

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

Check # 1074

Date of Notification (1) <b>March 23, 2018</b> <b>March 9, 2018</b>		Name of Building Owner / Operator (2) <b>Bank of America</b>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  MAR 27 2018  ASBESTOS CONTROL 2 </div>
Agencies Notified	Type Notification	Street Address <b>1090 Route 202 South</b>		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Branchburg, NJ 08876</b>		
		Name of Contact <b>Dino Nappi</b>		
				Telephone Number <b>516-972-8809</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Bank of America</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 <b>1090 Route 202 South</b>		Square Feet <b>3,500</b>	# of Floors <b>1</b>
City (5) <b>Branchburg</b>		Bldg. Age <b>60</b>	
County (6) <b>Somerset</b>		Current Use (Prior if being demolished) <b>Bank</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>New York Environmental</b>		ASCM No.	
Street Address <b>88 Harbor Road</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
City, State & Zip Code <b>Port Washington, NY 11050</b>		Street Address <b>829 Radio Road</b>	
Project Manager for Monitoring Firm <b>Michael Baudo</b>		Telephone Number <b>516-805-2703</b>	City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>
Scheduled Start Date (10) <b>March 31, 2018</b>		Scheduled Completion Date (11) <b>April 23, 2018</b>	Telephone Number <b>609-296-6916</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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		License Number <b>00817</b>	
Name of OSHA Monitor <b>Synatech, Inc.</b>		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 checked="" type="checkbox"/> ≥3 sf or ≥ 50 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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 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
Teller Area			X	Wall and Ceiling Plaster	30 SF	X			
Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Fairless Hills</b>				
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>April 24, 2018</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 23, 2018</b> <b>March 9, 2018</b>			

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

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

Check # 1032

Date of Notification (1) <b>March 9, 2018</b>		Name of Building Owner / Operator (2) <b>Bank of America</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	Street Address  <b>1090 Route 202 South</b>  City, State & Zip Code <b>Branchburg, NJ 08876</b>  Name of Contact <b>Dino Nappi</b>	
		Telephone Number <b>516-972-8809</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Bank of America</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 <b>1090 Route 202 South</b>		Square Feet <b>3,500</b>	# of Floors <b>1</b>
City (5) <b>branchburg</b>		Bldg. Age <b>60</b>	
County (6) <b>Somerset</b>		Current Use (Prior if being demolished) <b>Bank</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>New York Environmental</b>		ASCM No.	
Street Address <b>88 Harbor Road</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
City, State & Zip Code <b>Port Washington, NY 11050</b>		Street Address <b>829 Radio Road</b>	
Project Manager for Monitoring Firm <b>Michael Baudo</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Telephone Number <b>516-805-2703</b>		Telephone Number <b>609-296-6916</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>March 23, 2018</b>	Scheduled Completion Date (11) <b>April 23, 2018</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 Hours <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor <b>Synatech, Inc.</b>	
		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)

☒  $\geq 3$  sf or  $\geq 50$  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 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
Teller Area			X	Wall and Ceiling Plaster	30 SF	X			


Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Fairless Hills</b>
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>April 24, 2018</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 9, 2018</b>

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

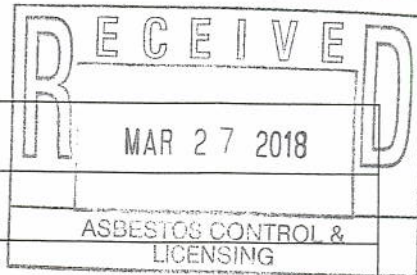
Check # 1075

Date of Notification (1) <b>March 23, 2018</b>		Name of Building Owner / Operator (2) <b>MJD Property Management LLC</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   MAR 27 2018   <b>ASBESTOS CONTROL &amp; LIAISON</b>  Telephone Number  <b>973-706-8535</b> </div>					
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	<b>1900 Union Valley Road, Suite 303</b>  City, State & Zip Code <b>Hewitt, NJ 07470</b>  Name of Contact <b>George A. Guariglia</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Vacant Building</b>			Type of Facility (4)						
Street Address <b>330 Ratzer Road</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, home, etc.)						
City (5) <b>Wayne</b>			Square Feet <b>3,000</b>	# of Floors <b>1</b>	Bldg. Age <b>50</b>				
County (6) <b>Passaic</b>			Current Use (Prior if being demolished) <b>Commercial</b>						
County Code (7) <b>USE ONLY</b>									
Name of Monitoring Firm Hired by Building Owner (8) <b>Partner Engineering and Science, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Synatech, Inc.</b>						
Street Address <b>611 Industrial Way West</b>			Street Address <b>829 Radio Road</b>						
City, State & Zip Code <b>Eatontown, NJ 07724</b>			City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>						
Project Manager for Monitoring Firm <b>Brian Nemetz</b>		Telephone Number <b>732-542-3569</b>	Telephone Number <b>609-296-6916</b>	License Number <b>00817</b>					
Scheduled Start Date (10) <b>April 2, 2018</b>	Scheduled Completion Date (11) <b>May 2, 2018</b>		Name of OSHA Monitor <b>Synatech, Inc.</b>						
Occupancy Status During Abatement (Check only one)			Street Address <b>829 Radio Road</b>						
<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			City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or > 3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <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>Vacant Office Space</b>			<b>X</b>	<b>Linoleum Mastic</b>	<b>2,000 SF</b>	<b>X</b>			
			<b>X</b>	<b>Carpet Mastic</b>	<b>900 SF</b>	<b>X</b>			
			<b>X</b>	<b>Pipe Joint Insulation</b>	<b>80 LF</b>	<b>X</b>			
			<b>X</b>	<b>Pipe Insulation</b>	<b>5 LF</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>20</b>	Name of Registered Landfill <b>Fairless Hills Landfill</b>					
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>May 3, 2018</b>		City, State <b>Morrisville, PA</b>					
Completed By <b>Diane Aloia</b>	Title <b>Exec. Administrator</b>	Signature 			Date <b>March 23, 2018</b>				

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



CK 2532

Date of Notification (1) 3-16-2018		Name of Building Owner/Operator (2) Aponte Development Corp.							
Agencies Notified	Type Notification	Street Address 105 Jacksonville Road							
<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 Lincoln Park, NJ 07035							
		Name of Contact Carlos Aponte	Telephone Number 201-638-2673						
<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) Englewood, NJ 07631		Square Feet 1024	# of Floors 2						
County (6) Bergen		Bldg. Age 65+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 3-16-2018	Scheduled Completion Date (11) 3-16-2018	Name of OSHA Monitor Same as above							
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 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) 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 / wrap& cut	15 LF	X			
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Jersey City, NJ			Disposal Date 3-16-2018	City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager	Signature <i>Liliana Serrano</i>			Date 3-16-2018			



