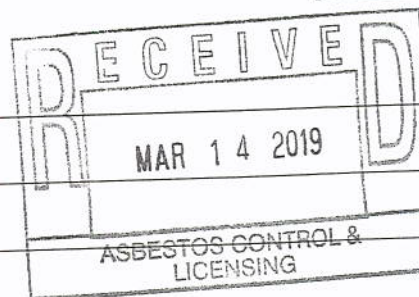
MAR 14 2019

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

Date of Notification 0   3   0   8   1   9			Name of Building Owner/Operator Bloomingdales Inc		
Agencies Notified USEPA X DEP X DCA/DOL X DOH			Type of Notification X Initial Notification Amended Cancellation		
Street Address 504 Broadway			City, State, Zip Code New York, NY 10012		
Name of Contact Ralph Coppola			Telephone Number 973-265-9763		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place Bloomingdales Shops at Riverside			Type of Facility ( ) School (K-12) ( ) Sub-Chapter 8 (Other than K-12) ( X ) Other (I.e. private & Commercial buildings, homes, etc.)		
Street Address 390 Hackensack, NJ 07601			SF of Bldg. 1 MILLION +SF		
City EDISON, NJ			# Floor 3		
County UNION			Age of Bldg. 50+		
County Code State use Only			Current Use (prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner PENNONI ASSOICATES			Name of Abatment Contractor ACM CONSULTING CORP.		
Street Address 24 COMMERCE ROAD			Street Address 2150 STANLEY TERRACE		
City, State, Zip Code NEWARK, NJ 07102			City, State, Zip Code UNION, NJ 07083		
Project Manager for Monitoring Firm TO BE DETERMINED			Telephone Number 908-687-1008		
Telephone No. TO BE DETERMINED			License Number 00575		
Scheduled Start Date 3 18 2019			Name of OSHA Monitor EMSL ANALYTICAL		
Scheduled Completion Date 3 29 2019			Street Address 307 WEST 38TH STREET		
Month Day Year			City, State, Zip Code NEW YORK, NY 10118		
Occupancy Status During Abatement (Check Only One) X Facility Closed/Vacated During Entire Period of Abatement X Abatement Outside Normal Facility Hours Describe: 9:30PM TO 7:00AM Other - Describe:			Abatement Method Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Friable Procedure X		
Scope of Work (Check Only One) Demolition >3sf or >3lf X ≥ 160sf or ≥ 260lf Renovation			Abatement Method		
Location of ACM Facility			Is Location Normally Used by Custodial Staff		
1st FLOOR - OLD STOCKROOM			Yes NO N/A		
Description of ACM to be Removed			Amount to be Removed (Specify SF/LF)		
100SF			100SF		
Abatement Type			Rem. Rep. Enc. Encl.		
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.			NJDEP Waste ID No. SW1896		
City, State BRONX, NY			Cubic Yds waste TBD		
Disposal Date TBD			Name of Registered Landfill MINERVA ENTERPRISES, INC		
City, State of Registered Landfill WAYNESBURG, OHIO			Signature Regina Smolar		
Completed By (Print or Type) Regina Smolar			Date 3/8/2019		



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



Date of Notification (1) 3/5/2019		Name of Building Owner/Operator (2) Greg Baker							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Whitehouse Station, NJ 08889							
Name of Contact Greg Baker		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Greg Baker's 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	# of Floors						
City (5) Whitehouse Station, NJ 08889		Bldg. Age							
County (6) Hunterdon	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) MKD Property Maintenance LLC							
City, State, Zip Code		Street Address 105 Van Riper Avenue							
Project Manager for Monitoring Firm		Telephone No. 201-899-9008	License No. 01336						
Start Date (10) 3/20/2019	Scheduled Completion Date (11) 4/15/2019	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	140 LF	X			
Name of Registered Waste Hauler MKD Property Maintenance LLC		NJDEP Waste Hauler ID No. 0037991_		Cubic Yards of Waste 1YD	Name of Registered Landfill Waste Management - Fairless Landfill				
City, State Clifton NJ		Disposal Date		City, State Morrisville, PA 19067					
Completed by Darko Raloski		Title Project Manager		Signature 		Date 03/05/2019			

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



Project #

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

Check # 4577

Date of Notification (1)  
03/08/2019

Name of Building Owner/Operator (2)  
Beth Davis

## Agencies Notified

- ☐
- EPA
- 
- ☐
- DEP
- 
- ☐
- DOL
- 
- ☐
- DOH
- 
- ☐
- DCA

## Type Notification

- ☒
- Initial
- 
- ☐
- Amended
- 
- ☐
- Amendment #
- 
- ☐
- Emergency (including justification)
- 
- ☐
- Cancellation

## Street Address

City, State, Zip Code

Randolph, NJ 07869

## Name of Contact

Beth Davis

Telephone Number

MAR 14 2019

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Residence

Street Address

City (5)

Randolph, NJ 07869

County (6)

Morris

County Code (7)

(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Nick Restoration LLC

Street Address

Street Address

72 Brookside Rd

City, State, Zip Code

City, State, Zip Code

Randolph, NJ 07869

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

973933-2550

License No.

