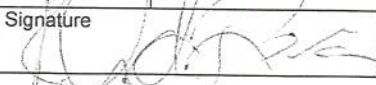


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

CHECK # 25017/25072/25087/25180/5992/5995/25567/25624/311086/6014

Date of Notification (1) 03-22-19		Name of Building Owner/Operator (2) Riverside Square LTD. c/o Simon Property Group							
Agencies Notified	Type Notification	Street Address PO Box 6120							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 9	City, State, Zip Code Indianapolis, IN 46206							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Sam Fattah	Telephone Number 317-640-2272						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) One Riverside Square		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hackensack		Square Feet 859111	# of Floors 2						
County (6) Bergen		Bldg. Age 32 yrs.							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) TRC Solutions, Inc.		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 1430 Broadway, 10th Floor		Street Address 200 Broad Street							
City, State, Zip Code New York, NY 10018		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Arnel Javal		Telephone No. (212) 221-7822	License No. 00756						
Start Date (10) (2)03-13-18		Scheduled Completion Date (11) (8)06-30-19							
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 <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Even-Air Inc.							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address 10-59 Jackson Avenue							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Long Island City, NY 11101							
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement: Restroom			x	Caulking	4SF	x			
1st Floor: Restroom			x	Caulking	12SF	x			
Roof: Entrance Canopy Roof			x	Flashing	360SF	x			
1st & 2nd Floors			x	Wall Tar	6,220SF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH 44688					
Completed by Richard Doran		Title Project Manager		Signature 		Date 03-22-19			

side Square

Pg. 2

[illegible]



CK 94724/0454

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

Print Form

Date of Notification (1) 03/25/2019		Name of Building Owner/Operator (2) Pei Yi Zhang		<div style="border: 1px solid black; padding: 5px; display: inline-block;">DOL - 10 DAY</div>  <div style="border: 1px solid black; padding: 5px; display: inline-block;">TV</div>  <div style="border: 1px solid black; padding: 5px; display: inline-block;">WAIVER APPROVED</div>					
Agencies Notified		Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
City, State, Zip Code Union City, NJ 07087		Name of Contact Pei Yi (Peggy) Zhang							
Telephone Number									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)				Type of Facility (4)					
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Union City				Square Feet 2000	# of Floors 2				
County (6) Hudson				Bldg. Age unknown					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) single-family					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)					
Street Address				Schafer Demo & Environmental Services LLC					
City, State, Zip Code				Street Address 6207 Hudson Ave					
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code West New York, NJ 07093					
Start Date (10) 3-26-19		Scheduled Completion Date (11) 4-3-19		Telephone No. 201-304-3820	License No. 01354				
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input 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
roof		X		roofing	1000SF	X			
floor		X		Floor tile	100SF	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 30	Name of Registered Landfill Conestoga Landfill				
City, State Riverdale, NJ		Disposal Date 4-4-19		City, State Morgantown, PA					
Completed by Dean Schaffer		Title Project Manager		Signature			Date 3-25-19		

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

RECEIVED

MAR 23 2019

Date of Notification (1) 03/20/19		Check # 3342		Name of Building Owner/Operator (2) Christ the King Elementary School					
Agencies Notified		Type Notification		Street Address 239 Woodside Ave					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Newark, NJ, 07104					
				Name of Contact Gambino					
				Telephone Number 609-553-6357					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Christ the King Elementary School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 239 Woodside Ave				Square Feet 20,000+					
City (5) Newark				# of Floors 3					
County (6) Essex				Bldg. Age 50+					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) EA Services					
Street Address N/A		Street Address 426 69th st							
City, State, Zip Code N/A		City, State, Zip Code Guttenberg, NJ, 07093							
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 201-295-1700					
				License No. 01074					
Start Date (10) 03/30/19		Scheduled Completion Date (11) 04/01/19		Name of OSHA Monitor N/A					
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: 8am				Street Address N/A					
				City, State, Zip Code N/A					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Main Hallway		X		Sprayed on Ceiling and Elbows	4 LF		X		
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Enterprise			
City, State Bronx, NY				Disposal Date TBD		City, State Waynesburg, OH			
Completed by Michael Fajardo		Title Office Clerk		Signature <i>mf</i>		Date 03/20/19			



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

RECEIVED

OK 2902

PAID

MAR 26 2019

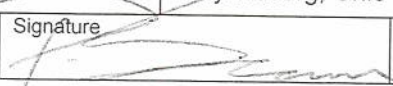
Date of Notification (1) 03/22/19		Name of Building Owner/Operator (2) John J. O'Hanlon							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <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 Greendell, NJ 07839							
		Name of Contact John J. O'Hanlon	Telephone Number [REDACTED]						
<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) Andover		Bldg. Age							
County (6) Sussex	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. 973 832 4244	License No. 01379						
Start Date (10) 04/2/19	Scheduled Completion Date (11) 04/9/19	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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe insulation	100 LF	x		x	
Garage			X	Pipe Insulation	20 LF	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 03/22/19			

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

PAID

CHECK # 3131  
RECEIVED

MAR 26 2019

Date of Notification (1) 3/20/2019		Name of Building Owner/Operator (2) Commercial							
Agencies Notified	Type Notification	Street Address 6001 Tonnelle Ave							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code North Bergen, New Jersey 07047							
		Name of Contact Mr. Bob Stikna	Telephone Number (201) 693-1206						
<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 & commercial buildings, homes, etc.)							
Street Address 6001 Tonnele Ave		Square Feet 155,000	# of Floors 2						
City (5) North Bergen		Bldg. Age 63							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No. _____	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm	Telephone No. _____	Telephone No. (973) 928-5040	License No. 00874						
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1385 Valley Road, Suite K							
		City, State, Zip Code Wayne, New Jersey 07470							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Ground Floor - Storage Room		X		Pipe Insulation	25 LF	X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware			Disposal Date TBD	City, State Waynesburg, Ohio					
Completed by Predrag Sarcev		Title Vice President	Signature 	Date 3/20/2019					



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

OK 55104 PAID

RECEIVED

MAR 26 2019

Date of Notification (1) <b>03 / 21 / 19</b>		Name of Building Owner/Operator (2) <b>Lucretia Cuccia</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>Toms River, NJ 08753</b>							
		Name of Contact <b>Lucretia Cuccia</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Cuccia 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>Toms River</b>		Square Feet <b>2,052</b>	# of Floors <b>2</b>						
		Bldg. Age <b>43</b>							
County (6) <b>Ocean</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Management &amp; Enviro. Consulting Services</b>		ASCM No.							
Street Address <b>PO Box 341</b>		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>							
City, State, Zip Code <b>Chesterfield, NJ 08515</b>		Street Address <b>623 Cutler Avenue</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>04 / 05 / 19</b>	Scheduled Completion Date (11) <b>04 / 09 / 19</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Lower Level</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor Tile and Mastic</b>	<b>530 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>04/09/2019</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Margie Muller</b>		Title <b>Administrative Manager</b>		Signature <i>[Signature]</i>			Date <b>3-21-19</b>		

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

**RECEIVED**  
MAR 26 2019

CK1963

**PAID**

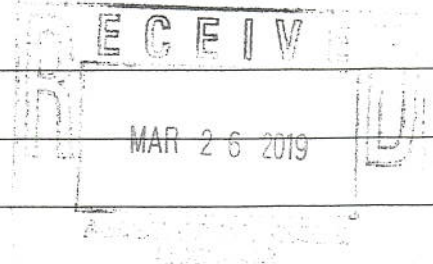
Date of Notification (1) 03-20-19		Name of Building Owner/Operator (2) IBN Construction Corp							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 49 Hermon St. City, State, Zip Code Newark, NJ 07105 Name of Contact Nelson Espinosa Telephone Number (973) 344-4568					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Home				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) Oakland				Square Feet	# of Floors				
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Delfa Contracting LLC.					
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201 216-9603	License No. 01206				
Start Date (10) 04-02-19		Scheduled Completion Date (11) 04-05-19		Name of OSHA Monitor Delfa Contracting LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 522 7th St.					
				City, State, Zip Code Union City NJ 07087					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	400 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 356240		Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Union City, NJ				Disposal Date 04-05-19	City, State Tullytown, PA				
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 03-20-19		



OK 1102

PAID

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



Date of Notification (1) 03-20-19		Name of Building Owner/Operator (2) IBN Construction Corp							
Agencies Notified	Type Notification	Street Address 49 Hermon St.							
<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 Newark, NJ 07105							
		Name of Contact Nelson Espinosa	Telephone Number (973) 344-4568						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Oakland		Square Feet	# of Floors						
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 04-01-19		Scheduled Completion Date (11) 04-04-19							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Delfa Contracting LLC							
Scope of Work (Check All That Apply)		Street Address							
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		522 7th St.							
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code							
<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		Union City NJ 07087							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	240 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 356240	Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 04-05-19		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 03-20-19		

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

CK 1901

PAID

RECEIVED

MAR 26 2019

Date of Notification (1) 03-20-19		Name of Building Owner/Operator (2) IBN Construction Corp							
Agencies Notified	Type Notification	Street Address 49 Hermon St.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07105							
		Name of Contact Nelson Espinosa	Telephone Number (973) 344-4568						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Oakland		Square Feet	# of Floors						
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603						
Start Date (10) 03-30-19		Scheduled Completion Date (11) 04-03-19	License No. 01206						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Delfa Contracting LLC							
<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 522 7th St.							
		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		X		Siding	1700 SF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 356240	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 04-05-19		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 03-20-19		



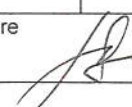
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

CK1960

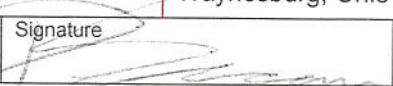
PAID

RECEIVED

MAR 26 2019

Date of Notification (1) 03-20-19		Name of Building Owner/Operator (2) IBN Construction Corp							
Agencies Notified	Type Notification	Street Address 49 Hermon St.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07105							
		Name of Contact Nelson Espinosa	Telephone Number (973) 344-4568						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Oakland		Square Feet	# of Floors						
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603						
			License No. 01206						
Start Date (10) 03-29-19	Scheduled Completion Date (11) 04-01-19	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		X		Siding	800 SF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 356240	Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ			Disposal Date 04-05-19	City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.	Signature 			Date 03-20-19			

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

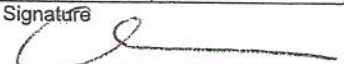
Date of Notification (1) 3/20/2019		Name of Building Owner/Operator (2) WCD Group							
Agencies Notified	Type Notification	Street Address 1350 Broadway, Suite 1904							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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 New York, NY 10018							
		Name of Contact Mr. Michael Garambone	Telephone Number (212) 631-9000						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 4365	# of Floors 3						
City (5) Spring Lake		Bldg. Age 70							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	License No. 00874						
Start Date (10) 4/2/2019	Scheduled Completion Date (11) 4/30/2019	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1385 Valley Road, Suite K							
		City, State, Zip Code Wayne, New Jersey 07470							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Main House		X		Transite Siding	8,000 SF	X			
Main House		X		Roof Shingles & Membrane	4,000 SF	X			
Main House		X		VAT/Mastic	1,400 SF	X			
Main House		X		Plaster	1,000 SF	X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises, LLC				
City, State New Castle, Delaware				Disposal Date TBD	City, State Waynesburg, Ohio				
Completed by Predrag Sarcev		Title Vice President		Signature 		Date 3/20/2019			



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

E C E I V

MAR 26 2019


Date of Notification (1) 3/22/19		Name of Building Owner/Operator (2) Borough of Fairview New Building							
Agencies Notified	Type Notification	Street Address 59 Anderson Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fairview NJ 07022							
		Name of Contact Arthur Senor	Telephone Number 201-624-2137						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Municipal Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 59 Anderson Avenue		Square Feet 1000 +	# of Floors 2						
City (5) Fairview NJ 07022		Bldg. Age 35+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Municipal Building							
Name of Monitoring Firm Hired by Building Owner (8) Remington & Vernick Engineers Inc.		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address 232 Kings Highway East		Street Address PO Box 329							
City, State, Zip Code Haddonfield NJ 08033		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Marco Carulli		Telephone No. 856-795-9595	Telephone No. 856-753-9800						
License No. 00727									
Start Date (10) 4/4/19	Scheduled Completion Date (11) 4/23/19	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address  City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ 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 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)  Roof	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)  50 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Former Police Dep Area			x	Floor Tile	900 SF	x			
1st Fl Rear Stairwell			x	Linoleum	25 SF	x			
Basement			x	Pipe Insulation & Fittings	150 SF	x			
Through-out Building			x	Pipe Insulation & Fittings	475 SF	x			
Name of Registered Waste Hauler Two Brothers Contracting		NJDEP Waste Hauler ID No. 07512	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S.					
City, State Totowa		Disposal Date 4/23/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 3/22/19		