PAID

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

CK 4518

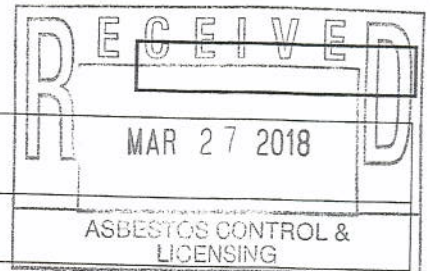
RECEIVED	
MAR 27 2018	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) <b>3/23/18</b>		Name of Building Owner/Operator (2) <b>MS FRAN ASHBY</b>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]						
City, State, Zip Code <b>EAST ORANGE NJ 07017</b>		Name of Contact <b>Ms. ASHBY</b>						
Telephone Number [REDACTED]								
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>MS. ASHBY</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet <b>2000</b>						
City (5) <b>EAST ORANGE</b>		# of Floors <b>2</b>						
County (6) <b>ESSEX</b>		Bldg. Age <b>1935</b>						
County Code (7) <b>ESSEX</b>		Current Use (Prior if being demolished) <b>RESIDENCE</b>						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) <b>Best Removal Inc.</b>						
City, State, Zip Code		Street Address <b>450 South River Street</b>						
Project Manager for Monitoring Firm		City, State, Zip Code <b>Hackensack, NJ 07601</b>						
Telephone No.		Telephone No. <b>201-329-7444</b>						
Start Date (10) <b>4/3/18</b>		License No. <b>00388</b>						
Scheduled Completion Date (11) <b>4/4/18</b>		Name of OSHA Monitor <b>Omega Environmental</b>						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>730 AM TO 500 PM</b>		Street Address <b>280 Huyler Street</b>						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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		City, State, Zip Code <b>South Hackensack, NJ 07606</b>						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>BASEMENT</b>			<b>X THERMAL SYSTEM INSULATION</b>	<b>60 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>		Cubic Yards of Waste <b>2+207</b>		Name of Registered Landfill <b>Minerva Enterprises, LLC</b>		
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>4/4/18</b>		City, State <b>Waynesburg, OH 44688</b>		Date <b>3/23/18</b>		
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>		Signature <i>J. Maiorano</i>		Date <b>3/23/18</b>		



Check#3017

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 8:27)



Date of Notification (1)

03 / 23 / 18

Name of Building Owner/Operator (2)

Dan McCoy

Street Address

City, State, Zip Code

Maplewood, NJ 07040

Name of Contact

Dan McCoy

Telephone Number

ASBESTOS CONTROL &amp; LICENSING

Agencies Notified

☒ EPA  
☒ DOLWD  
☒ DHSS  
☐ DCA  
(NJAC 5:23-8)

Type Notification

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

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private house

Street Address

City (5)

Maplewood, NJ 07040

County (6)

Essex

County Code (7) (STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)  
☐ Subchapter 8 (Other than K-1 2)  
☒ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet

# of Floors

Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

Street Address

City, State, Zip Code

576 Valley Rd #283

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

973-638-1777

01127

Start Date (10)

04 / 03 / 18

Scheduled Completion Date (11)

04 / 05 / 18

Name of OSHA Monitor

Envirovision Consultants, Inc

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

20-21 Wagaraw Road, Bldg. # 35E

City, State, Zip Code

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf  
☒ > 160 sf or >260 lf

☒ Renovation  
☐ Demolition

☐ Clean up and decontamination with negative pressure  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glovebag Procedure ☐ Tent with Negative Pressure  
☒ 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement&crawl space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family room-first floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles	200 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"/>

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Gr Tech LLC	0033785	TBD	T.R.R.F. Inc
City, State		Disposal Date	City, State
Wayne, NJ 07470		TBD	Tullytown, PA
Completed By (Print or Type)	Title	Signature	Date
N.Jevtic	Owner	<i>N.Jevtic</i>	03/23/18

ASB-41

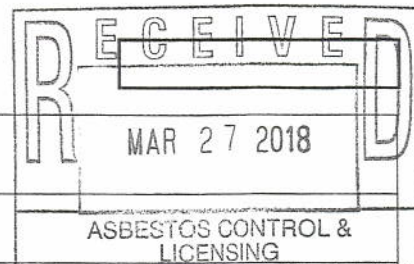
MAY 11

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



Check#3016

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



Date of Notification (1) 03 / 23 / 18		Name of Building Owner/Operator (2) Ann Weins	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Chatham, NJ 07928	
Name of Contact Ann Weins		Telephone Number _____	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet    # of Floors    Bldg. Age	
City (5) Chatham, NJ 07928			
County (6) Morris	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		License No.	
Telephone No.		973-638-1777	
Start Date (10) 04 / 02 / 18	Scheduled Completion Date (11) 04 / 03 / 18	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

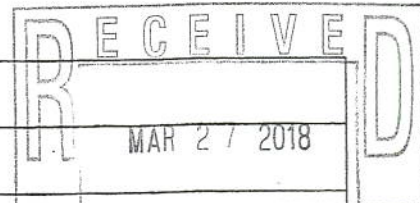
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct insulation	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement-closet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles	50 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"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>		Date 03/23/18	

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

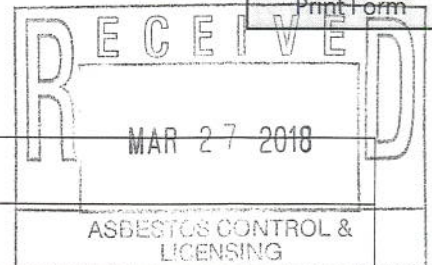
CL 4519



Date of Notification (1) <b>3/23/18</b>		Name of Building Owner/Operator (2) <b>MR. KENETH GILMAN</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"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>SUMMIT, NJ, 07901</b>							
		Name of Contact <b>MR GILMAN</b>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>MR. KENETH GILMAN</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>SUMMIT</b>	Square Feet <b>2200</b>	# of Floors <b>2</b>	Bldg. Age <b>1940</b>						
County (6) <b>UNION</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.							
Street Address		Name of Abatement Contractor (9) <b>Best Removal Inc.</b>							
City, State, Zip Code		Street Address <b>450 South River Street</b>							
Project Manager for Monitoring Firm		City, State, Zip Code <b>Hackensack, NJ 07601</b>							
Telephone No.		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>						
Start Date (10) <b>4/5/18</b>	Scheduled Completion Date (11) <b>4/6/18</b>	Name of OSHA Monitor <b>Omega Environmental</b>							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>730 AM TO 5:00 PM</b>		Street Address <b>280 Huyler Street</b>							
		City, State, Zip Code <b>South Hackensack, NJ 07606</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>110LF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT</b>				<b>THERMAL SYSTEM INSULATION</b>		<b>X</b>			
Name of Registered Waste Hauler <b>Best Removal Inc.</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>3cys</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>					
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>4/6/18</b>		City, State <b>Waynesburg, OH 44688</b>					
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>		Signature <i>J. Maiorano</i>		Date <b>3/23/18</b>			

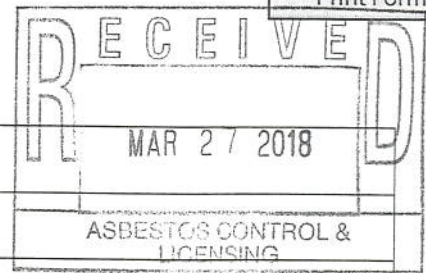


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 03/22/2018		Name of Building Owner/Operator (2) Richard Barry							
Agencies Notified	Type Notification	Street Address [REDACTED]	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Teaneck, NJ 07666	Name of Contact Richard Barry						
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Teaneck		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____							
Street Address		Name of Abatement Contractor (9) D&S Abatement, Inc.							
City, State, Zip Code		Street Address 11 Rosengren Avenue							
Project Manager for Monitoring Firm		City, State, Zip Code Totowa, NJ 07512							
Telephone No. _____		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 04/02/2018	Scheduled Completion Date (11) 04/03/2018	Name of OSHA Monitor D&S Abatement, 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 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	150 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Oliver Hegedis		Title Project Manager	Signature 	Date 03/22/2018					