01358

Start Date (10)

03/19/2019

Scheduled Completion Date (11)

03/21/2019

Name of OSHA Monitor

IRIS

Occupancy Status During Abatement (Check Only One)

- ☒
- Facility Closed/Vacated During Entire Period of Abatement
- 
- ☐
- Abatement Performed Outside of Normal Facility Hours
- 
- ☐
- Other - Describe:

Street Address

2333 Rt 22 West

City, State, Zip Code

Union, NJ 07083

Scope of Work (Check All That Apply)

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

- ☐
- Renovation
- 
- ☐
- Demolition

- ☐
- Full Containment with Negative Pressure
- 
- ☐
- Mini-Enclosure
- 
- ☐
- Glovebag Procedure
- 
- ☐
- Non-Exempted (\*) and Non-Friable Procedure

Location of  
Asbestos-Containing Material (ACM)  
TO BE ABATED  
In Facility  
(13)

Is Location  
Normally  
Used Solely by  
Maintenance/  
Custodial Staff?  
(12)

Yes No N/A

Description of  
Asbestos Containing Material (ACM)  
(i.e. thermal systems insulation,  
surfacing, VAT, or  
other miscellaneous)

Amount  
(Specify  
SF or LF)

Abatement Type

Removal Repair Encapsulate Enclosure

Attic area

X

Transit Pipe wrap&amp;encapsulate 5 LF

X

Name of Registered Waste Hauler

Nick Restoration LLC

NJDEP Waste  
Hauler ID No.  
0033782

Cubic Yards  
of Waste  
TBD

Name of Registered Landfill

G.R.O.W.S

City, State

Randolph, NJ

Disposal Date

TBD

City, State

Tullytown, Pa

Completed by

Nikica Mrda

Title

President

Signature



Date

03/08/2019




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

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MAR 14 2019

Date of Notification (1) <b>03 / 11 / 19</b>		Name of Building Owner/Operator (2) <b>Arlene Lombardi</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <b>Fairfield, NJ 07004</b> Name of Contact <b>Arlene Lombardi</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Lombardi Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>Fairfield</b>		Square Feet <b>1,981</b>	# of Floors <b>2</b>						
		Bldg. Age <b>57</b>							
County (6) <b>Essex</b>		County Code (7) (STATE USE ONLY)							
		Current Use (Prior if being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Management &amp; Enviro. Consulting Services</b>		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>							
Street Address <b>PO Box 341</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Chesterfield, NJ 08515</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Bill Weisgarber</b>		Telephone No. <b>609-298-4070</b>	License No. <b>00842</b>						
Start Date (10) <b>03 / 20 / 19</b>		Scheduled Completion Date (11) <b>03 / 22 / 19</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Lower Level Living Room &amp; Hallway</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor Tile</b>	<b>274 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>		Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Freehold, NJ</b>		Disposal Date <b>03/22/2019</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Christina Lynch</b>		Title <b>Vice President of Operations</b>		Signature 			Date <b>3/11/19</b>		