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

RECEIVED

MAR 26 2019

Date of Notification (1) 3/22/19		Name of Building Owner/Operator (2) B&S Partners							
Agencies Notified	Type Notification	Street Address PO Box 1517							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Vineland NJ 08362							
		Name of Contact Jason Iverson	Telephone Number 856-794-4509						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 1601 Atlantic Avenue - Boiler Room		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 1601 Atlantic Avenue		Square Feet 7900	# of Floors 7						
City (5) Atlantic City		Bldg. Age 45+							
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office Building							
Name of Monitoring Firm Hired by Building Owner (8) Strategic Environmental Management, Inc.		ASCM No.	Name of Abatement Contractor (9) Diamond Huntbach Construction Corp.						
Street Address 1634 S Delaware Street		Street Address 500 E Luzerne Street, Unid D							
City, State, Zip Code Paulsboro, NJ 08066		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Ed Keegan		Telephone No. (609) 868-3544	Telephone No. 215-739-8166						
License No. 00646									
Start Date (10) 2/25/19	Scheduled Completion Date (11) 4/17/19	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Open and under full containment Boiler Room</u>		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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			asbestos metal ceiling insulation	175 SF	X			
Boiler Room	X			exterior boiler insulation	250 SF	X			
Boiler Room	X			boiler rope	180 LF	X			
Name of Registered Waste Hauler Services Transport Group		NJDEP Waste Hauler ID No. A901 20990	Cubic Yards of Waste 15	Name of Registered Landfill Minerva Landfill					
City, State Yardley, PA 19067		Disposal Date as needed		City, State Waynesburg, OH 44688					
Completed by Wayne Huntbach		Title Project Manager		Signature 			Date 3/22/19		



Check # 627

**State of New Jersey**  
**Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

OK 621


PAID

RECEIVED

Date of Notification (1) 3/20/2019			Name of Building Owner/Operator (2) Taryn Pahigian		
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled		Street Address [REDACTED]	
				City, State, Zip Code Bayonne, NJ	
				Name of Contact Taryn Pahigian	
				Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Private House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) xOther (i.e. private & commercial buildings., homes, etc.)		
Street Address [REDACTED]			Sq. Feet: # 2,300 of Floors:2 Bldg. Age: 48 years old		
City (5) Bayonne, NJ		County (6) Hudson	County Code (7) (State Use Only)		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			ASCM No.		
Street Address			Name of Contractor (9) BL Contracting Inc.		
City, State, Zip Code			Street Address 5 Marguerite Lane		
			City, State, Zip Code Towaco NJ 07082		
Project Manager for Monitoring Firm		Telephone Number		License Number	
				973-901-0153 01265	
Scheduled Start Date (10) 3/30/ 2019		Scheduled Completion Date (11) 4/6//2019		Name of OSHA Monitoring BL Contracting Inc	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Describe  <input checked="" type="checkbox"/> Other - Describe: Friday-Sunday 7AM-4:30 PM			Street Address 5 Marguerite Lane		
			City, State, Zip Code Towaco, NJ 07082		
Source of Work (Check all that apply)					
<div style="display: flex; justify-content: space-between;"> <div> <math>\geq 3</math> sf or <math>\geq 3</math> lf  <b>X <math>\geq 160</math> sf or <math>\geq 260</math> lf</b> </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glove-bag Procedure  <input checked="" type="checkbox"/> Non-Friable Procedure </div> </div>					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Main/Custodial Staff (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose	
Exterior		Removal transite siding	3,000 SF	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler BL Contracting Inc		NJDEP Waste Hauler ID # 0036784	Cubic Yards of Waste 7	Name of Registered Landfill T.R.R..F	
			Disposal Date 4 8//2019	City, State Tully town, PA	
Completed by (Print or Type) Nedo Vasilic		Title Project Manager	Signature Nedo Vasilic	Date 3/20/2019	

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

RECEIVED

Date of Notification (1) 3/22/2019		Name of Building Owner/Operator (2) CITY OF CAMDEN		MAR 26 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 520 MARKET STREET City, State, Zip Code CAMDEN, NJ 08101 Name of Contact JAMES RIZZO Telephone Number 856-757-7032					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) VACANT BUILDING			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1625 FEDERAL STREET			Square Feet # of Floors Bldg. Age						
City (5) CAMDEN			Current Use (Prior if being demolished)						
County (6) CAMDEN		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.					
Street Address		Street Address 11 VREELAND AVENUE							
City, State, Zip Code		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. _____		License No. 00494					
Start Date (10) 4/1/2019		Scheduled Completion Date (11) 4/22/2019		Name of OSHA Monitor SAME AS (9) ABOVE					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: VACANT				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ 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 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
				BUILDING TO BE DEMOED					
				AS ASBESTOS, DEEMED					
				AS UNSAFE STRUCTURE					
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743		Cubic Yards of Waste 200		Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.			
City, State TOTOWA, NJ				Disposal Date 4/22/2019		City, State MORRISVILLE, PA			
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature 		Date 3/22/2019			



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

OK 3000 PAID

RECEIVED

MAR 26 2019

Date of Notification (1) 03/22/19		Name of Building Owner/Operator (2) MAR 26 2019						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 2320 Hamburg Tpke		City, State, Zip Code Wayne, NJ 07470						
Name of Contact Jean Louis Todeschini		Telephone Number 908-343-1983						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) 2320 Hamburg Turnpike		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Wayne NJ 07470		Square Feet	# of Floors					
County (6) Passaic		Bldg. Age						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) NJ Abatement Services, LLC		ASCM No. ?						
Street Address 199 Chestnut Ridge Road		Name of Abatement Contractor (9) NJ Abatement Services LLC						
City, State, Zip Code Montvale New Jersey 07645		Street Address 199 Chestnut Ridge Road						
Project Manager for Monitoring Firm		Telephone No. 201-962-6500	License No. 01290					
Start Date (10) 04/06/19	Scheduled Completion Date (11) 04/30/19	Name of OSHA Monitor Iris Environmental Laboratories						
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 2333 route 22 west						
		City, State, Zip Code Union NJ 07083						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
ROOF				2,000 SF	X			
FLASHING			X	250 SF	X			
TILES				VAT 1,000 SF	X			
PLASTER WALLS			ACM	7,000 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste .5	Name of Registered Landfill IESI BETHLEHEM LANDFILL				
City, State 369 RAYMOND BLVD, NEWARK NJ 07105			Disposal Date 04/27	City, State BETHLEHEM, PA 18015				
Completed by Lucas Madera		Title SUPERVISOR	Signature		Date 03/22/19			

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

**PAID** **RECEIVED** **MAR 26 2019**

**OK 300**

Date of Notification (1) 03/22/19		Name of Building Owner/Operator (2)						
Agencies Notified	Type Notification	Street Address						
		2320 Hamburg Tpke						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code						
		Wayne, NJ 07470						
		Name of Contact	Telephone Number					
		Jean Louis Todeschini	908-343-1983					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)						
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
2320 Hamburg Turnpike		Square Feet	# of Floors					
City (5) Wayne NJ 07470		Bldg. Age						
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) NJ Abatement Services, LLC	ASCM No. ?	Name of Abatement Contractor (9) NJ Abatement Services LLC						
Street Address		Street Address						
199 Chestnut Ridge Road		199 Chestnut Ridge Road						
City, State, Zip Code		City, State, Zip Code						
Montvale New Jersey 07645		Montvale New Jersey 07645						
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.					
		201-962-6500	01290					
Start Date (10) 04/06/19	Scheduled Completion Date (11) 04/30/19	Name of OSHA Monitor Iris Environmental Laboratories						
Occupancy Status During Abatement (Check Only One)		Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		2333 route 22 west						
		City, State, Zip Code						
		Union NJ 07083						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Glove paneling PIPE WRAP			ACM	400 SF	X			
			ACM	75 LF	X			
Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
Newark Carting	04509	.5	IESI BETHLEHEM LANDFILL					
City, State	Disposal Date	City, State						
369 RAYMOND BLVD, NEWARK NJ 07105	04/27	BETHLEHEM, PA 18015						
Completed by	Title	Signature	Date					
Lucas Madera	SUPERVISOR	LUCAS MADERA	03/22/19					



PAID

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

RECEIVED

MAR 26 2019

CK98 54313478

Date of Notification (1) 03/21/2019		Name of Building Owner/Operator (2) Jean-Marie Mank	
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 Montclair, NJ 07042	
		Name of Contact Jean-Marie Menk	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Montclair		Square Feet N/A	# of Floors N/A
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A
Name of Monitoring Firm Hired by Building Owner (8) N/A		Current Use (Prior if being demolished) House	
Street Address		Name of Abatement Contractor (9) D&S Abatement, Inc.	
City, State, Zip Code		Street Address 11 Rosengren Avenue	
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311
Start Date (10) 04/02/2019	Scheduled Completion Date (11) 04/03/2019	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: occupied		City, State, Zip Code Totowa, NJ 07512	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Abatement Type
		Yes   No   N/A	Removal   Repair   Encapsulate   Enclosure
Basement			X
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD
City, State Totowa, NJ		Disposal Date TBD	Name of Registered Landfill Fairless Landfill
Completed by Ned Joksimovic		Title Project Manager	Signature <i>JN</i>
			Date 03/21/2019

CK 1505109360

PAID

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

RECEIVED

MAR 26 2019

Date of Notification (1) 03/21/2019		Name of Building Owner/Operator (2) Sisters of Saint Joseph of Peace							
Agencies Notified	Type Notification	Street Address 424 West Anderson Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hackensack, NJ 07601							
		Name of Contact Bill Cianci	Telephone Number 973-832-8444						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hackensack		Square Feet N/A	# of Floors N/A						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 04/01/2019		Scheduled Completion Date (11) 04/02/2019	Name of OSHA Monitor D&S Abatement, Inc.						
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	70 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Oliver Hegedis		Title Project Manager	Signature 			Date 03/21/2019			




PAID

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

MAR 26 2019

CK10788

Date of Notification (1) <b>3-20-19</b>		Name of Building Owner/Operator (2) <b>BARRY CALLEBAUT INC. BUILDING B</b>							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>1600 SUCKLE HWY</b>							
		City, State, Zip Code <b>PENNSAUKEN NJ. 08110</b>							
		Name of Contact <b>ANTHONY PAGNOTTI</b>	Telephone Number <b>856-486-9989</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>BARRY CALLEBAUT INC.</b>		Type of Facility (4)							
Street Address <b>1600 SUCKLE HWY</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>PENNSAUKEN</b>		Square Feet <b>NA</b>	# of Floors <b>1</b>						
County (6) <b>CAMDEN</b>		Bldg. Age <b>NA</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>WAREHOUSE</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ATLAS ENV. INSPECT</b>		ASCM No.	Name of Abatement Contractor (9) <b>FRYMAR CONSTRUCTION INC.</b>						
Street Address <b>PO BOX 11645</b>		Street Address <b>PO BOX 11587</b>							
City, State, Zip Code <b>PHILA PA 19116</b>		City, State, Zip Code <b>PHILA PA 19116</b>							
Project Manager for Monitoring Firm <b>BRIAN</b>		Telephone No. <b>267-784-4693</b>	Telephone No. <b>267-784-4694</b>						
License No. <b>01276</b>									
Start Date (10) <b>4-3-19</b>	Scheduled Completion Date (11) <b>4-3-19</b>	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>CONTAINMENT AROUND AREA</b>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>WAREHOUSE FLOOR</b>			<b>✓</b>	<b>TILE</b>	<b>90 SF</b>	<b>✓</b>			
Name of Registered Waste Hauler <b>FRYMAR CONSTRUCTION</b>		NJDEP Waste Hauler ID No. <b>0036759</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>WESTERN BERK C.L.</b>					
City, State <b>PO BOX 11587 PHILA, PA</b>		Disposal Date <b>4-4-19</b>	City, State <b>BIRDSBORO PA</b>						
Completed by <b>EFRAIM DUA</b>		Title <b>V. PRES</b>	Signature 		Date <b>3-20-19</b>				