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



Date of Notification (1) 03/22/2018		Name of Building Owner/Operator (2) Eva Curtis							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Short Hills, NJ 07078							
		Name of Contact Eva Curtis	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Short Hills		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685						
			License No. 01311						
Start Date (10) 04/03/2018	Scheduled Completion Date (11) 04/04/2018	Name of OSHA Monitor D&S Abatement, 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 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 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
Furnace Room		X		Floor tiles	120 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 			Date 03/22/2018		



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

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	MAR 27 2018 CHECK # CREDIT
ASBESTOS CONTROL & LICENSING	

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Date of Notification (1) <b>3/15/18</b>		Name of Building Owner/Operator (2) <b>MICHAEL VIOLA</b>	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED]	<b>WESTWOOD, N.J. 07432</b>
Name of Facility Where Abatement is Taking Place (3) <b>JEWELERS</b>		Name of Contact <b>MICHAEL VIOLA</b>	Telephone Number <b>201-664-2211</b>
Street Address [REDACTED]		Type of Facility (4)	
City (5) <b>WESTWOOD</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Substantial (Other than K-12) <input checked="" type="checkbox"/> Other (e.g., private & commercial buildings, homes, etc.)	
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY)	Square Feet <b>2500</b>	# of Floors <b>2</b>
Name of Monitoring Firm Hired by Building Owner (8)		Bldg. Age <b>150</b>	
Street Address		Current Use (If being demolished)	
City, State, Zip Code		Name of Abatement Contractor (9) <b>A.M.A.C. Contracting Inc.</b>	
Project Manager for Monitoring Firm		Street Address <b>186 Midland Ave.</b>	
Start Date (10) <b>3/16/18</b>		City, State, Zip Code <b>Midland Park, NJ 07432</b>	
Scheduled Completion Date (11) <b>3/26/18</b>		Telephone No. <b>201-262-5841</b>	
Occupancy Status During Abatement (Check Only One)		License No. <b>00158</b>	
<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 <b>Omega Environmental Services Inc.</b>	
Scope of Work (Check All That Apply)		Street Address <b>280 Huyler Street</b>	
<input checked="" type="checkbox"/> 23 of or 23 ft <input type="checkbox"/> 2160 sf or 2260 ft		City, State, Zip Code <b>Hackensack, NJ 07606</b>	
<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"/> Gloving Procedure <input type="checkbox"/> Non-Enclosure	
Location of Asbestos-Containing Material (ACM) to be Abated in Facility (13) <b>BASEMENT</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>190 LF</b>
		<b>PIPE INSULATION</b>	Abatement Type Removal Repair Encapsulate Enclosure
Name of Registered Waste Handler <b>Newark Carling Inc.</b>		Waste Handler ID No. <b>04509</b>	Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>
City, State <b>Newark, NJ 07105</b>		Cubic Yards of Waste <b>2</b>	City, State <b>PA 06702</b>
Completed by <b>Joseph Vaccaro</b>		Disposal Date <b>3/6/18 ON</b>	Penalty <b>PA 06702</b>
Title <b>Vice President</b>		Signature <b>J. Vaccaro</b>	Date <b>3/15/18</b>

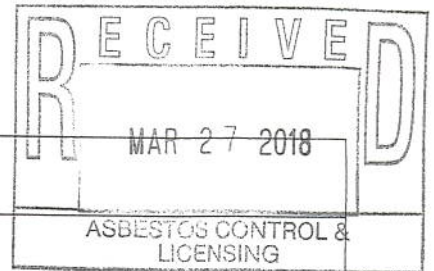
ASB-41 (A-00-08)

\* Do not use this form for asbestos abatement activities.



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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 Pursuant to NJAC 8:26 and 5:16)



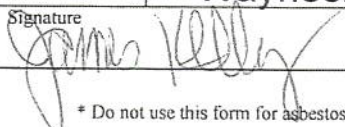
Date of Notification (1) 03 / 22 / 18		Name of Building Owner/Operator (2) East Orange Board of Education		ASBESTOS CONTROL & LICENSING					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> 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 199 4th Ave. City, State, Zip Code East Orange, NJ 07017 Name of Contact Dario Lambkin Telephone Number 973-233-7300					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Whitney E. Houston Academy			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 215 Dodd St.			Square Feet						
City (5) East Orange			# of Floors						
County (6) Essex			Bldg. Age						
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc.		ASCM No. 0057		Name of Abatement Contractor (9) Academy Construction Inc.					
Street Address P.O. Box 385		Street Address 205 Rt. 46 West Suite 14		City, State, Zip Code Totowa, NJ 07512					
City, State, Zip Code Oceanville, NJ 08231-0385		Telephone No. 609-652-1833		License No. 01155					
Project Manager for Monitoring Firm Eric Clarkson		Name of OSHA Monitor Same as above		Start Date (10) 04 / 04 / 18					
Scheduled Completion Date (11) 04 / 17 / 18		Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM- ____ PM/ ____ PM- ____ AM							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Classroom S-13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite wall board surfacing	420 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Classroom S-13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe & Fitting Insulation	230 LF	<input checked="" type="checkbox"/>	<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"/>
Name of Registered Waste Hauler Academy Construction Inc.		NJDEP Waste Hauler ID No. 034422		Cubic Yards of Waste 6		Name of Registered Landfill Fairless Landfill			
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) John Geleski		Title PM		Signature 		Date 03/22/18			



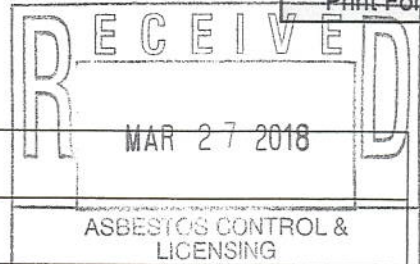
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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Check # 1564

Date of Notification (1) <b>3-23-18</b>		Name of Building Owner/Operator (2) <b>188 Route 10 West, LLC</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAR 27 2018 ASBESTOS CONTROL &amp; LICENSING </div>	
Agencies Notified		Street Address <b>100 Dunbar Street</b>			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code <b>Spartanburg, SC 29306</b>			
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		Name of Contact			
<div style="text-align: center;">FACILITY INFORMATION</div>					
Name of Facility Where Abatement is Taking Place (3) <b>188 NJ - Route 10</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>188 NJ - Route 10</b>				Square Feet <b>45,000</b>	
City (5) <b>East Hanover</b>				# of Floors <b>3</b>	
County (6) <b>Morris</b>				Bldg. Age <b>60 yrs.</b>	
County Code (7) (STATE USE ONLY) _____				Current Use (Prior if being demolished) <b>Vacant</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Whitestone Associates</b>			ASCM No. _____		
Street Address <b>1600 Manor Drive</b>			Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>		
City, State, Zip Code <b>Chalfont, PA 18914</b>			Street Address <b>923 Haws Avenue</b>		
Project Manager for Monitoring Firm <b>Jeremy Hassett</b>			City, State, Zip Code <b>Norristown, PA 19401</b>		
Telephone No. <b>215-712-2700</b>			Telephone No. <b>610-239-9920</b>		
Start Date (10) <b>4/13/18</b>			License No. <b>00398</b>		
Scheduled Completion Date (11) <b>4/17/18</b>			Name of OSHA Monitor <b>EHS Environmental, Inc.</b>		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>building under construction</b>			Street Address <b>411 Southgate Court, Suite E</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			City, State, Zip Code <b>Mickleton, NJ 08056</b>		
<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)	
		Yes No N/A		Amount (Specify SF or LF)	
Roof				2,400 SF	
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>4509</b>		Cubic Yards of Waste <b>30 cy</b>	
City, State <b>Newark, NJ</b>		Disposal Date <b>4/17/18</b>		Name of Registered Landfill <b>Minerva Landfill</b>	
Completed by <b>James Kelly</b>		Title <b>President</b>		City, State <b>Waynesburg, OH</b>	
		Signature 		Date <b>3-23-18</b>	