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MAR 14 2019

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

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CK4709

Date of Notification (1) <b>3-7-19</b>		Name of Building Owner/Operator (2) <b>CLARKE EDWARDS</b>	
Ages/ies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code <b>OCEAN CITY N.J.</b>	
Name of Contact <b>CLARKE</b>		Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <b>1500</b>	
City (5) <b>OCEAN CITY</b>		# of Floors <b>2</b>	
County (6) <b>CAPE MAY</b>		Bldg. Age <b>50+</b>	
County Code (7) (STATE USE ONLY) <b>CAPE MAY</b>		Current Use (Prior if being demolished) <b>VACANT</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No. _____	
Street Address _____		Name of Abatement Contractor (9) <b>KLEWCO INC</b>	
City, State, Zip Code _____		Street Address <b>369 S. SPRUCE AVE</b>	
Project Manager for Monitoring Firm _____		City, State, Zip Code <b>MAPLE SHADE N.J. 08052</b>	
Telephone No. _____		Telephone No. <b>856-779-0472</b>	
Start Date (10) <b>3-17-19</b>		License No. <b># 01371</b>	
Scheduled Completion Date (11) <b>3-27-19</b>		Name of OSHA Monitor <b>N/A</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____	
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		City, State, Zip Code _____	
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		Abatement Type	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Amount (Specify SF or LF)	
<b>SIDING</b>		<b>TRANSITE</b>	
		<b>1000 SF</b>	
Name of Registered Waste Hauler <b>KLEWCO INC</b>		Cubic Yards of Waste <b>4</b>	
City, State <b>MAPLE SHADE N.J.</b>		Name of Registered Landfill <b>C.M.C.M.W.A</b>	
Disposal Date _____		City, State <b>WOODBINE N.J.</b>	
Completed By <b>MICHAEL KLEWCO</b>		Signature <b>[Signature]</b>	
Title <b>PRES</b>		Date <b>3-7-19</b>	



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

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Date of Notification (1) 03 / 11 / 19		Name of Building Owner/Operator (2) Paul Nagy							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Dunellen, NJ 08812 Name of Contact Paul Nagy Telephone Number 							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Dunellen, NJ 08812 County (6) Middlesex		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470	Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470						
Project Manager for Monitoring Firm Telephone No.		Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 03 / 20 / 19		Scheduled Completion Date (11) 03 / 21 / 19							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N.Jevtic</i>		Date 03/11/19				

ASB-41

MAY 11

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



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

CK 5004

Date of Notification (1) 3/11/19		Name of Building Owner/Operator (2) MR RAFAAT MUSTAFA		RECEIVE	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]		City, State, Zip Code CLIFTON, NJ. 07015	
		Name of Contact MR MUSTAFA		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) MR RAFAAT MUSTAFA			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) CLIFTON			Square Feet 2100	# of Floors 2	Bldg. Age 1945
County (6) PASSAIC		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) Best Removal Inc		
Street Address			Street Address 450 South River St		
City, State, Zip Code			City, State, Zip Code Hackensack, N.J. 07601		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-329-7444	License No. 00388	
Start Date (10) 3/21/19	Scheduled Completion Date (11) 3/22/19		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 S. Hackensack, N.J. 07606		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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) BASEMENT	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) 130 SF
	Yes	No	N/A		
				VAT	
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 1/2	Name of Registered Landfill Minerva Enterprises, LLC	
City, State Hackensack, N.J. 07601		Disposal Date 3/22/19	City, State Waynesburg, Oh, 44688		
Completed by J. Maiorano	Title Estimator	Signature [Signature]		Date 3/11/19	

ASB-41

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OK 2037

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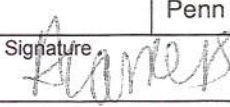
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

MAR 14 2019

Date of Notification (1) 03/07/2019		Name of Building Owner/Operator (2) Bergen County Technical Schools & Special Services							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 327 East Ridgewood Ave City, State, Zip Code Paramus NJ 07652 Name of Contact Jodice Thomas Telephone Number 201-343-6000					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bergen County Academy Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 200 Hackensack Ave			Square Feet						
City (5) Hackensack NJ			# of Floors						
County (6) Bergen			Bldg. Age						
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Technical School						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc.		ASCM No.		Name of Abatement Contractor (9) DYV Enterprises LLC					
Street Address 1253 N Church St		Street Address 28 Lisa Lane		City, State, Zip Code Lincoln Park					
City, State, Zip Code Moorestown NJ 08057		City, State, Zip Code Lincoln Park		City, State, Zip Code Paterson NJ 07502					
Project Manager for Monitoring Firm Michael R Stocku		Telephone No. 8568408800		License No. 01129					
Start Date (10) 03/30/2019		Scheduled Completion Date (11) 03/31/2019		Name of OSHA Monitor Marcelo Avila					
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 254 Cumberland Ave							
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 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
Lower level utility room 028a			x	glue dots	35 SF			x	
Name of Registered Waste Hauler DYV Enterprises LLC		NJDEP Waste Hauler ID No. 0034140		Cubic Yards of Waste 20 cy		Name of Registered Landfill TRRF Waist Managment			
City, State Lincoln Park NJ		Disposal Date 02-28-18		City, State Tullytown PA 19007					
Completed by Dorian Carpio		Title Manager		Signature Dorian Carpio		Date 03/07/2019			