<div style="border: 1px solid black; width: 200px; height: 20px; margin: 0 auto;"></div>		State of New Jersey <b>NOTIFICATION OF ASBESTOS ABATEMENT</b> (Pursuant to NJAC 8:60 and 12:120)		<div style="border: 1px solid black; padding: 2px;">Check # 4584</div>	
Project # <span style="font-size: 1.5em; font-family: cursive;">OK 4584</span>					
Date of Notification (1) 03/20/2019		Name of Building Owner/Operator (2) ResiPro			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Irvington, NJ 07011 Name of Contact Ramon Anderson	
				Telephone Number <div style="background-color: black; width: 100px; height: 15px;"></div>	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>					
City (5) NJ 070111			Square Feet	# of Floors	Bldg. Age
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		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) 03/30/2019		Scheduled Completion Date (11) 04/01/2019		Name of OSHA Monitor IRIS	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____			Street Address 2333 Rt 22 West City, State, Zip Code Union, NJ 07083		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement area		X		TSI	18 LF
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 03/20/2019



PAID

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

RECEIVED

Date of Notification (1) 03.22.2019		Name of Building Owner/Operator (2) Calixto Santana							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07304							
		Name of Contact Calixto Santana	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1700	# of Floors 2						
City (5) Jersey City, NJ 07304		Bldg. Age 1880							
County (6) Hudson County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Spes Contracting LLC							
Street Address		Street Address 164 Meriline Ave Unit C							
City, State, Zip Code		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-807-6330	License No. 01383						
Start Date (10) 04.01.2019	Scheduled Completion Date (11) 04.02.2019	Name of OSHA Monitor Spes Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 164 Meriline Ave Unit C							
		City, State, Zip Code Woodland Park, NJ 07424							
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)	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
Furnace room - Basement			X	TSI - pipes insulation	120LF	X			
Name of Registered Waste Hauler Spes Contracting LLC		NJDEP Waste Hauler ID No. 0038075	Cubic Yards of Waste 1	Name of Registered Landfill Fairles Landfill					
City, State Woodland Park, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Branislav Pavlov		Title project manager		Signature		Date 03.22.2019			

PAID

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

Check # 1877

Date of Notification (1) <b>March 21, 2019</b>		Name of Building Owner / Operator (2) <b>Steven Brunnert</b>	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Chatham, NJ</b>	
		Name of Contact <b>Steven Brunnert</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, home, etc.)	
Street Address [REDACTED]		Square Feet <b>2,118</b>	# of Floors <b>2</b>
City (5) <b>Chatham</b>		Bldg. Age <b>68 years</b>	
County (6) <b>Morris</b>		Current Use (Prior if being demolished) <b>Residence</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
Street Address		Street Address <b>829 Radio Road</b>	
City, State & Zip Code		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Project Manager for Monitoring Firm		Telephone Number <b>609-296-6916</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>April 2, 2019</b>	Scheduled Completion Date (11) <b>May 9, 2019</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</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"/> Full Containment with Negative Pressure              |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure                            |
|  |                                     | <input type="checkbox"/> Glovebag Procedure                                   |
|  |                                     | <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>		<b>X</b>		<b>Floor Tile/Mastic</b>	<b>215 SF</b>	<b>X</b>			

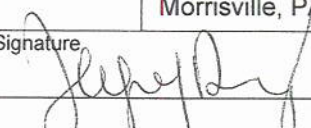
Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>Fairless Hills</b>
City, State <b>Little Egg Harbor, NJ</b>	Disposal Date <b>May 10, 2019</b>	City, State <b>Morrisville, PA</b>	
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>	Date <b>March 21, 2019</b>



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

PAID

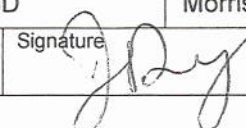
Check # 1086

Date of Notification (1) 03/13/2019		Name of Building Owner/Operator (2) Sophia Lloh							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07112							
		Name of Contact Sophia Lloh	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2352	# of Floors 2						
City (5) Newark		Bldg. Age 1929							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Danvic Contracting LLC						
Street Address		Street Address 240 South 5th Street							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206							
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355						
Start Date (10) 03/15/2019	Scheduled Completion Date (11) 03/22/2018	Name of OSHA Monitor Iris Environmental Laboratories Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	200 LF	X			
Basement			X	Boiler Insulation	80 SF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature 			Date 03/13/2019			

PAID

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

Check # 10818

Date of Notification (1) 03/13/2019		Name of Building Owner/Operator (2) Denis Larkin							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Middleton, NJ 07748							
		Name of Contact Denis Larkin	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2581	# of Floors 2						
City (5) Kearny		Bldg. Age 1915							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Danvic Contracting LLC						
Street Address		Street Address 240 South 5th Street							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206							
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355						
Start Date (10) 03/22/2019	Scheduled Completion Date (11) 03/29/2018	Name of OSHA Monitor Iris Environmental Laboratories Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	200 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature 			Date 03/13/2019			



22.03.2019 07:16 AM A. Mac Contracting

2012620321

RECEIVED  
PAGE. 2/3

MAR 26 2019

Check # 1229  
DOL - TODAY

UK1229 PAID

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

Date of Notification (1)  
3/22/19

Name of Building Owner/Operator (2)  
JAN AND KRISTEN SCHALL

Agencies Notified  
☐ EPA  
☐ DEP  
☐ DOL  
☒ DOH  
☐ DOA

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

Street Address  
[REDACTED]

City, State, Zip Code  
HACKETTSTOWN NJ 07840

Name of Contact  
JAN

Telephone Number  
[REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
SCHALL

Street Address  
[REDACTED]

City (5)  
HACKETTSTOWN

County (6)  
WARREN

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)  
☐ School (K-12)  
☐ Subchapter B (Other than K-12)  
☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet  
1650

# of Floors  
3

Bldg. Age  
40

Current Use (Prior if being demolished)  
APT

Name of Monitoring Firm Hired by Building Owner (8)  
[REDACTED]

ASOM No.  
[REDACTED]

Name of Abatement Contractor (9)  
A. Mac Contracting Inc.

Street Address  
185 Vreeland Ave.

City, State, Zip Code  
Midland Park, NJ 07432

Project Manager for Monitoring Firm  
[REDACTED]

Telephone No.  
[REDACTED]

Telephone No.  
201-262-5541

License No.  
00166

Start Date (10)  
3/22/19

Scheduled Completion Date (11)  
3/29/19

Name of OSHA Monitor  
Omega Environmental Services Inc.

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  
280 Huyler Street

City, State, Zip Code  
Hackensack, NJ 07606

Scope of Work (Check All That Apply)  
☒ a3 of or a3 if  
☐ a160 of or a260 if  
☒ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
KITCHEN			X	VAT	55 SF	X			

Name of Registered Waste Hauler  
Newark Carting Inc.

NJDEP Waste Hauler ID No.  
04509

Cubic Yards of Waste  
1

Name of Registered Landfill  
Grand Central Sanitary Landfill

City, State  
Newark, NJ 07105

Disposal Date  
3/22/19

City, State  
Pen Argyl, PA 08072

Completed by  
R. McDonald

Title  
President

Signature  
R. McDonald

Date  
3/22/19



21.03.2019 07:33 AM A. Mac Contracting

2012620321

PAGE 2/3

DOL - 10 DAY

Check # 1227

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 17:26 and 17:27)

CK 1227 PAID

Date of Notification (1) 3/21/19

Name of Building Owner/Operator (2) M.R. PAPAGEORGE

Agencies Notified: ☒ EPA, ☒ DEP, ☒ DOL, ☒ DCW, ☒ DCA

Type Notification: ☒ Initial, ☐ Amended, ☐ Amendment #, ☒ Emergency (including justification), ☐ Cancellation

Street Address: [REDACTED]

City, State, Zip Code: RIDGEWOOD NJ 07450

Name of Contact: Don Rick

Telephone Number: [REDACTED]

Name of Facility Where Abatement is Taking Place (3) PAPAGEORGE

Street Address: [REDACTED]

City (5) RIDGEWOOD

County (6) BERGEN

County Code (7) (STATE USE ONLY) 02

Type of Facility (4): ☐ School (K-12), ☐ Subchapter S (Other than K-12), ☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Foot: 1850

# of Floors: 2

Bldg. Age: 62

Current Use (Prior if being demolished) RES

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.

Street Address: [REDACTED]

City, State, Zip Code: [REDACTED]

Project Manager for Monitoring Firm: [REDACTED]

Telephone No.: [REDACTED]

Name of Abatement Contractor (9) A. Mac Contracting Inc.

Street Address: 188 Vreeland Ave.

City, State, Zip Code: Midland Park, NJ 07432

Telephone No.: 201-262-5841

License No.: 00166

Start Date (10) 3/21/19

Scheduled Completion Date (11) 3/28/19

Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement, ☐ Abatement Performed Outside of Normal Facility Hours, ☐ Other - Describe: [REDACTED]

Street Address: 290 Huyler Street

City, State, Zip Code: Hackensack, NJ 07606

Scope of Work (Check All That Apply): ☒  $\geq 3$  sf or  $\geq 3$  lf, ☒  $\geq 160$  sf or  $\geq 260$  lf, ☒ Renovation, ☒ Demolition, ☐ Full Containment with Negative Pressure, ☐ Mini-Enclosure, ☐ Glovebag Procedure, ☐ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Other
1st Fl			X	PIPE	8 LF	X			
Basement			X	PIPE	8 LF	X			

Name of Registered Waste Hauler: Newark Carting Inc.

NJDEP Waste Hauler ID No.: 04509

City, State: Newark, NJ 07106

Cubic Yards of Waste: 1

Name of Registered Landfill: Grand Central Sanitary Landfill

City, State: Pen Argyl, PA 08072

Completed by: R. McDonald

Title: President

Signature: R. McDonald

Date: 3/21/19



21.03.2019 09:46 AM A. Mac Contracting

2012620321

E C E I V E

PAGE. 2 / 3  
MAR 26 2019

Check #. 1228

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 17:28 and 17:29)

DOL - 10 DAY


Date of Notification (1) 3/21/19		Name of Building Owner/Owner's (2) MIKE MARTINO								
Agency Requested <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOM <input type="checkbox"/> DCA	Type of Abatement <input type="checkbox"/> Initial <input type="checkbox"/> Remedial <input checked="" type="checkbox"/> Emergency (including justifications) <input type="checkbox"/> Consultation	Street Address [REDACTED]								
City, State, Zip Code RIDGEWOOD NJ 07450		Name of Contact MIKE								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) MARTINO		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address [REDACTED]		Current Use (Other than being demolished) RES								
City, State, Zip Code RIDGEWOOD		Current Post 1800	# of Floors 3							
County (5) BERGEN		County Code (7) (STATE USE ONLY)	Age 62							
Name of Monitoring Firm Hired by Building Owner (6)		Name of Abatement Contractor (8) A. Mac Contracting Inc.								
Street Address		Street Address 185 Vreeland Ave.								
City, State, Zip Code		City, State, Zip Code Midland Park, N.J.								
Project Manager for Monitoring Firm		Telephone No. 201-262-6841	License No. 00156							
Start Date (10) 3/21/19		Scheduled Completion Date (11) 3/28/19								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Omega Environmental Services Inc.								
		Street Address 280 Huyler Street								
		City, State, Zip Code Hackensack, N.J. 07606								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ab of or as it exists at or about		<input type="checkbox"/> Renovation Demolition								
<input type="checkbox"/> Full Containment with Negative Pressure Mini-enclosure Circulating Procedure Non-Permeated CI and Non-Permeable Enclosure										
Location of Asbestos-Containing Material (ACM) to be Abated in Facility (12)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (13)			Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, surfing, VAT, or other miscellaneous)	Amount (Specify lb or lf)	Abatement Type				
	Yes	No	N/A			1	2	3	4	
CRAWL SPACE			X	PIPE	GOLF	X				
Name of Registered Waste Handler Newark Carting, Inc.		RCRA Waste Handler ID No. 04608	Class Year of Waste 1	Name of Registered Landfill Grand Central Sanitary Landfill						
City, State Newark, N.J. 07105		Disposal Date 3/21/19		City, State Pen Argyl, PA 08072						
Completed by R. McDonald		Title President		Signature [Signature]				Date 3/21/19		



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

**CK 12397 PAID**

**RECEIVED**  
MAR 26 2019

Date of Notification (1) 03/23/2019		Name of Building Owner/Operator (2) Adria Kesselman							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Boonton, NJ 07005  Name of Contact Adria Kesselman							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Boonton		Square Feet N/A	# of Floors N/A						
County (6) Morris		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685						
Start Date (10) 04/03/2019		Scheduled Completion Date (11) 04/04/2019	License No. 01311						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor D&S Abatement, Inc.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	80 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 03/23/2019			



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

MAR 26 2019

Date of Notification (1) <b>03 / 21 / 19</b>		Name of Building Owner/Operator (2) <b>Jacobs Demolition</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>P O Box 9</b> City, State, Zip Code <b>Manasquan, NJ 08736</b> Name of Contact <b>Linda</b>	
		Telephone Number <b>732-528-3800</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) <b>Belmar</b>		Square Feet <b>1800 sf</b>	# of Floors <b>1</b>
		Bldg. Age <b>65</b>	
County (6) <b>Monmouth</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>	
Street Address		Street Address <b>1889 Route 9, Unit 61</b>	
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>