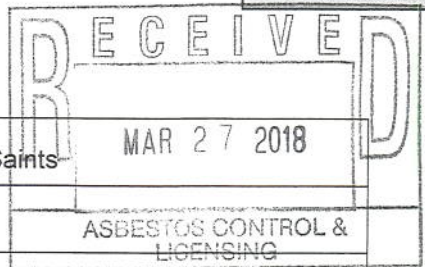
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 3/23/18		Name of Building Owner/Operator (2) James Douglas Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]	ASBESTOS CONTROL & LICENSING						
<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 Surf City NJ 08008	Telephone Number						
		Name of Contact Jim							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) James Douglas 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) Surf City NJ 08008		Square Feet 1000 +	# of Floors 2. Bldg. Age 35+						
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House & garage							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 4/6/18	Scheduled Completion Date (11) 4/13/18	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	2500SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 4/13/18		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 3/23/18		

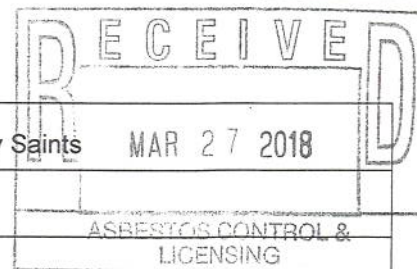


**PAID**  
 State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 03-22-2018		Name of Building Owner/Operator (2) The Church of Jesus Christ of Latter-day Saints		MAR 27 2018			
Agencies Notified		Type Notification		Street Address P.O. Box 1968			
<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 Fairmont, West Virginia 26555-1968			
		Name of Contact		Telephone Number			
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Proposed Church			Type of Facility (4)				
Street Address 47 Bassett Highway			<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) Dover			Square Feet 41,450	# of Floors 2	Bldg. Age 62+		
County (6) Morris		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Warehouse			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) United Safety LLC			
Street Address		Street Address 22 Troy Lane					
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-276-0099	License No. 01317		
Start Date (10) 04-02-2018		Scheduled Completion Date (11) 04-07-2018		Name of OSHA Monitor United Safety LLC			
Occupancy Status During Abatement (Check Only One)				Street Address 22 Troy Lane			
<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 Lincoln Park, NJ 07035			
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
			Continued Page 2				
Roof Wall		X	Metal Sheet Caulking, Blue	17 SF	X		
Roof ( West Side)		X	Transite	50 SF	X		
1st Floor Interior East Side		X	Waterproofing Mastic (Black)	40 SF	X		
Name of Registered Waste Hauler Newark Carting Inc/United Safety LLC		NJDEP Waste Hauler ID No. 04509/0036820		Cubic Yards of Waste TBD	Name of Registered Landfill IESI Landfill/ GROWS Landfill		
City, State Newark, NJ/Lincoln Park, NJ				Disposal Date TBD	City, State Bethlehem, PA/Tullytown, PA		
Completed by Vanco Petkov		Title Project Manager		Signature 		Date 03-22-2018	

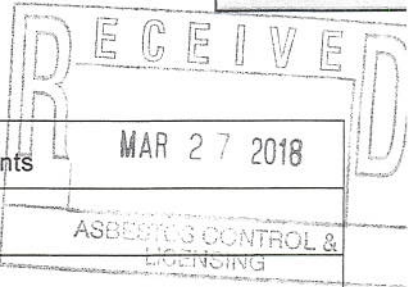
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 Pursuant to NJAC 8:60 and 12:120



Date of Notification (1) 03-22-2018		Name of Building Owner/Operator (2) The Church of Jesus Christ of Latter-day Saints							
Agencies Notified	Type Notification	Street Address P.O. Box 1968							
<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 Fairmont, West Virginia 26555-1968							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Proposed Church		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 47 Bassett Highway		Square Feet 41,450	# of Floors 2						
City (5) Dover		Bldg. Age 62+							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Warehouse							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) United Safety LLC						
Street Address		Street Address 22 Troy Lane							
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm		Telephone No. 973-276-0099	License No. 01317						
Start Date (10) 04-02-2018	Scheduled Completion Date (11) 04-07-2018	Name of OSHA Monitor United Safety 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 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
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) 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
Ground 1st Roof Base		X		Flashing	342 SF	X			
Ground 1st Roof Parapet Wall		X		Flashing Tar	17 SF	X			
Main Roof Parapet & Vent Duct		X		Flashing Tar	15 SF	X			
Roof Membrane		X		Canopy	900 SF	X			
Name of Registered Waste Hauler Newark Carting Inc/United Safety LLC		NJDEP Waste Hauler ID No. 04509/0036820		Cubic Yards of Waste TBD	Name of Registered Landfill IESI Landfill/GROWS Landfill				
City, State Newark, NJ/Lincoln Park, NJ				Disposal Date TBD	City, State Bethlehem, PA/Tullytown, PA				
Completed by Vanco Petkov		Title Project Manager		Signature 		Date 03-22-2018			



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



Date of Notification (1) 03-22-2018		Name of Building Owner/Operator (2) The Church of Jesus Christ of Latter-day Saints							
Agencies Notified	Type Notification	Street Address P.O. Box 1968							
<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 Fairmont, West Virginia 26555-1968							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Proposed Church		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 47 Bassett Highway		Square Feet 41,450	# of Floors 2						
City (5) Dover		Bldg. Age 62+							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Warehouse							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) United Safety LLC						
Street Address		Street Address 22 Troy Lane							
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-276-0099						
Start Date (10) 04-02-2018		Scheduled Completion Date (11) 04-07-2018	License No. 01317						
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 United Safety LLC							
		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Continued Page 3									
1st Floor Interior West Side (Front)		X		Waterproofing Mastic (Black)	152 SF	X			
1st Floor Interior West Side (Middle)		X		Waterproofing Mastic (Black)	70 SF	X			
Name of Registered Waste Hauler Newark Carting Inc/United Safety LLC		NJDEP Waste Hauler ID No. 04509/0036820		Cubic Yards of Waste TBD	Name of Registered Landfill IESI Landfill/GROWS Landfill				
City, State Newark, NJ/Lincoln Park, NJ				Disposal Date TBD	City, State Bethlehem, PA/Tullytown, PA				
Completed by Vanco Petkov		Title Project Manager			Signature 		Date 03-22-2018		



Tom Voorhees, DOL  
3/22/18 4pm

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:26 and 12:120)

**PAID**

CR # 3335

<b>RECEIVED</b>	
MAR 27 2018	
ASBESTOS CONTROL & REMEDIATION	
Telephone Number 732-431-7760	