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

Date of Notification (1) 3/4/19		Name of Building Owner/Operator (2) Residence		MAR 14 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Rutherford, NJ 07070 Name of Contact Vince Mamome Telephone Number 					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]				Square Feet 2248 # of Floors 2 Bldg. Age 104					
City (5) Rutherford		County (6) Bergen		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.		Name of Abatement Contractor (9) Brinks Tank Services					
Street Address PO Box 354		City, State, Zip Code South Orange, NJ 07079		Street Address 1256 Liberty Avenue City, State, Zip Code Hillside, NJ 07205					
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666		Telephone No. 844-462-7465 License No. 01316					
Start Date (10) 3/20/19		Scheduled Completion Date (11) 4/5/19		Name of OSHA Monitor A. Seine Lighthouse Solutions					
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 354 City, State, Zip Code South Orange, NJ 07079					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Wrap	100 LF	X			
Basement		X		Floor Tile	300 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste		Name of Registered Landfill Waste Management Landfill			
City, State East Orange, NJ				Disposal Date		City, State Penn Argyle, PA			
Completed by Alison Lamers		Title Office Manager		Signature 		Date 3/5/19			



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

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Date of Notification (1) 3/4/19		Name of Building Owner/Operator (2) Residence	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union, NJ 07083	
		Name of Contact Ken Mueller	Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Union	Square Feet 4,791	# of Floors 2	Bldg. Age 51
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services	
Street Address PO Box 354		Street Address 1256 Liberty Avenue		
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205		
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	Telephone No. 844-462-7465	License No. 01316
Start Date (10) 03/20/19	Scheduled Completion Date (11) 4/5/19	Name of OSHA Monitor A. Seine Lighthouse Solutions		
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 354		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code South Orange, NJ 07079		

Scope of Work (Check All That Apply)				
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> 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) <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 Wrap	70 LF	X			

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill	
City, State East Orange, NJ		Disposal Date		City, State Penn Argyle, PA	
Completed by Alison Lamers		Title Office Manager	Signature <i>Alison Lamers</i>	Date 3/5/19	

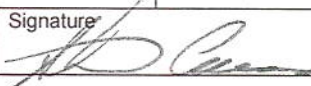


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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 03/11/2019		Name of Building Owner/Operator (2) The Chemours Company		MAR 14 2019					
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		1007 Market Street					
				City, State, Zip Code Wilmington, DE 19899					
		Name of Contact Jim Lacey		Telephone Number [REDACTED]					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Chemours Chamber Works Facility - Bldg J94				Type of Facility (4)					
Street Address Canal Road				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Deepwater				Square Feet 1500	# of Floors 1				
				Bldg. Age 50+					
County (6) Salem		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Chemical Plant					
Name of Monitoring Firm Hired by Building Owner (8) Harvard Environmental Inc.		ASCM No. _____		Name of Abatement Contractor (9) Brandenburg Industrial Service Company					
Street Address 760 Pulaski Highway				Street Address 2217 Spillman Drive					
City, State, Zip Code Bear, DE 19701				City, State, Zip Code Bethlehem, PA 18015					
Project Manager for Monitoring Firm JT Morrison		Telephone No. 302-326-2333		Telephone No. 610-691-1800	License No. 00721				
Start Date (10) 3/25/2019		Scheduled Completion Date (11) 04/11/19		Name of OSHA Monitor Brandenburg					
Occupancy Status During Abatement (Check Only One)				Street Address 2217 Spillman Drive					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: DEMO - 04/15/19-4/25/19				City, State, Zip Code Bethlehem PA 18015					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
J94			X	Floor Tile/Mastic	560 SF	X			
J94			X	Roofing	1040 SF	X			
J94			X	Pipe Insulation	180 LF	X			
J94			X	Window Glazing	130 LF	X			
Name of Registered Waste Hauler Brandenburg Industrial Service Company		NJDEP Waste Hauler ID No. 21838		Cubic Yards of Waste 90	Name of Registered Landfill Salem Cty Landfill/Chemours Onsite				
City, State Bethlehem, PA				Disposal Date 3/25/19-4/15/19	City, State Alloway Twnship/Deepwater NJ				
Completed by Stephen Carne		Title Environmental Manager		Signature 		Date 3/11/2019			



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

Check # 25814

CK25814

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MAR 14 2019

Date of Notification (1) 3/12/2019		Name of Building Owner/Operator (2) Loeb							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Glassboro, NJ 08028							
		Name of Contact Helen Loeb	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Pennington, NJ 08534		Square Feet 2400	# of Floors 2						
County (6) Gloucester		Bldg. Age 90 +/-							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.							
Street Address PO Box 341		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
City, State, Zip Code Chesterfield, NJ 08515		Street Address PO Box 322							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	Telephone No. 609 259-9688						
License No. 00493									
Start Date (10) 3/22/2019	Scheduled Completion Date (11) 4/5/2019	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: 8 am to 4 pm		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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		Thermal Pipe Insulation	180 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ		Disposal Date 4/5/2019		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager	Signature			Date 3/12/2019			