Start Date (10) <b>04 / 03 / 19</b>	Scheduled Completion Date (11) <b>04 / 04 / 19</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>
--	---	--

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM	Street Address <b>1056 Stelton</b> City, State, Zip Code <b>Piscataway, New Jersey 08854</b>
---	---

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior-house & 2 sheds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1700 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>04/04/19</b>	City, State <b>Tullytown, Pennsylvania</b>
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>3/21/19</b>

CR# 5278  
PAID

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

RECEIVED  
MAR 26 2019

Date of Notification (1) 3/23/19		Name of Building Owner/Operator (2) Tom Bukw.ch						
Agencies Notified	Type Notification	Street Address						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Orange, New Jersey						
		Name of Contact Jackie	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Bukw.ch Property		Type of Facility (4)						
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) West Orange	County (6) Essex	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)					
Street Address		Street Address						
City, State, Zip Code		City, State, Zip Code						
Project Manager for Monitoring Firm		Telephone No.	Telephone No.					
Start Date (10) 4/2/19		Scheduled Completion Date (11) 4/9/19	License No. 00029					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) 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
interior (bathroom, kitchen, and hall)			X floor tile	1000 lf	X			
Name of Registered Waste Hauler Ace Insulation Co Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 6	Name of Registered Landfill Chems				
City, State 6th Neck, New Jersey		Disposal Date 4/9/19		City, State Easton, PA				
Completed by Bree McGuire		Title Secretary Treasurer	Signature [Signature]	Date 3/23/19				



OK# 5278

PAID

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

RECEIVED

MAR 26 2019

Date of Notification (1) 3/23/19		Name of Building Owner/Operator (2) Gary Smith						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		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 Farmingdale, New Jersey						
Name of Contact Dennis		Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Smith Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet 120						
City (5) Farmingdale		# of Floors 2						
County (6) Monmouth		Bldg. Age 65+						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) Ace Insulation Co. Inc.						
City, State, Zip Code		Street Address 95 Montrose Rd						
Project Manager for Monitoring Firm		City, State, Zip Code Colts Neck, NJ 07722						
Telephone No.		Telephone No. 732 294 1757						
Start Date (10) 4/1/19		License No. 00029						
Scheduled Completion Date (11) 4/5/19		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥250 lf		City, State, Zip Code						
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) 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
exterior			X	siding w/ vinyl	400 lf	X		
Name of Registered Waste Hauler Ace Insulation B Inc		NJDEP Waste Hauler ID No. 120816		Cubic Yards of Waste 2		Name of Registered Landfill Chris		
City, State Colts Neck, NJ		Disposal Date 4/5/19		City, State Gaston, PA				
Completed by Doreen G. [REDACTED]		Title Secretary/Treasurer		Signature [REDACTED]		Date 3/23/19		



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

RECEIVED

MAR 26 2019

PK# 5278

**PAID**

Date of Notification (1) 3/23/19		Name of Building Owner/Operator (2) Mary Harmk							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code West Long Branch, New Jersey							
Name of Contact Joe		Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Harmk Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1800							
City (5) West Long Branch		# of Floors 2							
County (6) Monmouth		Bldg. Age 55+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Ace Insulation Co. Inc.							
City, State, Zip Code		Street Address 95 Montrose Rd							
Project Manager for Monitoring Firm		City, State, Zip Code Colts Neck, NJ 07722							
Telephone No.		Telephone No. 732-294-1757							
Start Date (10) 4/2/19		License No. 00029							
Scheduled Completion Date (11) 4/9/19		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM-7PM		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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	Encapsulation	Enclosure
Exterior			X	Siding	1800 LF	X			
Interior (Kitchen)			X	linoleum	150 LF	X			
Name of Registered Waste Hauler: Ace Insulation Co. Inc. NJDEP Waste Hauler ID No.: 12086 Cubic Yards of Waste: 5 Name of Registered Landfill: (Hrus) City, State: Colts Neck, NJ Disposal Date: 4/9/19 City, State: Edison, NJ Completed by: Bree M. Gure Title: Secretary/Treasurer Signature: [Signature] Date: 3/23/19									



CK5439

PAID

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

RECEIVED

MAR 26 2019

Date of Notification (1) 3/20/19		Name of Building Owner/Operator (2) Scarborough Land Group						
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 112 Haddon Avenue Ct Ste. 101		City, State, Zip Code Cherry Hill NJ 08034						
Name of Contact Jeff		Telephone Number 609 472 1590						
Name of Facility Where Abatement is Taking Place (3) Resident								
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Mount Laurel		Square Feet # of Floors Bldg. Age						
County (6) Burlington		County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)						
Street Address		ASCM No.						
City, State, Zip Code		Name of Abatement Contractor (9) Ami Joe Abatement Demolition LLC						
Project Manager for Monitoring Firm		Street Address 1212 Burlington Ave						
Telephone No.		City, State, Zip Code Delanco NJ 08055						
Start Date (10) 3/30/19		Scheduled Completion Date (11) 4/30/19						
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 <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor 609-346-6916 License No. C1070						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) outside	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Siding	Amount (Specify SF or LF) 1000 SF	Abatement Type				
				Removal	Repair	Encapsulate	Enclosure	
Name of Registered Waste Hauler Ami Joe LLC		NJDEP Waste Hauler ID No. 20847	Cubic Yards of Waste	Name of Registered Landfill KIM of PA				
City, State Delanco NJ		Disposal Date TBD	City, State Burlington Pa	Signature [Signature]				
Notified by Joseph T Hall		Title V. President	Date 3/20/19					



CK5439 PAID

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

RECEIVED

MAR 26 2019

Date of Notification (1) 3/20/19		Name of Building Owner/Operator (2) Scarborough Land Group	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 112 Haddon Avenue Ct Ste. 101
			City, State, Zip Code Cherry Hill NJ 08034
			Name of Contact Jeff
		Telephone Number 609 472 1590	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Resident		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) Mount Laurel		Square Feet	# of Floors
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ami Ice Abatement Demolition LLC	
Street Address		Street Address 1212 Burlington Ave		
City, State, Zip Code		City, State, Zip Code Delanco NJ 08015		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 609-346-5916	License No. C1070

Start Date (10) 3/30/19	Scheduled Completion Date (11) 4/30/19	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 type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
outside				Siding	1000 SF				

Name of Registered Waste Hauler Ami Ice LLC		NJDEP Waste Hauler ID No. 20847	Cubic Yards of Waste	Name of Registered Landfill WM of PA	
City, State Delanco NJ		Disposal Date TBD	City, State Millerton Pa		
Completed by E. T. Hill	Title V. Resident	Signature [Signature]	Date 3/20/19		



PAID

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

Check # 1089

Date of Notification (1) 03/20/2019		Name of Building Owner/Operator (2) Tabitha Gansler							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Linden, NJ 07036							
		Name of Contact Tabitha Gansler	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Property		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) Linden		Square Feet 562	# of Floors 2						
		Bldg. Age 1949							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Danvic Contracting LLC.						
Street Address		Street Address 240 South 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206							
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355						
Start Date (10) 03/30/2019	Scheduled Completion Date (11) 04/05/2019	Name of OSHA Monitor Iris Environmental Laboratories, Inc							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Rt 22 West							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	60 LF	X			
Basement			X	VAT	100 SF	X			
Garage			X	Pipe Insulation	12 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC									
NJDEP Waste Hauler ID No. 37475		Cubic Yards of Waste 3		Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, New Jersey				Disposal Date TBD		City, State Morrisville, PA			
Completed by Jeymy Donneys		Title Owner		Signature 			Date 03/20/2019		

PAID

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

Check # 1090

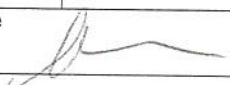
Date of Notification (1) 03/20/2019		Name of Building Owner/Operator (2) Justina Specht							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth, NJ 07201							
		Name of Contact Justina Specht	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2,778	# of Floors 2						
City (5) Elizabeth		Bldg. Age 1925							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Danvic Contracting LLC.						
Street Address		Street Address 240 South 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206							
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355						
Start Date (10) 03/29/2019	Scheduled Completion Date (11) 04/05/2019	Name of OSHA Monitor Iris Environmental Laboratories, Inc							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		Street Address 2333 Rt 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	320 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC.		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, New Jersey			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature 	Date 03/20/2019					



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

PAID

Check 18691


Date of Notification (1) 3/21/19		Name of Building Owner/Operator (2) EWG Construction							
Agencies Notified	Type Notification	Street Address 10 Mohawk Trail							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Westfield, NJ 07090							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Eric Gerekens	Telephone Number 908-577-0600						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home		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 1900	# of Floors 2						
City (5) Scotch Plains		Bldg. Age 71							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 3/23/19	Scheduled Completion Date (11) 4/5/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>garage</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
garage			x	duct insulation	23 SF	x			
Name of Registered Waste Hauler ABS Environmental Services, LLC		NJDEP Waste Hauler ID No. 104248	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Glenwood, NJ			Disposal Date TBD	City, State Easton PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 3/21/19			

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

PAID

Check 18690

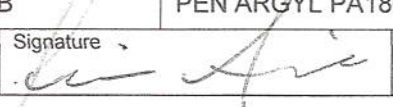
E C F I V

Date of Notification (1) 3/21/19		Name of Building Owner/Operator (2) Charles Larkin							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Springfield, NJ 07081  Name of Contact Charles Larkin  Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Springfield		Square Feet 1900	# of Floors 2						
County (6) Union		County Code (7) (STATE USE ONLY) _____	Bldg. Age 78						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		ABS Environmental Services, LLC							
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 3/30/19	Scheduled Completion Date (11) 4/12/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			x	siding	1,400 SF	x			
Name of Registered Waste Hauler Tonys Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Bridgewater		Disposal Date TBD		City, State Easton PA					
Completed by A. Scott Higgins		Title President		Signature 			Date 3/21/19		



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

CK 0107 PAID

Date of Notification (1) 3/17/2019 check #0162		Name of Building Owner/Operator (2)  MAR 26 2019							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code RIVER EDGE NJ, 07661							
		Name of Contact ONKAR SINGH	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)  [REDACTED]		Type of Facility (4)  <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) RIVER EDGE NJ, 07661		Square Feet 50X100	# of Floors 1FL Bldg. Age 50 YEARS						
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) EMPTY							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING INC							
Street Address [REDACTED]		Street Address 24 CHURCH ST							
City, State, Zip Code		City, State, Zip Code ELMWOOD NJ, 07407							
Project Manager for Monitoring Firm		Telephone No. 201 873 9418	License No. 01301						
Start Date (10) 03/18/2019	Scheduled Completion Date (11) 03/19/2019	Name of OSHA Monitor ALL SOLUTIONS CONTRACTING INC							
Occupancy Status During Abatement (Check Only One)  <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:30 TO 8:30 PM HOUSE EMPTY		Street Address 24 CHURCH ST City, State, Zip Code ELMWOOD NJ, 07407							
Scope of Work (Check All That Apply)  <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition  <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	PIPE INSULATION	45LF	X			
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill GRAND CENTRAL					
City, State PEN ARGYL PA 18072			Disposal Date TDB	City, State PEN ARGYL PA 18072					
Completed by LUIS ARCILA		Title PRESIDENT	Signature 	Date 3/17/2019					

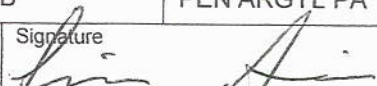
CK0164

PAID

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

RECEIVED

MAR 26 2019

Date of Notification (1) 03/20/2019 CHECK #0164		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 25 BROOKVIEW TERRACE							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HILLSDALE, NJ 07642							
		Name of Contact BETTY SANCHEZ	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 25 BROOKVIEW TERRACE		<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) HILLSDALE, NJ 07642		Square Feet 100X100	# of Floors 1 FL						
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Bldg. Age 50 YEARS						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING						
Street Address		Street Address 24 CHURCH ST							
City, State, Zip Code		City, State, Zip Code ELMWOOD NJ, 07407							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 04/02/2019		Scheduled Completion Date (11) 04/02/2019	Name of OSHA Monitor ALL SOLUTIONS CONTRACTING						
Occupancy Status During Abatement (Check Only One)		Street Address 24 CHURCH ST							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00AM TO 3:30PM		City, State, Zip Code ELMWOOD NJ, 07407							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ATTIC			X	VERMICULITE	300SF	X			
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill GRAND CENTRAL					
City, State PEN ARGYL PA 18072		Disposal Date TDB		City, State PEN ARGYL PA 18072					
Completed by LUIS ARCILA		Title PRESIDENT		Signature 		Date 03/20/2019			