Date of Notification (1) <b>3/22/18</b>		Name of Building Owner / Operator (2) <b>County of Monmouth</b>	
Agencies Notified	Type Notification	Street Address <b>Special Services Complex, 2<sup>nd</sup> Flr, 300 Halls Mill Road</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Freehold, NJ 07728</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <b>Casey Hornstra</b>	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Monmouth County Courthouse</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>71 Monument Road</b>		Square Feet <b>45000</b>	# of Floors <b>3</b>
City (5) <b>Freehold</b>	County (6) <b>Monmouth</b>	County Code (7)	Bldg. Age <b>55+</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>NV5</b>		ASCM No. <b>00030</b>	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>
Street Address <b>850 Bear Tavern Road</b>		Street Address <b>1123 Beaver Street</b>	
City, State & Zip Code <b>Trenton, NJ 08628</b>		City, State & Zip Code <b>Bristol, PA 19007</b>	
Project Manager for Monitoring Firm <b>Ryan Broadwater</b>		Telephone Number <b>609-323-2555</b>	License Number <b>00509</b>
Scheduled Start Date (10) <b>3/23/18</b>	Scheduled Completion Date (11) <b>3/24/18</b>	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 Hours – 7am to 3pm Describe: <b>5:00 PM – 1:30 AM</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 Beaver Street</b>	
		City, State & Zip Code <b>Bristol, PA 19007</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Mechanical/Storage Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vibration Collar	16 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>1/2 Cu Yd</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>New Castle, Delaware</b>		Disposal Date <b>3/26/18</b>	City, State <b>Waynesburg, OH</b>		
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>		Date <b>3/22/18</b>

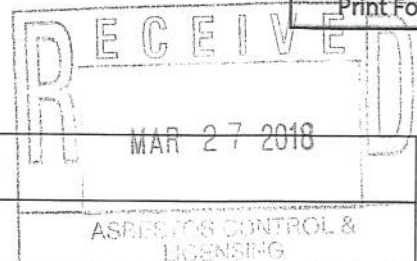


Check # 25560

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

Date of Notification (1) 3/26/2018		Name of Building Owner/Operator (2) Clary		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED  MAR 27 2018  ASBESTOS CONTROL &amp; REMEDIATION </div>							
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 Princeton, NJ 08540					
				Name of Contact Cathryn Clary		Telephone Number					
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4)							
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Princeton, NJ 08540				Square Feet 2200		# of Floors 2					
County (6) Mercer				County Code (7) (STATE USE ONLY)		Bldg. Age 100 +/-					
Name of Monitoring Firm Hired by Building Owner (8) MECS				ASCM No.		Current Use (Prior if being demolished) Residential					
Street Address PO Box 341				Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
City, State, Zip Code Chesterfield, NJ 08515				Street Address PO Box 322							
Project Manager for Monitoring Firm Bill Weisgarber				Telephone No. 609 298-4070		City, State, Zip Code Allentown, NJ 08501					
Start Date (10) 4/5/2018				Scheduled Completion Date (11) 4/6/2018		Telephone No. 609 259-9688					
Occupancy Status During Abatement (Check Only One)				License No. 00493		Name of OSHA Monitor MECS					
<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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
Basement		X		Thermal Pipe Insulation		50 lf		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 4/9/2018		City, State Morrisville, PA					
Completed by Mahlon E. Stevens				Title Project Manager		Signature		Date 3/26/18			

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

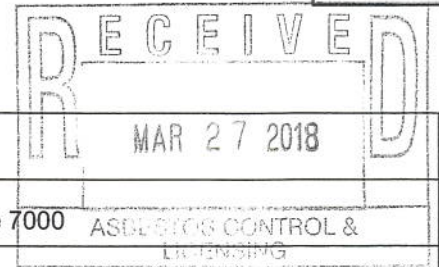


Date of Notification (1) March 26, 2018		Name of Building Owner/Operator (2) Virtua		Street Address 20 West Stow Road, Suite 3		City, State, Zip Code Marlton, NJ 08053		Name of Contact Patrick Giordano		Telephone Number 856-355-0923	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> 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		<b>FACILITY INFORMATION</b> Name of Facility Where Abatement is Taking Place (3) Vacant Residence Street Address [REDACTED] City (5) Voorhees County (6) Camden County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Residence Name of Monitoring Firm Hired by Building Owner (8) Vertex ASCM No. _____ Name of Abatement Contractor (9) ecoservices, LLC Street Address 700 Turner Industrial Way, Suite 105 City, State, Zip Code Aston, PA 19014 Project Manager for Monitoring Firm Dave Brown Telephone No. 610-745-6311 Telephone No. 484-872-8884 License No. 01161 Start Date (10) 4/9/18 Scheduled Completion Date (11) 4/20/18 Name of OSHA Monitor EMSL Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: Vacant Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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) TO BE ABATED In Facility (13) Basement Basement / Stairway 2nd floor Exterior		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X X X X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) VAT Ceiling (textured) VAT Window Caulk (15 each)		Amount (Specify SF or LF) 700 SF 850 SF 300 SF 225 LF		Abatement Type Removal Repair Encapsulate Enclosure X X X X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 15		Name of Registered Landfill GROWS Landfill					
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA							
Completed by Jack Bally		Title Sr. Project Manager		Signature Jack Bally @		Date March 26, 2018					



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



Date of Notification (1) March 26, 2018		Name of Building Owner/Operator (2) Linde, LLC							
Agencies Notified	Type Notification	Street Address 200 Somerset Corporate Blvd, Suite 7000							
<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 Bridgeport, NJ 08807							
		Name of Contact Tom Schultz	Telephone Number 609-970-1118						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Linde		Type of Facility (4)							
Street Address 38 Porcupine Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Pedricktown		Square Feet NA	# of Floors NA						
County (6) Salem		County Code (7) (STATE USE ONLY) _____	Bldg. Age ~60						
Name of Monitoring Firm Hired by Building Owner (8) EHS		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 411 Southgate Court, Suite E		Street Address 303 B National Road							
City, State, Zip Code Mickleton, NJ		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	Telephone No. 484-872-8884						
Start Date (10) 4/16/18		Scheduled Completion Date (11) 5/4/18	License No. 01161						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor EMSL							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Vacant, former chemical plant		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Open field			X	Transite pipe	300 LF	X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 35	Name of Registered Landfill Salem County Landfill					
City, State Trenton, NJ			Disposal Date TBD	City, State Alloway, NJ					
Completed by Jack Bally		Title Sr. Project Manager	Signature <i>Jack Bally</i>			Date March 26, 2018			

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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:26 and 12:120)

Print Form
MAR 27 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 3/23/18		Name of Building Owner/Operator (2) Donna Bruun, Executor for the Estate of Dorothy Granahan							
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 Newtown, PA 18940							
		Name of Contact Donna Bruun	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Manville		Square Feet 1,200	# of Floors 2						
County (6) Somerset		Bldg. Age 50+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) 1 Source Safety & Health		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 140 S. Village Avenue		Street Address 303 B National Road							
City, State, Zip Code Exton, PA 19341		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Dan Bruun		Telephone No. 609-226-8557	License No. 01161						
Start Date (10) 4/9/18	Scheduled Completion Date (11) 4/10/18	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North							
<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 Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Floor Tile	450 SF	X			
Name of Registered Waste Hauler ecoservices, LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 2	Name of Registered Landfill GROWS Landfill					
City, State Exton, PA		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager		Signature Jack Bally			Date 3/23/18		