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

Check # 25815

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Date of Notification (1) 3/12/2019		Name of Building Owner/Operator (2) Johnson							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Tinton Falls, NJ 07724							
		Name of Contact Gregory Johnson	Telephone Number						
<b>FACILITY INFORMATION</b>									
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) Tinton Falls, NJ 07724		Square Feet 2400	# of Floors 2						
County (6) Monmouth		Bldg. Age 50 +/-							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.							
Street Address PO Box 341		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
City, State, Zip Code Chesterfield, NJ 08515		Street Address PO Box 322							
Project Manager for Monitoring Firm Bill Weisgarber		City, State, Zip Code Allentown, NJ 08501	Telephone No. 609 259-9688						
Telephone No. 609 298-4070		License No. 00493							
Start Date (10) 3/22/2019	Scheduled Completion Date (11) 3/29/2019	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 am to 4 pm		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st fl. Hallway, Closet, 1/2 bath		X		Grout	80 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ		Disposal Date 4/5/2019		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager	Signature [Signature]	Date 3/12/2019					



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

MAR 14 2019

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CK4709

Date of Notification (1) <b>3-7-19</b>		Name of Building Owner/Operator (2) <b>CLARKE EDWARDS</b>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: _____ City, State, Zip Code: <b>OCEAN CITY N.J.</b> Name of Contact: <b>CLARKE</b> Telephone Number: _____						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address: _____		Square Feet: <b>1500</b> # of Floors: <b>2</b> Bldg. Age: <b>SD</b> City (5): <b>OCEAN CITY</b>						
County (6) <b>CAPE MAY</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>VACANT</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Name of Abatement Contractor (9) <b>KLEWCO INC</b>						
Street Address: _____		Street Address: <b>369 S. SPRUCE AVE</b>						
City, State, Zip Code: _____		City, State, Zip Code: <b>MAPLE SHADE N.J. 08052</b>						
Project Manager for Monitoring Firm		Telephone No. <b>856-779-0472</b>	License No. <b># 01371</b>					
Start Date (10) <b>3-17-19</b>	Scheduled Completion Date (11) <b>3-22-19</b>	Name of OSHA Monitor <b>N/A</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address: _____ City, State, Zip Code: _____						
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>SIDING</b>			<b>X</b>	<b>1000 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>KLEWCO INC</b>		NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>C.M.C.M.W.A</b>				
City, State <b>MAPLE SHADE N.J.</b>		Disposal Date	City, State <b>WOODBINE N.J.</b>					
Completed By <b>MICHAEL KLEWCO</b>		Title <b>PRES</b>	Signature <i>[Signature]</i>	Date <b>3-7-19</b>				



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

MAR 14 2019

CK47109 PAID

Date of Notification (1) <u>3-7-19</u>		Name of Building Owner/Operator (2) <u>REUTER CONSTRUCTION</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>959 N. BEECHAM RD</u>		City, State, Zip Code <u>WILLIAMSTOWN N.J. 08094</u>	
Name of Contact <u>JOHN</u>		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <u>1500</u>	
City (5) <u>OCEAN CITY</u>		# of Floors <u>2</u>	
County (6) <u>CAPE MAY</u>		Bldg Age <u>50</u>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>VACANT</u>	

Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.		Name of Abatement Contractor (9) <u>KLEMCO INC</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE</u>		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
City, State, Zip Code		Telephone No. <u>856-779-0472</u>		License No. <u># 01371</u>	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor <u>N/A</u>	

Start Date (10) <u>3-17-19</u>		Scheduled Completion Date (11) <u>3-27-19</u>		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	

Scope of Work (Check all that apply)

<input type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >160 sf or >260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1750 SF</u>	<u>X</u>			

Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>		Cubic Yards of Waste <u>4</u>		Name of Registered Landfill <u>C. MACMUA</u>	
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date		City, State <u>WOODBINE N.J.</u>		Signature <u>[Signature]</u>	
Completed By <u>MICHAEL KUMM</u>		Title <u>PRES</u>		Date <u>3-7-19</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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Date of Notification (1) <b>3-7-19</b>		Name of Building Owner/Operator (2) <b>EARTHTECH CONTRACTING</b>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>155 RT 50</b>					
		City, State, Zip Code <b>GREENFIELD N.J. 08230</b>					
		Name of Contact <b>BRUCE</b>	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]							
City (5) <b>OCEAN CITY</b>		Square Feet <b>2000</b>	# of Floors <b>2</b>				
		Bldg. Age <b>50+</b>					
County (6) <b>CAPE MAY</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>VACANT</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>	ASCM No.	Name of Abatement Contractor (9) <b>KLEMCO INC</b>					
Street Address		Street Address <b>369 S SPRUCE AVE</b>					
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE N.J. 08052</b>					
Project Manager for Monitoring Firm		Telephone No. <b>856-779-0472</b>	License No. <b>01371</b>				
Start Date (10) <b>3-17-19</b>	Scheduled Completion Date (11) <b>3-27-19</b>	Name of OSHA Monitor <b>N/A</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address					
		City, State, Zip Code					
Scope of Work (Check all that apply)							
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>1250 SF</b>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<b>SIDING</b>		<b>TRANSITE</b>		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>KLEMCO INC</b>	NJDEP Waste Hauler ID No. <b>12904</b>	Cubic Yards of Waste	Name of Registered Landfill <b>C.M.C.M.U.A</b>				
City, State <b>MAPLE SHADE N.J.</b>		Disposal Date	City, State <b>WOODBINE</b>				
Completed By <b>MICHAEL KLOMM</b>	Title <b>SUP.</b>	Signature <b>[Signature]</b>	Date <b>3-7-19</b>				



CK 9181

B &amp; G proj. #:

2019-51

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

Check # 9181

Date of Notification (1) 03/11/19		Name of Building Owner/Operator (2) Dirk Olin & Jane Gilligan Olin	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Maplewood, NJ 07040	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Jane Gilligan Olin	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number 1	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Dirk Olin & Jane Gilligan Olin			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) Maplewood, NJ 07040			County (6) Essex		County Code (7) (State use only)
			Current Use (Prior if being demolished) residential		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address			Street Address 105 Ryerson Road	
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869	
Scheduled Start Date (10) 03/21/2019		Sched. Completion Date (11) 03/22/2019	License Number 00378	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Name of OSHA Monitor B & G Restoration, Inc.	
			Street Address 105 Ryerson Road	
			City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> wrap & cut	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure	

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 03/21/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 03/11/2019



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

B & G proj. #: 2019-52

**PAID**

Check # 9182

Date of Notification (1)

03/11/19

Name of Building Owner/Operator (2)

Joanne Martin

Agencies Notified

- ☒ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

- ☒ Initial  
☐ Amendment  
☐ Cancellation

Street Address

City, State, Zip Code

Morristown, NJ 07960

Name of Contact

Joanne Martin

Telephone Number

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MAR 14 2019

**FACILITY INFORMATION**

Name of facility where abatement is taking place (3)

Joanne Martin

Street Address

Type of Facility (4)

- ☐ School (K - 12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

# of Floors

Bldg. Age

City (5)

Morristown

County (6)

Morris

County Code (7)

(State use only)

Current Use (Prior if being demolished)  
residential

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

n/a

ASCM No.

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

Street Address

105 Ryerson Road

City, State, Zip Code

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Telephone Number

(973)696-6869

License Number

00378

Scheduled Start Date (10)

03/26/2019

Sched. Completion Date (11)

03/28/2019

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

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: \_\_\_\_\_

Scope of Work (check all that apply)

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

- ☐ wrap & cut  
☒ Full Containment w/negative pressure ☐ Glovebag procedure  
☐ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Lower level Rec. Room			<input checked="" type="checkbox"/>	VAT	275 sqft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage			<input checked="" type="checkbox"/>	Duct	165 sqft	<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"/>

Registered Waste Hauler

B & G Restoration, Inc.

NJDEP Hauler ID#

19563

Cubic Yards of Waste

3

Name of Registered Landfill

Grand Central Landfill

City, State

Lincoln Park, NJ

Disposal Date

03/28/2019

City, State

Pen Argyl, PA

Completed by (Print or Type)

Gordana Luna

Title

Secretary/Treasurer

Signature

*Gordana Luna*

Date

03/11/2019



B &amp; G proj. #: 2019-50

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

Check # 9179

Date of Notification (1) 03/07/19		Name of Building Owner/Operator (2) Jerome Brenner	
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"/> Amendment <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Old Tappan, NJ 07675	
		Name of Contact Jerome Brenner	Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Jerome Brenner			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet    # of Floors    Bldg. Age		
City (5) Old Tappan, NJ 07675	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address			Street Address 105 Ryerson Road	
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 03/21/2019	Sched. Completion Date (11) 03/23/2019		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road	
			City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> wrap & cut	<input checked="" type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure
<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure	