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

**PAID**

*Handwritten initials and date: 2/29/19*

Date of Notification 3/18/19 Type Notification		Name of Building Owner / Operator (2) <b>Hackensack Meridian Health</b>		
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address <b>343 Thornall Street</b>		
		City, State & Zip Code <b>Edison, NJ 08837</b>		
		Name of Contact <b>Brian O'Neill</b>		Telephone Number <b>732-751-3384</b>
<b>FACILITY INFORMATION</b>				
Name of Facility Where Abatement is Taking Place (3) <b>Jersey Shore University Medical Center</b>		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>1350 Campus Parkway</b>		Square Feet <b>200,000</b>	# of Floors <b>10</b>	Bldg. Age <b>60+</b>
City (5) <b>Neptune</b>	County (6) <b>Monmouth</b>	County Code (7)		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics</b>		ASCM No.	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>	
Street Address <b>64 Broad Street</b>		Street Address <b>443 Schoolhouse Road</b>		
City, State & Zip Code <b>Matawan, NJ 07016</b>		City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-605-9062</b>	License Number <b>00714</b>
Scheduled Start Date (10) <b>4/1/19</b>	Scheduled Completion Date (11) <b>5/30/19</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: <b>Areas isolated for abatement</b>		Street Address <b>443 Schoolhouse Road</b>		
		City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Scope of Work (Check all that apply)				
Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Large Project Mini-Enclosure <input type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM Glove-bag Procedure <input type="checkbox"/> <input checked="" type="checkbox"/> Quantity is $\geq 160$ SF or $\geq 260$ LF ACM Other: <b>Non-friable</b> <input type="checkbox"/>				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
<b>Mehandru Wing 6<sup>th</sup> Floor</b>	<b>N/A</b>	<b>Floor tile/mastic</b>	<b>14,000</b>	<b>Removal</b>
Name of Registered Waste Hauler <b>Freehold Carting</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>40</b>	Name of Registered Landfill <b>GROWS</b>
City, State <b>Trenton, NJ</b>		Disposal Date <b>5/15/19</b>	City, State <b>Morrisville, Pa</b>	
Completed By (Print or Type) <b>Dominick Tringali</b>	Title <b>Manager</b>	Signature <i>Dominick Tringali</i>		Date <b>3/18/19</b>



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

**RECEIVED**

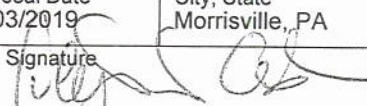
MAR 26 2019

Date of Notification (1) 03/19/2019		Name of Building Owner/Operator (2) Private House							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOMERVILLE, NJ 08876  Name of Contact KRISTIN GELLNER  Telephone Number N/A							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE HOUSE		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) SOMERVILLE, NJ 08876		Square Feet 1480	# of Floors 2						
County (6) SOMERSET		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SELL/BUY CLOSING						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) SPES CONTRACTING LLC						
Street Address		Street Address 164 MERILINE AVE APT C							
City, State, Zip Code		City, State, Zip Code WOODLAND PARK NJ 07424							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-807-6330						
Start Date (10) 03/31/2019		Scheduled Completion Date (11) 04/01/2019	License No. 01383						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor SPES CONTRACTING LLC							
<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 164 MERILINE AVE APT C							
Scope of Work (Check All That Apply)		City, State, Zip Code WOODLAND PARK NJ 07424							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT STAIRS			X	ACM FLOOR TILES	60SF	X			
BASEMENT ROOM			X	TSI	10LF	X			
Name of Registered Waste Hauler SPES CONTRACTING LLC		NJDEP Waste Hauler ID No. 0038075	Cubic Yards of Waste 0.5	Name of Registered Landfill FAIRLESS LANDFILL					
City, State WOODLAND PARK NEW JERSEY		Disposal Date TBD		City, State MORRISVILLE PA					
Completed by BRANISLAV PAVLOV		Title OWNER	Signature			Date 03/19/2019			

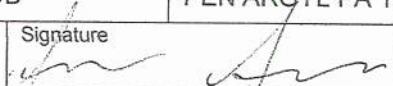


CK 1430 PAID

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

Date of Notification (1) 03/21/2019		Name of Building Owner/Operator (2) Rabbinical College of America		Check No. 1430	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 226 Sussex Avenue  City, State, Zip Code Morristown, New Jersey 07960  Name of Contact Yitzchok Koval	
				Telephone Number 973-332-6197	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Rabbinical College of America			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 226 Sussex Avenue					
City (5) Morristown, New Jersey 07960			Square Feet 10,000	# of Floors 1	Bldg. Age 50+
County (6) Morris		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Salt Barn		
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates Inc		ASCM No. _____	Name of Abatement Contractor (9) Lilich Corporation		
Street Address 560 Sylvan Avenue, Suite 3065			Street Address 246 Union Boulevard		
City, State, Zip Code Englewood, New Jersey 07632			City, State, Zip Code Totowa, New Jersey 07512		
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-569-6708	Telephone No. 973-225-8400	License No. 01104	
Start Date (10) 04/01/2019		04/03/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 2333 Route 22 West		
			City, State, Zip Code Union, NJ 07083		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF of LF)
	Yes	No	N/A		
Boiler Room Area	X			Asbestos Pipe & Elbow Insulation (Wrap&Cure)	Less than 10 LF
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill	
City, State Totowa, New Jersey			Disposal Date 04/03/2019	City, State Morrisville, PA	
Completed by Adriana Olejarova		Title President	Signature 	Date 03/21/2019	

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

Date of Notification (1) 03/08/2019 CHECK#0157		Name of Building Owner/Operator (2) JIMMY MAGNATTA							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="background-color: black; height: 15px; width: 100%;"></div>							
		City, State, Zip Code NUTLEY, NJ 07110							
		Name of Contact JIMMY MAGNATTA	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) NUTLEY, NJ 07110		Square Feet 50X100	# of Floors 2FL Bldg. Age 60 YEARS						
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) OCCUPAID							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING INC						
Street Address		Street Address 24 CHURCH ST							
City, State, Zip Code		City, State, Zip Code ELMWOOD PARK NJ, 07407							
Project Manager for Monitoring Firm		Telephone No. 201 873 9418	License No. 01301						
Start Date (10) 03/26/2019	Scheduled Completion Date (11) 03/27/2019	Name of OSHA Monitor ALL SOLUTIONS CONTRACTING INC							
Occupancy Status During Abatement (Check Only One)		Street Address 24 CHURCH ST							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: START 7:30AM TO 4:30 PM		City, State, Zip Code ELMWOOD PARK NJ, 07407							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	PIPE INSULATION	45LF	X			
BASEMENT				FLOOR TILE	150SF	X			
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill GRAND CENTRAL					
City, State PEN ARGYL PA 18072			Disposal Date TDB	City, State PEN ARGYL PA 18072					
Completed by LUIS ARCILA		Title PRESIDENT	Signature 	Date 3/8/2019					



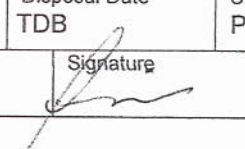
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

OK 0156

PAID

RECEIVED

MAR 26 2019

Date of Notification (1) 03/08/2019 CHECK#0156		Name of Building Owner/Operator (2) MI KIM							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code RIVER EDGE, NJ 07661							
		Name of Contact MI KIM	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) RIVER EDGE, NJ 07661		Square Feet 50X100	# of Floors 2FL						
		Bldg. Age 60 YEARS							
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) OCCUPAID							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING INC						
Street Address		Street Address 24 CHURCH ST							
City, State, Zip Code		City, State, Zip Code ELMWOOD PARK NJ, 07407							
Project Manager for Monitoring Firm		Telephone No. 201 873 9418	License No. 01301						
Start Date (10) 03/22/2019	Scheduled Completion Date (11) 03/23/2019	Name of OSHA Monitor ALL SOLUTIONS CONTRACTING INC							
Occupancy Status During Abatement (Check Only One)		Street Address 24 CHURCH ST							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: START 7:30AM TO 4:30 PM		City, State, Zip Code ELMWOOD PARK NJ, 07407							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ATTIC			X	VERMICULITE	350 SF	X			
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill GRAND CENTRAL					
City, State PEN ARGYL PA 18072		Disposal Date TDB		City, State PEN ARGYL PA 18072					
Completed by LUIS ARCILA		Title PRESIDENT	Signature 	Date 3/8/2019					



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

**RECEIVED**  
MAR 26 2019

Date of Notification (1) 3 / 8 / 19		Name of Building Owner/Operator (2) Hunter Research, Inc	
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 checked="" type="checkbox"/> Amended Amendment #1-3/20/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 120 West State Street	
		City, State, Zip Code Trenton, NJ 08608	
		Name of Contact Richard Hunter	Telephone Number 609-392-4200

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Hunter Research, Inc		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 120 West State Street		Square Feet +4,000	
City (5) Trenton		# of Floors 3	Bldg. Age +50
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Office	

Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 120 North Warren Street		Street Address 1123 BEAVER STREET		
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Steve Mania		Telephone No. 609-392-4200	Telephone No. 215-788-6040	License No. 00509

Start Date (10) 3 / 22 / 19	Scheduled Completion Date (11) 3 / 26 / 19	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/4:00PM-1:00AM *		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	350 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bristol Environmental Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill	
City, State Bristol, PA		Disposal Date TBD	City, State Fairless Hills, PA		
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature Dillan DeCaro	Date 3-20-19		

ASB-41  
JAN 13 DD19021

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

\*work on Sat, 3/23, w. 11 be performed 10am-6pm



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

*CHK# 3532*

Date of Notification (1) <u>3</u> / <u>8</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>Hunter Research, Inc</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA 5098 <input checked="" type="checkbox"/> DOLWD 4855 <input checked="" type="checkbox"/> DOH 4848 <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>120 West State Street</b> City, State, Zip Code <b>Trenton, NJ 08608</b>							
		Name of Contact <b>Richard Hunter</b>	Telephone Number <b>609-392-4200</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Hunter Research, Inc</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>120 West State Street</b>									
City (5) <b>Trenton</b>	Square Feet <b>+4,000</b>	# of Floors <b>3</b>	Bldg. Age <b>+50</b>						
County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Office</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc</b>		ASCM No.							
Street Address <b>120 North Warren Street</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
City, State, Zip Code <b>Trenton, NJ 08608</b>		Street Address <b>1123 BEAVER STREET</b>							
Project Manager for Monitoring Firm <b>Steve Mania</b>		Telephone No. <b>609-392-4200</b>	Telephone No. <b>215-788-6040</b>						
Start Date (10) <u>3</u> / <u>22</u> / <u>19</u>		License No. <b>00509</b>							
Scheduled Completion Date (11) <u>3</u> / <u>26</u> / <u>19</u>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>4:00</u> AM - <u>1:00</u> PM		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	350 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Bristol Environmental Inc.</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>Fairless Landfill</b>					
City, State <b>Bristol, PA</b>			Disposal Date <b>TBD</b>	City, State <b>Fairless Hills, PA</b>					
Completed By (Print or Type) <b>Dillan DeCaro</b>		Title <b>Estimator</b>	Signature <i>Dillan DeCaro</i>			Date <b>3-8-19</b>			



PAID

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

CR # 0077

Date of Notification (1) 03 / 11 / 19		Name of Building Owner / Operator (2) CITY OF NEWARK	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 920 BROAD STREET		City, State, Zip Code NEWARK, NJ 07102	
Name of Contact RICH LOPEZ		Telephone Number 973-424-4145	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 46-132 ST CHARLES		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address 46-132 ST CHARLES		Square Feet N/A	
City (5) NEWARK	County (6) ESSEX	County Code (7)	# Of Floors N/A
Building Age N/A		Current Use (Prior if being demolished) EXTERIOR VACANT	
Name of Monitoring Firm Hired by Bldg. Owner (8) EMILCOTT		ASCM NO.	
Street Address 190 PARK AVENUE		NORTHSTAR CONTRACTING GROUP, INC.	
City, State, Zip Code MORRISTOWN, NJ 07960		Street Address 32 Williams Parkway	
Project Mngr. For Monitoring Firm DAVID TOMSEY		City, State, Zip Code East Hanover, NJ 07936	
Telephone Number 973-538-1110		Telephone Number 973-884-8682	
Schedul Start Date (10) 03 / 28 / 19		Sched. Completion Date (11) 04 / 05 / 19	
License Number 00860			
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>MON-FRI</u> <input checked="" type="checkbox"/> Other - Describe: <u>7:00 AM-3:30 PM</u>		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.	
		Street Address 32 Williams Parkway	
		City, State, Zip Code East Hanover, NJ 07936	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos Containing <b>TO BE ABATED</b> 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)
EXTERIOR SITE WORK	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE	100 LF
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC		NJDEP Waste Hauler ID No. 30534	Name of Registered Landfill FAIRLESS LANDFILL
City, State EAST HANOVER, NJ		Disposal Date	City, State MORRISVILLE, PA
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>
			Date 03/25/19