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

Check # 25564

Date of Notification (1) 3/23/2018		Name of Building Owner/Operator (2) Lawson							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Metuchen, NJ 08840							
		Name of Contact Steven Lawson	Telephone Number						
<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 1800	# of Floors 2						
City (5) Metuchen, NJ 08840		Bldg. Age 75 +/-							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code 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						
Start Date (10) 4/2/2018		Scheduled Completion Date (11) 4/5/2018	License No. 00493						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 am 4 pm		Name of OSHA Monitor MECS							
		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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		Thermal Pipe Insulation	25 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 4/5/2018	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager	Signature 	Date 3/23/18					

05/14/18

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

Date of Notification (1) 3/23/18		Name of Building Owner/Operator (2) Neil Piekny							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input 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	[REDACTED]							
		City, State, Zip Code Demarest, NJ 07627							
		Name of Contact Neil Piekny	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Demarest		Square Feet 3300	# of Floors 2						
		Bldg. Age 60+/-							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 4/2/18	Scheduled Completion Date (11) 4/5/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	22 SF	x			
Basement		x		Mastic	184 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President	Signature 	Date 3/23/18					



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

Job #: 1803-2288

Date of Notification (1) <b>3.22.18</b>		Name of Building Owner / Operator (2) <b>Thomas Toolan</b>							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Freehold, NJ 07728</b>							
		Name of Contact <b>Thomas Toolan</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</b>		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) <b>Freehold, NJ</b>	County (6) <b>Monmouth</b>	County Code (7)	Square Feet <b>1,924</b>						
			# of Floors <b>1</b>						
			Bldg. Age <b>1972</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Finog Environmental, Inc.</b>		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>							
Street Address <b>617 Stokes Rd., Suite 4-318</b>		Street Address <b>3859 Sylon Blvd.</b>							
City, State & Zip Code <b>Medford, NJ</b>		City, State & Zip Code <b>Hainesport, NJ 08036</b>							
Project Manager for Monitoring Firm <b>Finog Environmental</b>		Telephone Number <b>888-715-2211</b>	License Number <b>00862</b>						
Scheduled Start Date (10) <b>4-6-18</b>	Scheduled Completion Date (11) <b>4-6-18</b>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one)		Street Address <b>107 Haddon Ave.</b>							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area		City, State & Zip Code <b>Westmont, NJ 08108</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 $\geq 260$ lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Right Rear Bedroom</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor Tile &amp; Mastic</b>	<b>100 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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>02265</b>	Cubic Yards of Waste	Name of Registered Landfill <b>GROWS</b>					
City, State <b>Trenton, NJ</b>			Disposal Date	City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Joann Mullarkey</b>		Title <b>Admin.</b>	Signature <i>Joann Mullarkey</i>				Date <b>3.22.18</b>		



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

Job #: 1803-2287

Date of Notification (1) <b>3.22.18</b>		Name of Building Owner / Operator (2) <b>Jennifer &amp; Joseph Krencicki</b>	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Bordentown, NJ 08505</b>	
		Name of Contact <b>Jennifer Krencicki</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet <b>1,200</b>		
City (5) <b>Bordentown, NJ</b>			County (6) <b>Burlington</b>		County Code (7)
			# of Floors <b>3</b>		Bldg. Age <b>1850</b>
			Current Use (Prior if being demolished) <b>Residence</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Finog Environmental</b>			ASCM No.		
Street Address <b>617 Stokes Rd., Suite 4-318</b>			Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>		
City, State & Zip Code <b>Medford, NJ 08055</b>			Street Address <b>3859 Sylon Blvd.</b>		
Project Manager for Monitoring Firm <b>Finog Environmental</b>			Telephone Number <b>888-715-2211</b>		License Number <b>00862</b>
Scheduled Start Date (10) <b>4.5.18</b>		Scheduled Completion Date (11) <b>4.5.18</b>		Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area			Street Address <b>107 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

## Scope of Work (Check all that apply)

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

- ☒ Renovation  
☐ Demolition

- ☐ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☒ Glove Bag Procedures  
☐ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	7LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mesh w/ Troweled on Asb.	10 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"/>
	<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>02265</b>	Cubic Yards of Waste	Name of Registered Landfill <b>GROWS</b>
City, State <b>Trenton, NJ</b>	Disposal Date	City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Joann Mullarkey</b>	Title <b>Admin.</b>	Signature <i>Joann Mullarkey</i>	Date <b>3.22.18</b>



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

Job #:1803-2285


**PAID**

Date of Notification (1) <b>3.19.18</b>		Name of Building Owner / Operator (2) <b>Marian Jackson</b>							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Willingboro, NJ 08046</b>							
		Name of Contact <b>Marian Jackson</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet      # of Floors      Bldg. Age <b>2,067                      2                      1961</b>							
City (5) <b>Willingboro, NJ</b>	County (6) <b>Burlington</b>	County Code (7)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>							
Street Address <b>P.O. Box 316</b>		Street Address <b>3859 Sylon Blvd.</b>							
City, State & Zip Code <b>Thorofare, NJ 08096</b>		City, State & Zip Code <b>Hainesport, NJ 08036</b>							
Project Manager for Monitoring Firm <b>Dave Flanigan</b>		Telephone Number <b>856-848-0800</b>	License Number <b>00862</b>						
Scheduled Start Date (10) <b>4.4.18</b>	Scheduled Completion Date (11) <b>4.6.18</b>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area		Street Address <b>107 Haddon Ave.</b>							
		City, State & Zip Code <b>Westmont, NJ 08108</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Living Room</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile</b>	<b>308SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dining Room</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile</b>	<b>132SF</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"/>
	<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>02265</b>	Cubic Yards of Waste	Name of Registered Landfill <b>GROWS</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>4.9.18</b>	City, State <b>Morrisville, PA</b>						
Completed By (Print or Type) <b>Joann Mullarkey</b>		Title <b>Admin.</b>	Signature <i>Joann Mullarkey</i>				Date <b>3.19.18</b>		



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

Check No. **4878**


Date of Notification (1) <b>March 20, 2018</b>		Name of Building Owner/Operator (2) <b>PA of NY &amp; NJ, Newark Liberty International Airport</b>						
Agency Notified  <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>(Not required per State Reg. 10-2004)</small> <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>Building 80, 2nd Floor</b>						
		City, State, Zip Code <b>Newark, NJ 07114</b>						
		Name of Contact <b>Ralph Campione</b>	Telephone Number <b>973-624-6898</b>					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Terminal B, Satellite B3, Ramp Level</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>Terminal B, Newark Liberty International Airport</b>								
City (5) <b>Newark</b>		Square Feet <b>320,000</b>	# of Floors <b>2</b>					
County (6) <b>Essex</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>50 +/-</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>PA of NY &amp; NJ</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>B&amp;N&amp;K Restoration Co., Inc.</b>					
Street Address <b>241 Erie Street, Room 236</b>		Street Address <b>223 Randolph Avenue</b>						
City, State, Zip Code <b>Jersey City, NJ 07310</b>		City, State, Zip Code <b>Clifton, NJ 07011</b>						
Project Manager for Monitoring Firm <b>Ralph Campione</b>		Telephone No. <b>973-624-6898</b>	License No. <b>00120</b>					
Start Date (10) <b>April 02, 2018</b>	Scheduled Completion Date (11) <b>May 31, 2018</b>	Name of OSHA Monitor <b>McCabe Environmental Services, L.L.C.</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 <input type="checkbox"/> Other - Describe:		Street Address <b>464 Valley Brook Avenue</b>						
		City, State, Zip Code <b>Lyndhurst, NJ 07071-1998</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 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
Future PA Storage Room Near Gate 68			<input checked="" type="checkbox"/>	VAT	216 sq ft	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>Jimmy Byrne Trucking</b>		NJDEP Waste Hauler ID No. <b>19555</b>	Cubic Yards of Waste <b>15</b>	Name of Registered Landfill <b>Minerva Enterprises, Inc.</b>				
City, State <b>Bronx, NY</b>		Disposal Date <b>04/03/2018 - 04/30/2018</b>		City, State <b>Waynesburg, OH</b>				
Completed by <b>G. Roger Woodman</b>		Title <b>Project Manager</b>		Signature 			Date <b>3/20/2018</b>	