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Entire 2nd floor bedroom			<input checked="" type="checkbox"/>	joint compound & sheetrock	525 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 6	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 03/23/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 03/07/2019



OK 11/10/19

PAID

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

RECEIVED  
 MAR 14 2019

Date of Notification (1) 03      /      11      /      19		Name of Building Owner/Operator (2) Muhlenberg Urban Renewal, LLC		MAR 14 2019					
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 #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2 Broad Street, Suite 400 City, State, Zip Code Bloomfield, NJ 07003 Name of Contact Warren Sprake Telephone Number 908-670-5711					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 1200 Randolph Road- Building 4			Square Feet						
City (5) Plainfield			# of Floors						
County (6) Union			Bldg. Age						
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
Street Address P.O. Box 1224		Street Address 27 Outwater Lane		City, State, Zip Code Garfield, NJ 07026					
City, State, Zip Code Union, NJ		Telephone No. 973-494-3762		License No. 1188					
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-928-4888		Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
Start Date (10) 03      /      13      /      19		Scheduled Completion Date (11) 04      /      30      /      19		Street Address 27 Outwater Lane					
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		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input 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
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wet Demo		<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 Bryce Alterio Trucking, Inc.		NJDEP Waste Hauler ID No. 35848		Cubic Yards of Waste As Needed		Name of Registered Landfill Elkrun Rolloff- Containers Inc			
City, State Milesburg, PA		Disposal Date TBD		City, State Rogers, OH					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature Allen Monchik		Date 3/11/19			



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

**RECEIVED**

MAR 14 2019

OK 1600

PAID

Date of Notification (1) 02 / 11 / 19			Name of Building Owner/Operator (2) Muhlenberg Urban Renewal, LLC						
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 #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2 Broad Street, Suite 400 City, State, Zip Code Bloomfield, NJ 07003 Name of Contact Warren Sprake Telephone Number 908-670-5711					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 1200 Randolph Road- Building 15			City (5) Plainfield						
County (6) Union		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
Street Address P.O. Box 1224		City, State, Zip Code Union, NJ		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026					
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762		License No. 1188					
Start Date (10) 03 / 13 / 19		Scheduled Completion Date (11) 04 / 30 / 19		Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wet Demo		<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 Bryce Alterio Trucking Inc		NJDEP Waste Hauler ID No. 35848		Cubic Yards of Waste As Needed	Name of Registered Landfill Elkrun Rolloff- Containers Inc				
City, State Milesburg, PA		Disposal Date TBD		City, State Rogers, OH					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature Allen Monchik		Date 3/11/19			



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

03 / 11 / 19

Name of Building Owner/Operator (2)  
**Muhlenberg Urban Renewal, LLC**

MAR 14 2019

Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2 Broad Street, Suite 400</b>
		City, State, Zip Code <b>Bloomfield, NJ 07003</b>
		Name of Contact <b>Warren Sprake</b>
		Telephone Number <b>908-670-5711</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Commercial</b>	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)
Street Address <b>1200 Randolph Road- Building 16</b>	
City (5) <b>Plainfield</b>	Square Feet # of Floors Bldg. Age
County (6) <b>Union</b>	County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>	ASCM No. Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>
Street Address <b>P.O. Box 1224</b>	Street Address <b>27 Outwater Lane</b>
City, State, Zip Code <b>Union, NJ</b>	City, State, Zip Code <b>Garfield, NJ 07026</b>
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>	Telephone No. <b>973-494-3762</b>
	Telephone No. <b>973-928-4888</b>
	License No. <b>1188</b>
Start Date (10) <b>03 / 13 / 19</b>	Scheduled Completion Date (11) <b>04 / 30 / 19</b>
Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM	Street Address <b>27 Outwater Lane</b>
	City, State, Zip Code <b>Garfield, NJ 07026</b>
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

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

Name of Registered Waste Hauler <b>Bryce Alterio Trucking Inc</b>	NJDEP Waste Hauler ID No. <b>35848</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>Elkrun Rolloff- Containers Inc</b>
City, State <b>Milesburg, PA</b>	Disposal Date <b>TBD</b>	City, State <b>Rogers, OH</b>	
Completed By (Print or Type) <b>Allen Monchik</b>	Title <b>Project Manager</b>	Signature <i>Allen Monchik</i>	Date <b>3/11/19</b>