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

**PAID**

check # 12116

Date of Notification (1) <b>3 / 25 / 19</b>		Name of Building Owner/Operator (2) <b>NJ DPMC</b>		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  MAR 26 2019 </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <b>33 W State St</b> City, State, Zip Code <b>Trenton, NJ 08608</b>			
		Name of Contact <b>Christina Burris</b>				Telephone Number 			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Skyland Manor</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>5 Morris Road- Ringwood State Park</b>									
City (5) <b>Ringwood, NJ</b>				Square Feet <b>14,500</b>	# of Floors <b>3</b>				
County (6) <b>Passaic</b>				Bldg. Age <b>50+</b>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental</b>		ASCM No.		Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>					
Street Address <b>344 West State Street</b>				Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>					
City, State, Zip Code <b>Trenton, NJ 08618</b>				City, State, Zip Code <b>Spring House, PA 19477</b>					
Project Manager for Monitoring Firm <b>William Weisgarber</b>		Telephone No. <b>609.656.8101</b>		Telephone No. <b>215 542 7000</b>	License No. <b>00847</b>				
Start Date (10) <b>4 / 8 / 19</b>		Scheduled Completion Date (11) <b>5 / 4 / 19</b>		Name of OSHA Monitor <b>CES</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-5:00PM</b> PM- AM				Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>					
				City, State, Zip Code <b>Spring House, PA 19477</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Exterior</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>ACM Caulking</b>	<b>3300 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Geppert Recycling</b>		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill <b>Western Berks Community Landfill</b>				
City, State <b>Hatfield, PA</b>				Disposal Date	City, State <b>Birdsboro, PA 19508</b>				
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>		Signature <i>Patricia Visco</i>		Date <b>3/25/19</b>			



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

D&S Proj. #: 19-52

CK 7492

PAID

RECEIVED

MAR 26 2019

Date of Notification (1) 03/11/19		Name of Building Owner/Operator (2) michael schiff/thomas kazmark	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code little falls, nj 07424	
		Name of Contact michael schiff/thomas kazmark	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) michael schiff/thomas kazmark			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) little falls			County (6) PASSAIC	County Code (7) (State use only)	# of Floors
Name of Monitoring Firm Hired by Bldg. Owner (8)			Bldg. Age		
Street Address			Current Use (Prior if being demolished)		
City, State, Zip Code					
Project Manager for Monitoring Firm			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Phone Number			Street Address 20 California Ave.		
Start Date (10) 04/13/19			City, State, Zip Code Paterson, NJ 07503		
Sched. Completion Date (11) 04/30/19			Telephone Number 973-345-8020		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			License Number 01169		
			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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)	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						
basement		<input checked="" type="checkbox"/>		PIPE INSULATION	110 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 04/14/19	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 03/21/19

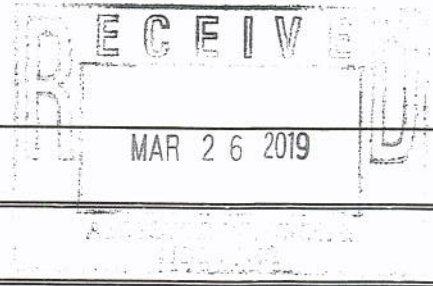


State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 19-53

CK7493

PAID



Date of Notification (1) 03/12/19		Name of Building Owner/Operator (2) michael schiff/thomas kazmark	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code little falls, nj 07424	
		Name of Contact michael schiff/thomas kazmark	Telephone Number _____

FACILITY INFORMATION

Name of facility where abatement is taking place (3) michael schiff/thomas kazmark			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) little falls			County (6) PASSAIC		# of Floors
			County Code (7) (State use only)		Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (Prior if being demolished)		
Street Address			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code			Street Address 20 California Ave.		
Project Manager for Monitoring Firm			City, State, Zip Code Paterson, NJ 07503		
Phone Number			Telephone Number 973-345-8020		
Start Date (10) 04/13/19			License Number 01169		
Sched. Completion Date (11) 04/30/19			Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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)	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						
basement		X		PIPE INSULATION	100 lf	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 04/14/19	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature _____	Date 03/21/19



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

**OK 25827 PAID**

Date of Notification (1) 3/25/2019		Name of Building Owner/Operator (2) McCarthy Building		MAR 26 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 353 Nassau Street					
		City, State, Zip Code Princeton, NJ 08540							
		Name of Contact Paul - Elrack Construction		Telephone Number [REDACTED]					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Office 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 353 Nassau Street									
City (5) Princeton, NJ 08540			Square Feet 7500						
			# of Floors 3						
			Bldg. Age 80 +/-						
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.					
Street Address PO Box 341				Street Address PO Box 322					
City, State, Zip Code Chesterfield, NJ 08515				City, State, Zip Code Allentown, NJ 08501					
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070		Telephone No. 609 259-9688					
				License No. 00493					
Start Date (10) 4/8/2019		Scheduled Completion Date (11) 4/26/2019		Name of OSHA Monitor MECS					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address PO Box 341					
				City, State, Zip Code Chesterfield, NJ 08515					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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
1st Floor		X		VAT / Mastic	2000 sf	X			
Basement		X		VAT /Mastic	150 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292		Cubic Yards of Waste 5		Name of Registered Landfill Fairless Landfill			
City, State Allentown, NJ		Disposal Date 4/26/2019		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature [Signature]		Date 3/25/2019			



Check # 25826

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

PAID


RECEIVED

Date of Notification (1) 3/25/2019		Name of Building Owner/Operator (2) Green							
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 Pennington, NJ 08534							
		Name of Contact Max Green	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) Pennington, NJ 08534		Square Feet 3000	# of Floors 3						
County (6) Mercer		County Code (7) (STATE USE ONLY)	Bldg. Age 150 +/-						
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	License No. 00493						
Start Date (10) 4/3/2019	Scheduled Completion Date (11) 4/7/2019	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input 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 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
Crawl space	X			Thermal Pipe Insulation	20 lf	X			
				( Wrap & Cut )					
Rear Crawl Space	X			Thermal Pipe Debris	10 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 4/8/2019	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager	Signature 	Date 3/25/2019					

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

**RECEIVED**  
MAR 26 2019

CK 5502 PAID

Date of Notification (1) <b>03 / 19 / 19</b>		Name of Building Owner/Operator (2) <b>Cherry Hill Public Schools</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>45 Ranoldo Terrace</b>	
		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>	
		Name of Contact <b>John Middleton</b>	Telephone Number <b>856-795-1180</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Cherry Hill High School East</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>1750 Kresson Road</b>			
City (5) <b>Cherry Hill</b>		Square Feet <b>100,000</b>	# of Floors <b>2</b>
County (6) <b>Camden</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>80</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental, Inc.</b>		ASCM No. <b>00003</b>	Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>
Street Address <b>1253 N. Church Street</b>		Street Address <b>623 Cutler Avenue</b>	
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>	
Project Manager for Monitoring Firm <b>Jim Guilardi</b>	Telephone No. <b>856-840-8800</b>	Telephone No. <b>856-755-0099</b>	License No. <b>00842</b>
Start Date (10) <b>03 / 29 / 19</b>	Scheduled Completion Date (11) <b>04 / 01 / 19</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>200 Route 130 North</b>	
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Exterior Entrance Door #49	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Overhang Ceiling Plaster
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>5</b>
City, State <b>Freehold, NJ</b>		Disposal Date <b>04/01/2019</b>	Name of Registered Landfill <b>Fairless Landfill</b>
Completed By (Print or Type) <b>Christina Lynch</b>		Title <b>Vice President of Operations</b>	Signature 
			Date <b>3/19/19</b>



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

Date of Notification (1) 03/21/19		Name of Building Owner/Operator (2) New Jersey Community Capital		MAR 26 2019					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 108 Church Street, Third Floor  City, State, Zip Code New Brunswick, NJ 08901  Name of Contact New Jersey Community Capital					
				Telephone Number 973.841.2674 ext 334					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)						
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) EAST ORANGE			Square Feet 1420	# of Floors 2	Bldg. Age				
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) home					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-668-9078	License No. 1200					
Start Date (10) 03/29/19		Scheduled Completion Date (11) 04/01/19		Name of OSHA Monitor AAA LEAD PROFESSIONALS					
Occupancy Status During Abatement (Check Only One)			Street Address 6 WHITE DOVE COURT						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____			City, State, Zip Code LAKEWOOD, NJ 08701						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				Pipe insulation	15 LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 2	Name of Registered Landfill IESI				
City, State NEWARK, NJ		Disposal Date 04/01/19		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date			



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

RECEIVED  
MAR 26 2019

CK 36230

PAID

Date of Notification (1)  
03 / 21 / 19

Name of Building Owner/Operator (2)  
Chris Sullivan

Agencies Notified  
☒ EPA  
☒ DOLWD  
☒ DOH  
☐ DCA (NJAC 5:23-8)

Type Notification  
☒ Initial  
☐ Amended Amendment # \_\_\_\_\_  
☐ Emergency (including justification)  
☐ Cancellation

Street Address  
[REDACTED]

City, State, Zip Code  
Manalapan, NJ 07726

Name of Contact  
Chris Sullivan

Telephone Number  
732-995-3476

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
Residence

Street Address  
[REDACTED]

City (5)  
Manalapan

County (6)  
Monmouth

County Code (7) (STATE USE ONLY)

Type of Facility (4)  
☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet  
1000 sf

# of Floors  
1

Bldg. Age  
65

Current Use (Prior if being demolished)  
Residence

Name of Monitoring Firm Hired by Building Owner (8)  
N/A

ASCM No.

Name of Abatement Contractor (9)  
Guardian Contracting, Inc.

Street Address  
1889 Route 9, Unit 61

City, State, Zip Code  
Toms River, New Jersey 08755

Project Manager for Monitoring Firm

Telephone No.  
732-349-9932

License No.  
00624

Start Date (10)  
04 / 01 / 19

Scheduled Completion Date (11)  
04 / 02 / 19

Name of OSHA Monitor  
E.M.S.L. Analytical

Occupancy Status During Abatement (Check only one)  
☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: \_\_\_\_AM-\_\_\_\_PM/\_\_\_\_PM-\_\_\_\_AM

Street Address  
1056 Stelton

City, State, Zip Code  
Piscataway, New Jersey 08854

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-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	950 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler  
Guardian Contracting, Inc.

NJDEP Waste Hauler ID No.  
20223

Cubic Yards of Waste  
3

Name of Registered Landfill  
T.R.R.F.