**PAID**

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

Check No. **4874**

Date of Notification (1) <b>February 12, 2018</b>		Name of Building Owner/Operator (2) <b>PA of NY &amp; NJ</b>							
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10-2004</small> <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>02</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>Goethals Bridge, 2777 Goethal Road North</b> City, State, Zip Code <b>Staten Island, NY 10303-8413</b> Name of Contact <b>Uday Mehta</b> Telephone Number <b>201-595-4881</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Goethals Bridge - New Jersey Side of Bridge</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>2777 Goethals Road North</b>		Square Feet <b>440,758</b>							
City (5) <b>Staten Island, NY 10303-8413</b>		# of Floors <b>1</b>	Bldg. Age <b>88 +/-</b>						
County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Bridge</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>BSI Services and Solutions (NYC) Inc.,</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>B&amp;N&amp;K. Restoration Company, Inc.</b>						
Street Address <b>121 West 36th Street, 3rd. Floor</b>		Street Address <b>223 Randolph Avenue</b>							
City, State, Zip Code <b>New York, NY 10018</b>		City, State, Zip Code <b>Clifton, NJ 07011</b>							
Project Manager for Monitoring Firm <b>Dmitry Khusidman</b>	Telephone No. <b>212 290 6323</b>	Telephone No. <b>973-478-4681</b>	License No. <b>00120</b>						
Start Date (10) <b>February 14, 2018</b>	Scheduled Completion Date (11) <b>February 12, 2019</b>	Name of OSHA Monitor <b>McCabe Environmental Services, L.L.C.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>Non-friable exterior work</b>		Street Address <b>464 Valley Brook Avenue</b> City, State, Zip Code <b>Lyndhurst, NJ 07071</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 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
<b>Bridge to Nowhere</b>	<input checked="" type="checkbox"/>			Concrete Encased Transite Pipe (Parapet) - South Side	<b>2000 In ft</b>	<input checked="" type="checkbox"/>			
				Concrete Encased Transite Pipe (Duct Bank) - South Side	<b>200 In ft</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Jimmy Byrne Trucking</b>		NJDEP Waste Hauler ID No. <b>19551</b>	Cubic Yards of Waste <b>125</b>	Name of Registered Landfill <b>Minerva Enterprises, Inc</b>					
City, State <b>Bronx</b>		Disposal Date 02/15/2018 - 02/13/2019		City, State <b>Waynesburg, OH</b>					
Completed by <b>G. Roger Woodman</b>	Title <b>Project Manager</b>		Signature 			Date <b>3/16/2018</b>			



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

*OK 9/18/18*  
**PAID**

Date of Notification (1) <b>3 / 22 / 18</b>		Name of Building Owner/Operator (2) <b>Millville Public Schools / Job #1707-5179 Check #9968</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>101 North 3<sup>rd</sup> Street</b>	
		City, State, Zip Code <b>Millville, NJ 08332</b>	
		Name of Contact <b>Bob Ryan</b>	Telephone Number <b>609-858-5395</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Millville Senior High School</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>200 North Wade Blvd.</b>		Square Feet <b>200,000</b>	# of Floors <b>2</b>
City (5) <b>Millville</b>		Bldg. Age <b>50+</b>	
County (6) <b>Cumberland</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Education</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>Brinkerhoff Environmental Services, Inc.</b>		ASCM No. <b>00100</b>	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Street Address <b>1805 Atlantic Avenue</b>		Street Address <b>30 Maple Ave. PO Box 25</b>		
City, State, Zip Code <b>Manasquan, NJ 08736</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>		
Project Manager for Monitoring Firm <b>Gary W. Fleming</b>		Telephone No. <b>732-223-2225</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>
Start Date (10) <b>4 / 2 / 18</b>	Scheduled Completion Date (11) <b>4 / 30 / 18</b>		Name of OSHA Monitor <b>EMSL Analytical</b>	

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7AM-3:30PM/3:30PM-12AM</b>		Street Address <b>200 Route 130 North</b>	
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	

Scope of Work (Check all that apply)

<input 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 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
See Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See Attached	See Attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>4/30/18</b>	City, State <b>Tullytown, PA</b>		

Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature <i>Gwendolyn Trumbetti</i>	Date <b>3/22/18</b>
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### Scope of Work

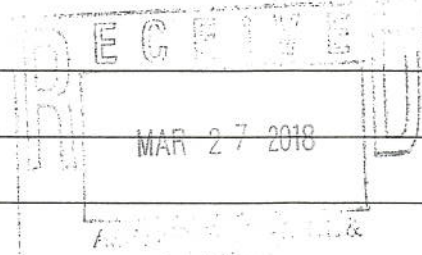
<u>Location of ACM</u>	<u>Used for Maint.</u>	<u>Description of ACM</u>	<u>Amount</u>	<u>Abatement Type</u>
Room D105	NO	Transite Panels	9 SF	Removal
Room D104	NO	Transite Panels	9 SF	Removal
Room D103	NO	Transite Panels	10 SF	Removal
Room D103	NO	Cove Base Mastic	8 LF	Removal
Room D101	NO	Transite Panels	10 SF	Removal
Room D101	NO	Cove Base Mastic	8 LF	Removal
Room D102	NO	Transite Panels	19 SF	Removal
Room D102	NO	Cove Base Mastic	7 LF	Removal
Room D113/114	NO	Transite Panels	60 SF	Removal
Room D113/114	NO	Chalkboards & Mastic	50 SF	Removal
Room D113/114	NO	Transite Door Panels	30 SF	Removal
(2) Storage Rms & Hall	NO	Floor tile & Mastic	150 SF	Removal
Throughout	NO	Door Caulk	10 SF	Removal