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

MAR 14 2019

Date of Notification (1) <b>03 / 11 / 19</b>		Name of Building Owner/Operator (2) <b>Muhlenberg Urban Renewal, LLC</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2 Broad Street, Suite 400</b> City, State, Zip Code <b>Bloomfield, NJ 07003</b> Name of Contact <b>Warren Sprake</b> Telephone Number <b>908-670-5711</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Commercial</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <b>1200 Randolph Road- Building 17</b>		Square Feet # of Floors Bldg. Age						
City (5) <b>Plainfield</b>		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)						
County (6) <b>Union</b>		Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>						
Street Address <b>P.O. Box 1224</b>		ASCM No. Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>						
City, State, Zip Code <b>Union, NJ</b>		Street Address <b>27 Outwater Lane</b>						
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>						
Telephone No. <b>973-494-3762</b>		Telephone No. License No. <b>973-928-4888 1188</b>						
Start Date (10) <b>03 / 13 / 19</b>		Scheduled Completion Date (11) <b>04 / 30 / 19</b>						
Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>		Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM						
Street Address <b>27 Outwater Lane</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) 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
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wet Demo	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Bryce Alterio Trucking Inc</b>		NJDEP Waste Hauler ID No. <b>35848</b>		Cubic Yards of Waste <b>As Needed</b>		Name of Registered Landfill <b>Elkrun Rolloff- Containers Inc</b>		
City, State <b>Milesburg, PA</b>		Disposal Date <b>TBD</b>		City, State <b>Rogers, OH</b>				
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature <i>Allen Monchik</i>		Date <b>3/11/19</b>		



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

*OK 1050* **PAID**

**RECEIVED**  
**MAR 14 2019**

Date of Notification (1) <b>03 / 11 / 19</b>		Name of Building Owner/Operator (2) <b>Muhlenberg Urban Renewal, LLC</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2 Broad Street, Suite 400</b>							
		City, State, Zip Code <b>Bloomfield, NJ 07003</b>							
		Name of Contact <b>Warren Sprake</b>	Telephone Number <b>908-670-5711</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Commercial</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>1200 Randolph Road- Building 18</b>		Square Feet	# of Floors						
City (5) <b>Plainfield</b>		Bldg. Age							
County (6) <b>Union</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCM No.	Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>						
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>							
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>	License No. <b>1188</b>						
Start Date (10) <b>03 / 13 / 19</b>	Scheduled Completion Date (11) <b>04 / 30 / 19</b>	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <b>27 Outwater Lane</b>							
		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wet Demo		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Bryce Alterio Trucking</b>		NJDEP Waste Hauler ID No. <b>35848</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>Elkrun Rolloff- Containers Inc</b>					
City, State <b>Milesburg, PA</b>		Disposal Date <b>TBD</b>		City, State <b>Rogers, OH</b>					
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature <i>Allen Monchik</i>		Date <b>3/11/19</b>			

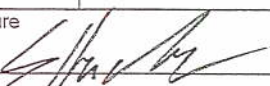


OK 125165

PAID

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

RECEIVED

Date of Notification (1) 03/11/19		Name of Building Owner/Operator (2) Residences at Fort Monmouth LLC		MAR 14 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 77 Park Street City, State, Zip Code Montclair, NJ 07042 Name of Contact Fred Werner Telephone Number (215) 350-9686					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building 259			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 259 Lockwood Avenue			Square Feet						
City (5) Oceanport			# of Floors 1		Bldg. Age				
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) class rooms/offices at Fort					
Name of Monitoring Firm Hired by Building Owner (8) MidAtlantic Engineering		ASCM No.		Name of Abatement Contractor (9) Pow/R/Save inc					
Street Address 5 Commerce Way, Suite 200		Street Address 15 Somerset Place		City, State, Zip Code Clifton, NJ 07012					
City, State, Zip Code Hamilton, NJ 08691		Telephone No. (609) 910-4450		Telephone No. (973) 470-0200					
Project Manager for Monitoring Firm Kevin Shelley		License No. 357							
Start Date (10) 03/25/19		Scheduled Completion Date (11) 04/08/19		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address City, State, Zip Code					
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
throughout			x	mastic	4503 sf	x			
boiler room			x	transite/boards walls & ceiling	245 sf	x			
Name of Registered Waste Hauler ProGreen		NJDEP Waste Hauler ID No. 22051		Cubic Yards of Waste	Name of Registered Landfill Grows north/fairless				
City, State East Brunswick, NJ				Disposal Date	City, State Morrisville, PA				
Completed by Sharon Hendee		Title President		Signature 		Date 3/11/19			