City, State  
Toms River, New Jersey

Disposal Date  
04/02/19

City, State  
Tullytown, Pennsylvania

Completed By (Print or Type)  
Nicholas Fernicola

Title  
Project Manager

Signature  
[Signature]

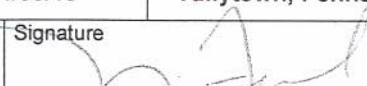
Date  
3/21/19



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

RECEIVED

MAR 26 2019

Date of Notification (1) <b>03 / 21 / 19</b>		Name of Building Owner/Operator (2) <b>Joseph S. Fiumara</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>							
		City, State, Zip Code <b>Bayville, NJ 08721</b>							
		Name of Contact <b>Joseph S. Fiumara</b>	Telephone Number <div style="background-color: black; width: 100px; height: 15px;"></div>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>									
City (5) <b>Bayville</b>		Square Feet <b>1600</b>	# of Floors <b>1</b>						
		Bldg. Age <b>65</b>							
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>						
Street Address		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <b>04 / 02 / 19</b>	Scheduled Completion Date (11) <b>04 / 03 / 19</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>1056 Stelton</b>							
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input checked="" 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) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>exterior</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>asbestos siding</b>	<b>1600 sf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>04/03/19</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 		Date <b>3/21/19</b>			

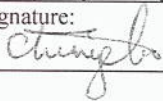
# NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

RECEIVED

MAR 26 2019

Date of Notification (1): 3/19/2019		Name of Building Owner/Operator (2) Newark Public School							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 190 Muhammad Ali Avenue Room 209 City, State, Zip Code: Newark, NJ 07108 Name of Contact: Mr. Benjamin Olagadeyo Telephone Number: 973-733-7200							
<b>FACILITY INFORMATION</b>									
Name of Facility: Newark Vocational High School 301 West Kenny Street		Type of Facility (4): <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) Square Feet: _____ # of Floors: _____ Bldg. Age _____ Current Use: School							
City/ (5) Newark	County (6): Essex	County Code (7): 07107							
Name of Monitoring Firm Hired by Building Owner: WHITMAN		ASCM No.: 00110	Name of Abatement Contractor (9): <b>Apex Development, Inc.</b>						
Street Address: 17 Pleasant Hill Road		Street Address: <b>358 Broadway</b>							
City, State, Zip Code: Cranbury, NJ 08512		City, State, Zip Code: <b>Newark, NJ 07104</b>							
Project Manager for Monitoring Firm: Kevin Lovely		Telephone No.: 732-644-5418	Telephone No.: <b>(973) 350-0101</b> License No.: <b>01215</b>						
Start Date (10): 4/01/19	Scheduled Completion Date (11): 5/31/19		Name of OSHA Monitor: Metro Analytical Laboratories						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: <input type="checkbox"/> Other <b>Occupied Sub 8</b> Describe:		Street Address: <b>255 West 36<sup>th</sup> Street, Suite 203</b> City, State, Zip Code: <b>New York, New York, 10018</b>							
Scope of Work (Check all that apply): <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
1 <sup>ST</sup> FLOOR CORRIDOR IN FRONT OF THE CONFERENCE ROOM ENDING TO IN FRONT OF CAFETERIA, CORRIDOR EXTENDING FROM THE INTERSECTION OF THE MAIN CORRIDOR FROM THE WOOD SHOP TO CULINARY AREA, CORRIDOR FROM BOILER ROOM TO CAFETERIA AND STAIRWELL # 7 THE CULINARY AREA INCLUDING AND STOREROOMS, WOOD SHOP, STORE ROOMS, & CONFERENCE ROOM		X		ACOUSTICAL CEILING AND WALL PLASTER, GLUE DOTS CEILING AND WALL SOUND BOARD	17,500 SF	*			*
ROOM 002 AND 003		X		CEILING TILE AND GLUE DOTS	1,500 SF	*			*



ROOM 002 AND 003		X		FLOOR TILE AND ASSOCIATED MASTIC	1,500 SF	*			*
CONFERENCE ROOM CULINARY AREA AND WORKSHOP		X		FLOOR TILES AND MASTIC	5,500 SF	*			*
WORK SHOP		X		WOODEN FLOOR & VAPOR BARRIER	5,000 SF	*			*
1 <sup>ST</sup> FLOOR CORRIDOR NEAR THE SECURITY DESK, CORRIDOR EXTENDING FROM THE INTERSECTION OF THE MAIN CORRIDOR FROM THE WOOD SHOP TO CULINARY AREA, THE CULINARY AREA INCLUDING ALL OFFICES, AND STORE ROOMS AND CONFERENCE ROOM		X		PIPE INSULATION	4,000 LF	*			*
CONFERENCE ROOM		X		PIPE INSULATION INCLUDING ELBOWS AND JOINTS	1,500 LF	*			*
Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING		NJDEP Waste Hauler ID No.: 19551		Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC, INC.				
City, State: Bronx, NY 10474		Disposal Date:		City, State: Waynesburg, OH 44688					
Completed By: Chinyelu Oraegbunam		Title: Vice President		Signature: 		Date: 3/19/2019			



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

CK 24254 PAID

RECEIVED

Date of Notification (1) 3/20/2019		Name of Building Owner/Operator (2) NJSDA							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 32 EAST FRONT ST., P.O. BOX 991		City, State, Zip Code TRENTON, NJ 08625							
Name of Contact CLAIR TSAI-OCHS/ROBERT RYAN		Telephone Number 609-858-5186							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) CLEVELAND STREET SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 355 CLEVELAND STREET		Square Feet	# of Floors						
City (5) ORANGE		Bldg. Age							
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) AHERA CONSULTANTS, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address P.O. BOX 385		Street Address 11 VREELAND AVENUE							
City, State, Zip Code OCEANVILLE, NJ 08231		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm JOHN SMOYER		Telephone No. 609-652-1833	Telephone No. 973-956-8700						
License No. 00494									
Start Date (10) 1/21/2019	Scheduled Completion Date (11) 5/10/2019	Name of OSHA Monitor SAME AS (9) 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 type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
SEE ATTACHED									
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 500 +/-	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 5/10/2019	City, State MORRISVILLE, PA						
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>				Date 3/20/2019		



ECFIV

MAR 26 2019

➤ CLEVELAND STREET ELEMENTARY SCHOOL

PHASE-1				
G-1 work area - Ground Floor (Drawing ASB-GF1.0)				
Location	Material description	Amount	% asbestos / type	Type of abatement
Corridor B	Wall plaster top coat / base coat	800 SQ FT	4% Chrysotile	Full containment
A07- fan room	Wall plaster top coat / base coat	200 SQ FT	4% Chrysotile	Full containment
A07- fan room	Pipe insulation	100 LF	10-20% Chrysotile	Full containment
Room 21	Pipe insulation	50 LF	10-20% Chrysotile	Full containment
Room 21	Built-up flooring – Multi-layer	700 SQ FT	10% Chrysotile	Full containment
West stair tower 'A' ground floor through attic	Wall & ceiling plaster top coat and base coat	3,200 SQ FT	4% Chrysotile	Full containment
West stair tower 'A' 1 <sup>st</sup> & 2 <sup>nd</sup> floor landings	Built-up flooring – Multi-layer	120 SQ FT	10% Chrysotile	Full containment
Room 18 and storage	Pipe insulation	30 LF	10-20% Chrysotile	Full containment
Room 18 and storage	Built-up flooring – Multi-layer	1,080 SQ FT	10% Chrysotile	Full containment
Room 19 and storage	Pipe insulation	50 LF	10-20% Chrysotile	Full containment
Room 19 and storage	Built-up flooring – Multi-layer	1,080 SQ FT	10% Chrysotile	Full containment
G-2 work area - Ground Floor (Drawing ASB-GF1.0)				
Location	Material description	Amount	% asbestos / type	Type of abatement
Sub-stair tower 'B' Ground floor through 2 <sup>nd</sup> floor	Wall plaster top coat / base coat	1,620 SQ FT	4% Chrysotile	Full containment
Sub-stair tower 'B'	Ceiling systems, plaster / top coat and base coat	155 SQ FT	4% Chrysotile	Full containment
Sub-stair tower 'B'	Pipe insulation	10 LF	10-20% Chrysotile	Full containment
A08 – equipment room	Wall plaster top coat / base coat	70 SQ FT	4% Chrysotile	Full containment
Corridor B & A-09 pantry	Wall plaster top coat / base coat	560 SQ FT	4% Chrysotile	Full containment
PHASE-2				
F.1 work area - 1 <sup>st</sup> Floor (Drawing ASB-FF1.0)				
Location	Material description	Amount	% asbestos / type	Type of abatement
ESL	Ceiling systems, plaster / top coat and base coat	178 SQ FT	4% Chrysotile	Full containment
ESL	Wall plaster top coat and base coat	52 SQ FT	4% Chrysotile	Full containment
ESL	Spot removal - wall plaster / top coat and base coat	4 SQ FT	4% Chrysotile	Full containment
ESL & hall wall	2-door frame & wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 6	Fin tube radiators, wall plaster top coat/base coat	150 SQ FT	4% Chrysotile	Full containment
Room 6	1-door frame & wall plaster top coat and base coat	16 SQ FT	4% Chrysotile	Full containment
Room 6 & closet	Ceiling systems, plaster / top coat and base coat	735 SQ FT	4% Chrysotile	Full containment
Room 6 & closet	Spot removal - wall plaster / top coat and base coat	11 SQ FT	4% Chrysotile	Full containment
Room 7	Fin tube radiators, wall plaster top coat /base coat	150 SQ FT	4% Chrysotile	Full containment
Room 7	Wall plaster top coat and base coat	260 SQ FT	4% Chrysotile	Full containment
Room 7, closet & storage	Ceiling systems, plaster / top coat and base coat	904 SQ FT	4% Chrysotile	Full containment
Room 7, closet & storage	Spot removal - wall plaster / top coat and base coat	5 SQ FT	4% Chrysotile	Full containment
Room 8	Fin tube radiators, wall plaster top coat /base coat	150 SQ FT	4% Chrysotile	Full containment
Room 8	Wall plaster top coat and base coat	6 SQ FT	4% Chrysotile	Full containment
Room 8, closets & storage	Ceiling systems, plaster / top coat and base coat	930 SQ FT	4% Chrysotile	Full containment
Room 8, closet & storage	Spot removal - wall plaster / top coat and base coat	5 SQ FT	4% Chrysotile	Full containment



MAR 26 2019

Room 5	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 5	Wall plaster top coat and base coat	260 SQ FT	4% Chrysotile	Full containment
Room 5	Window well wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment

PHASE-2				
F.1 work area - 1 <sup>st</sup> Floor (Drawing ASB-FF1.0)				
Location	Material description	Amount	% asbestos / type	Type of abatement
Room 5 & closet	2-door frame & wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 5, closets & storage	Ceiling systems, plaster / top coat and base coat	944 SQ FT	4% Chrysotile	Full containment
Room 5 storage	Built up flooring to joist	140 SQ FT	2.7% Chrysotile	Full containment
Room 5 storage	Window well wall plaster top coat and base coat	18 SQ FT	4% Chrysotile	Full containment
Room 5 storage	1-door frame & wall plaster top coat and base coat	16 SQ FT	4% Chrysotile	Full containment
Room 5 storage	Wall plaster top coat and base coat	500 SQ FT	4% Chrysotile	Full containment
Room 4	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 4, closet & storage	Ceiling systems, plaster / top coat and base coat	933 SQ FT	4% Chrysotile	Full containment
Room 4	Window well wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 4	3-door frame & wall plaster top coat and base coat	48 SQ FT	4% Chrysotile	Full containment
Room 4 & hall wall	Wall plaster top coat and base coat	280 SQ FT	4% Chrysotile	Full containment
Room 4 storage	Built up flooring to joist	140 SQ FT	2.7% Chrysotile	Full containment
Room 4 storage	Window well wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 4 storage	1-door frame & wall plaster top coat and base coat	16 SQ FT	4% Chrysotile	Full containment
Room 4 storage & hall wall	Wall plaster top coat and base coat	564 SQ FT	4% Chrysotile	Full containment
Principal's office storage	2-door frame & wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Principal's office storage	Spot removal built up flooring section to substrate	2 SQ FT	4% Chrysotile	Full containment
Main office/Prin office/ storage	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Main office/Prin office/ storage	Wall plaster top coat and base coat	1,150 SQ FT	4% Chrysotile	Full containment
Main office/Prin office/ storage	Ceiling systems, plaster / top coat and base coat	903 SQ FT	4% Chrysotile	Full containment
Main office/Prin office/ storage	Tiles and associated built up flooring to substrate	928 SQ FT	2.7-10% Chrysotile	Full containment
Main office/Prin office/ storage	Spot removal - wall plaster / top coat and base coat	5 SQ FT	4% Chrysotile	Full containment
Corridors A & B	Ceiling systems, plaster / top coat and base coat	1,965 SQ FT	4% Chrysotile	Full containment
Corridors A & B	Spot removal - wall plaster / top coat and base coat	60 SQ FT	4% Chrysotile	Full containment
Vestibule	Ceiling systems, plaster / top coat and base coat	250 SQ FT	4% Chrysotile	Full containment
Vestibule	Spot removal - wall plaster / top coat and base coat	4 SQ FT	4% Chrysotile	Full containment
Room 3	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 3	1-door frame & wall plaster top coat / base coat	16 SQ FT	4% Chrysotile	Full containment
Room 3, closet & storage	Ceiling systems, plaster / top coat and base coat	953 SQ FT	4% Chrysotile	Full containment
Room 3 & storage	Spot removal - wall plaster / top coat and base coat	120 SQ FT	4% Chrysotile	Full containment
Room 1	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment



MAR 26 2019

Room 1	2-door frame & wall plaster top coat / base coat	32 SQ FT	4% Chrysotile	Full containment
Room 1, closet & storage	Ceiling systems, plaster / top coat and base coat	933 SQ FT	4% Chrysotile	Full containment
Room 1 & closet	Wall plaster top coat / base coat	380 SQ FT	4% Chrysotile	Full containment
Room 1 storage	1-door frame & wall plaster top coat / base coat	16 SQ FT	4% Chrysotile	Full containment
Room 1 storage	Wall plaster top coat / base coat	280 SQ FT	4% Chrysotile	Full containment
Room 1 storage	Spot removal built up flooring section to substrate	2 SQ FT	2.7-10% chrysotile	Full containment
Room 1 storage	Spot removal - wall plaster / top coat and base coat	10 SQ FT	4% Chrysotile	Full containment
Room 2	Fin tube radiators, wall plaster top coat / base coat	220 SQ FT	4% Chrysotile	Full containment
Room 2	1-door frame & wall plaster top coat / base coat	16 SQ FT	4% Chrysotile	Full containment
Room 2, closet & storage	Ceiling systems, plaster / top coat and base coat	949 SQ FT	4% Chrysotile	Full containment
Room 2 & storage	Spot removal - wall plaster / top coat and base coat	4 SQ FT	4% Chrysotile	Full containment
Kinder bathroom	Ceiling systems, plaster / top coat and base coat	63 SQ FT	4% Chrysotile	Full containment
Kinder bathroom & Corridor B adjacent	Window well wall plaster top coat / base coat	18 SQ FT	4% Chrysotile	Full containment
Kinder bathroom, Cor B & stair entrance	Wall plaster top coat / base coat	600 SQ FT	4% Chrysotile	Full containment
Kinder bathroom & stair B entrance	2-door frame & wall scratch coat	32 SQ FT	4% Chrysotile	Full containment
Nurse restroom	Built up flooring to joist	33 SQ FT	2.7% Chrysotile	Full containment
Nurse restroom & office	Wall plaster top coat / base coat	450 SQ FT	4% Chrysotile	Full containment
Nurse restroom & office	2-door frame & wall plaster top coat / base coat	32 SQ FT	4% Chrysotile	Full containment
Nurse restroom & office	Ceiling systems, plaster / top coat and base coat	245 SQ FT	4% Chrysotile	Full containment
Nurse office	Spot removal - wall plaster / top coat and base coat	3 SQ FT	4% Chrysotile	Full containment

PHASE-3				
S-1 work area - 2 <sup>nd</sup> Floor (Drawing ASB-SF1.0)				
Location	Material description	Amount	% asbestos / type	Type of abatement
Storage/CST office	Ceiling systems, plaster / top coat and base coat	178 SQ FT	4% Chrysotile	Full containment
Storage/CST office	1-door frame & wall plaster top coat and base coat	16 SQ FT	4% Chrysotile	Full containment
Storage/CST office	Spot removal - wall plaster / top coat and base coat	3 SQ FT	4% Chrysotile	Full containment
Room 13	Metal spline & tin ceiling systems	735 SQ FT	4% Chrysotile	Full containment
Room 13	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 13	2-door frame & wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 13 & closet	Spot removal - wall plaster / top coat and base coat	12 SQ FT	4% Chrysotile	Full containment
Room 17	Metal spline & tin ceiling systems	749 SQ FT	4% Chrysotile	Full containment
Room 17	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 17	4-door frame & wall plaster top coat and base coat	64 SQ FT	4% Chrysotile	Full containment
Room 17	Wall plaster top coat and base coat	700 SQ FT	4% Chrysotile	Full containment
Room 17	Tiles and associated built up flooring to substrate	800 SQ FT	3-10% Chrysotile	Full containment
Room 17	Spot removal built up flooring section to substrate	2 SQ FT	2.7% Chrysotile	Full containment
Rooms 16 & 17 storage areas	Metal spline & tin ceiling systems	232 SQ FT	4% Chrysotile	Full containment
Rooms 16 & 17 storage areas	2-door frame & wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment



MAR 26 2019

Rooms 16 & 17 storage areas & hall wall	Wall plaster top coat and base coat	1,200 SQ FT	4% Chrysotile	Full containment
Room 16 storage	Spot removal built up flooring section to substrate	2 SQ FT	2.7% Chrysotile	Full containment
Room 16	Metal spline & tin ceiling systems	775 SQ FT	4% Chrysotile	Full containment
Room 16	1-door frame & wall plaster top coat and base coat	16 SQ FT	4% Chrysotile	Full containment
Room 16	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 16	Spot removal - wall plaster / top coat and base coat	4 SQ FT	4% Chrysotile	Full containment
Room 15	Metal spline & tin ceiling systems	779 SQ FT	4% Chrysotile	Full containment
Room 15	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 15	Window well wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 15	2-door frame & wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 15	Wall plaster top coat and base coat	260 SQ FT	4% Chrysotile	Full containment
Room 15	Spot removal - wall plaster / top coat and base coat	3 SQ FT	4% Chrysotile	Full containment
Room 15 storage	Ceiling systems, plaster / top coat and base coat	165 SQ FT	4% Chrysotile	Full containment
Room 15 storage	Built up flooring to joist	140 SQ FT	2.7-10% Chrysotile	Full containment
Room 15 storage	Window well wall plaster top coat and base coat	18 SQ FT	4% Chrysotile	Full containment
Room 15 storage	1-door frame & wall plaster top coat and base coat	16 SQ FT	4% Chrysotile	Full containment
Room 15 storage & hall wall	Wall plaster top coat and base coat	1,040 SQ FT	4% Chrysotile	Full containment
Room 14	Metal spline & tin ceiling systems	768 SQ FT	4% Chrysotile	Full containment
Room 14	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 14	Window well wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 14 & hall wall	3-door frame & wall plaster top coat and base coat	48 SQ FT	4% Chrysotile	Full containment
Room 14	Wall plaster top coat and base coat	580 SQ FT	4% Chrysotile	Full containment
Room 14 storage	Ceiling systems, plaster / top coat and base coat	165 SQ FT	4% Chrysotile	Full containment
Room 14 storage	Built up flooring to joist	140 SQ FT	2.7% Chrysotile	Full containment
Room 14 storage	Window well wall plaster top coat and base coat	18 SQ FT	4% Chrysotile	Full containment
Room 14 storage & hall wall	1-door frame & wall plaster top coat and base coat	16 SQ FT	4% Chrysotile	Full containment
Room 14 storage & hall wall	Wall plaster top coat and base coat	1,040 SQ FT	4% Chrysotile	Full containment
Room 12	Metal spline & tin ceiling systems	780 SQ FT	4% Chrysotile	Full containment
Room 12	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 12	Spot removal - wall plaster / top coat and base coat	6 SQ FT	4% Chrysotile	Full containment
Room 12 storage & hall wall	2-door frame & wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Room 12 storage	Ceiling systems, plaster / top coat and base coat	128 SQ FT	4% Chrysotile	Full containment
Room 12 storage	Wall plaster top coat and base coat	120 SQ FT	4% Chrysotile	Full containment
Room 12 storage	Spot removal - wall plaster / top coat and base coat	3 SQ FT	4% Chrysotile	Full containment
Room 12 storage	Spot removal built up flooring section to substrate	3 SQ FT	2-7% Chrysotile	Full containment
Speech	Ceiling systems, plaster / top coat and base coat	250 SQ FT	4% Chrysotile	Full containment
Speech	Spot removal - wall plaster / top coat and base coat	8 SQ FT	4% Chrysotile	Full containment
Room 11	Metal spline & tin ceiling systems	800 SQ FT	4% Chrysotile	Full containment

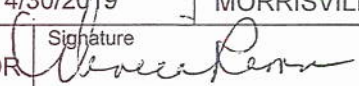


RECEIVED  
MAR 26 2019

Room 11	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 11 storage	Ceiling systems, plaster / top coat and base coat	153 SQ FT	4% Chrysotile	Full containment
Room 11 & storage	Spot removal - wall plaster / top coat and base coat	16 SQ FT	4% Chrysotile	Full containment
Room 10	Metal spline & tin ceiling systems	784 SQ FT	4% Chrysotile	Full containment
Room 10	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
Room 10 storage	Ceiling systems, plaster / top coat and base coat	165 SQ FT	4% Chrysotile	Full containment
Room 10 & storage	Spot removal - wall plaster / top coat and base coat	9 SQ FT	4% Chrysotile	Full containment
East stair tower "C"	Ceiling systems, plaster / top coat and base coat	254 SQ FT	4% Chrysotile	Full containment
Room 9	Metal spline & tin ceiling systems	768 SQ FT	4% Chrysotile	Full containment
Room 9	Fin tube radiators, wall plaster top coat / base coat	150 SQ FT	4% Chrysotile	Full containment
<b>S-2 work area - 2<sup>nd</sup> Floor (Drawing ASB-SF1.0)</b>				
Location	Material description	Amount	% asbestos / type	Type of abatement
Room 9, storage & closet	Spot removal - wall plaster / top coat and base coat	26 SQ FT	4% Chrysotile	Full containment
Room 9 storage	Ceiling systems, plaster / top coat and base coat	165 SQ FT	4% Chrysotile	Full containment
Janitors closet	Ceiling systems, plaster / top coat and base coat	63 SQ FT	4% Chrysotile	Full containment
Janitors closet	Spot removal built up flooring section to substrate	8 SQ FT	4% Chrysotile	Full containment
Janitors closet, hallway & stair entrance	Wall plaster top coat / base coat	960 SQ FT	4% Chrysotile	Full containment
Janitors closet & Stair tower B	2-door frame & wall plaster top coat and base coat	32 SQ FT	4% Chrysotile	Full containment
Teachers' lounge & restroom	Ceiling systems, plaster / top coat and base coat	210 SQ FT	4% Chrysotile	Full containment
Teachers' lounge & restroom	Wall plaster top coat / base coat	540 SQ FT	4% Chrysotile	Full containment
Teachers' lounge & restroom	3-door frame & wall plaster top coat and base coat	48 SQ FT	4% Chrysotile	Full containment
Teachers' lounge	Tiles and associated built up flooring to substrate	450 SQ FT	2.7-10% Chrysotile	Full containment
Teachers' lounge	Spot removal built up flooring section to substrate	8 SQ FT	4% Chrysotile	Full containment
Teachers' lounge	Spot removal - wall plaster / top coat and base coat	4 SQ FT	4% Chrysotile	Full containment
Corridor A	Metal spline & tin ceiling systems	459 SQ FT	4% Chrysotile	Full containment
Corridor B	Ceiling systems, plaster / top coat and base coat	1,274 SQ FT	4% Chrysotile	Full containment
Corridor's A & B	Spot removal - wall plaster / top coat and base coat	50 SQ FT	4% Chrysotile	Full containment

Additional - Rooms 2, 4, 6, 16 & ESL	Floor Tile	3,370 SF	Full Containment
1st Floor: 1,2,3,4,5,6,7,8,Main/Principal Office,Nurses Office	Wall Plaster	14,632 SF	Full Containment
2nd Floor: 9,10,11,12,13,14,15,16,17,Teachers Lounge			

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

Date of Notification (1) 3/11/2019		Name of Building Owner/Operator (2) NJSDA							
Agencies Notified	Type Notification	Street Address 32 EAST FRONT ST., P.O. BOX 991							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1	City, State, Zip Code TRENTON, NJ 08625							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact CLAIR TSAI-CHS/ROBERT RYAN	Telephone Number 609-858-5186						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) CLEVELAND STREET SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 355 CLEVELAND STREET									
City (5) ORANGE		Square Feet	# of Floors Bldg. Age						
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) AHERA CONSULTANTS, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address P.O. BOX 385		Street Address 11 VREELAND AVENUE							
City, State, Zip Code OCEANVILLE, NJ 08231		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm JOHN SMOYER		Telephone No. 609-652-1833	Telephone No. 973-956-8700 License No. 00494						
Start Date (10) 1/21/2019	Scheduled Completion Date (11) 4/30/2019	Name of OSHA Monitor SAME AS (9) 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 type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
SEE ATTACHED									
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 500 +/-	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 4/30/2019		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature 			Date 3/11/2019		



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

Date of Notification (1) 1/9/2019		Name of Building Owner/Operator (2) NJSDA							
Agencies Notified	Type Notification	Street Address 32 EAST FRONT ST., P.O. BOX 991							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code TRENTON, NJ 08625							
		Name of Contact CLAIR TSAI-OCHS/ROBERT RYAN	Telephone Number 609-858-5186						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) CLEVELAND STREET SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 355 CLEVELAND STREET		Square Feet	# of Floors						
City (5) ORANGE		Bldg. Age							
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) AHERA CONSULTANTS, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address P.O. BOX 385		Street Address 11 VREELAND AVENUE							
City, State, Zip Code OCEANVILLE, NJ 08231		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm JOHN SMOYER		Telephone No. 609-652-1833	License No. 00494						
Start Date (10) 1/21/2019	Scheduled Completion Date (11) 4/30/2019	Name of OSHA Monitor SAME AS (9) 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 type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED									
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 500 +/-	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 4/30/2019		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>				Date 1/9/2019		