OK 4166

Print Form

PAID

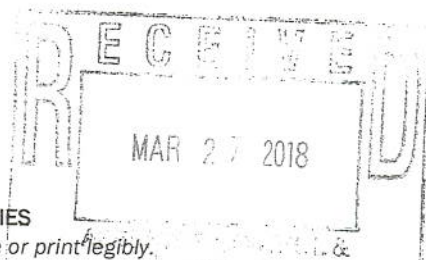
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 03/16/2018		Name of Building Owner/Operator (2) Frenklin Township Public Schools							
Agencies Notified	Type Notification	Street Address 1755 Amwell Road							
<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 Somerset NJ 08873							
		Name of Contact Jonathan Toth	Telephone Number (732) 302-4200						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Sampson G. Smith Intermediate 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 1649 Amwell Rd		Square Feet 90,000	# of Floors 1						
City (5) Somerset NJ 08873		Bldg. Age 30 years							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Public School							
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants		ASCM No. 0057	Name of Abatement Contractor (9) Savic Construction Corp						
Street Address PO Box 385		Street Address 205 Route 46 Suite 15							
City, State, Zip Code Oceanville, NJ, 08231-0385		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 973-339-9735						
Start Date (10) 04/02/2018		Scheduled Completion Date (11) 04/07/2018	License No. 01034						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Savic Construction Corp							
		Street Address 205 Route 46 Suite 15							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Boys & Girls Student Restrooms		X		Pipe Fitting Insulation	21 LF	x		x	
Student Boys Restroom gym		X		Pipe Fitting Insulation	22 LF	x		x	
Student Girls Restroom gym		X		Pipe Fitting Insulation	16 LF	x		x	
Name of Registered Waste Hauler Savic Construction Corp		NJDEP Waste Hauler ID No. 32253	Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Totowa NJ			Disposal Date 04/07/2018	City, State Morrisville, PA					
Completed by Milos Savic		Title Project Manager	Signature 	Date 03/16/2018					



New Jersey Department of Health and Senior Services  
PO Box 369, 3635 Quakerbridge Road  
Trenton, NJ 08625-0369  
Telephone: 609-631-6749 Fax: 609-588-7618



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

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

**Type of Notification (check one) and Date Submitted**

☒ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must include justification) Date of Notification: 03 / 16 / 2017

**Building Information**

Name of Building Owner/Operator: Franklin Township Public Schools

Street Address: 1755 Amwell Road City: Somerset State: NJ Zip: 08873

Name of Contact: Jonathan Toth Telephone No.: 609-652-1833

**Facility Information**

Name of Facility Where Work Activity is to Take Place: Sampson G Smith School

Describe Facility Use: Public School

Street Address: 1649 Amwell Road City: Somerset State: NJ Zip: 08873

County Name: Somerset

County Code (state use only):

Scheduled Start Date: 03 / 31 / 18

Scheduled Completion Date: 04 / 04 / 18

**Occupancy Status During Activity (check only one):**

☒ Facility Closed/Vacated During Entire Activity

☐ Activity Performed Outside Normal Facility Hours—Describe:

☐ Other—Describe:

**Scope of Work (check all that apply):**

☒ Floor Tile Square Footage: 484 SF

Percentage Asbestos: N/A

☒ Mastic Square Footage: 484 SF

Percentage Asbestos: N/A

☐ Other: Square Footage:

Percentage Asbestos:

**Contractor Information**

Company Name: Savic Construction Corp Telephone No.: 973-339-9735

Street Address: 205 Route 46 Suite 15 City: Totowa State: NJ Zip: 07512

New Jersey Asbestos License Number (if applicable): 01034

Monitoring Firm (if applicable): AHERA Consultants Telephone No.: 609-652-1833

**Signature**

Completed By (type or print legibly): Sava Savic Title: President

Signature: [Signature] Date: 03/16/2018

New Jersey Department of Health and Senior Services  
PO Box 369, 3635 Quakerbridge Road  
Trenton, NJ 08625-0369  
Telephone: 609-631-6749 Fax: 609-588-7618

RECEIVED  
MAR 27 2018

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

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

**Type of Notification (check one) and Date Submitted**

☒ Initial [ ] Amended [ ] Cancellation [ ] Emergency (must include justification) Date of Notification: 03 / 16 / 2017

**Building Information**

Name of Building Owner/Operator: Franklin Township Public Schools  
Street Address: 1755 Amwell Road City: Somerset State: NJ Zip: 08873  
Name of Contact: Jonathan Toth Telephone No.: 609-652-1833

**Facility Information**

Name of Facility Where Work Activity is to Take Place: Franklin Middle School  
Describe Facility Use: Public School  
Street Address: 415 Francis St City: Somerset State: NJ Zip: 08873  
County Name: Somerset County Code (state use only):  
Scheduled Start Date: 03 / 31 / 18 Scheduled Completion Date: 04 / 04 / 18

**Occupancy Status During Activity (check only one):**

- ☒ Facility Closed/Vacated During Entire Activity  
[ ] Activity Performed Outside Normal Facility Hours—Describe: \_\_\_\_\_  
[ ] Other—Describe: \_\_\_\_\_

**Scope of Work (check all that apply):**

- ☒ Floor Tile Square Footage: 74 SF Percentage Asbestos: N/A  
☒ Mastic Square Footage: 74 SF Percentage Asbestos: N/A  
[ ] Other: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Percentage Asbestos: \_\_\_\_\_

**Contractor Information**

Company Name: Savic Construction Corp Telephone No.: 973-339-9735  
Street Address: 205 Route 46 Suite 15 City: Totowa State: NJ Zip: 07512  
New Jersey Asbestos License Number (if applicable): 01034  
Monitoring Firm (if applicable): AHERA Consultants Telephone No.: 609-652-1833

**Signature**

Completed By (type or print legibly): Sava Savic Title: President  
Signature: *Sava Savic* Date: 03/16/2018



PAID

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

CL# 3337

Date of Notification (1) <b>3/23/18</b>		Name of Building Owner / Operator (2) <b>Macys Inc.</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>7 West Seventh Street</b>							
		City, State & Zip Code <b>Cincinnati, OH 45202</b>							
		Name of Contact <b>Tia Wenrich</b>							
		Telephone Number <b>(513) 579-7241</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Macys Store</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>237 Woodbridge Center</b>		Square Feet	# of Floors						
City (5) <b>Woodbridge</b>	County (6) <b>Middlesex</b>	Bldg. Age							
Current Use (Prior if being demolished) <b>Retail</b>									
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>						
Street Address <b>515 Grove St.</b>		Street Address <b>1123 Beaver Street</b>							
City, State & Zip Code <b>Haddon Heights, NJ 08035</b>		City, State & Zip Code <b>Bristol, PA 19007</b>							
Project Manager for Monitoring Firm <b>Ralph Coppola</b>	Telephone Number <b>856-656-2875</b>	Telephone Number <b>(215) 788-6040</b>	License Number <b>00509</b>						
Scheduled Start Date (10) <b>4/2/18</b>	Scheduled Completion Date (11) <b>4/4/18</b>	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 Hours – Describe: <b>10PM to 7AM</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 Beaver Street</b>							
		City, State & Zip Code <b>Bristol, PA 19007</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Mechanical Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Fittings</b>	<b>56 Ea</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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>1/2/Cu Yd</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>New Castle, Delaware</b>		Disposal Date <b>4/4/18</b>	City, State <b>Waynesburg, OH</b>						
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni / gm</i>				Date <b>3-23-18</b>		

GI18066

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PAID

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

RECEIVED  
MAR 27 2018

Date of Notification (1) <b>03 / 23 / 18</b>		Name of Building Owner/Operator (2) <b>Metro Real Estate Companies</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>2 Broad Street, Suite 400</b> City, State, Zip Code <b>Bloomfield, NJ 07003</b> Name of Contact <b>Warren Sprake</b> Telephone Number <b>973-429-7900</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Commercial</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>653 Totowa Road</b>		Square Feet							
City (5) <b>Totowa</b>		# of Floors	Bldg. Age						
County (6) <b>Passaic</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCM No.	Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>						
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>							
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>	License No. <b>1188</b>						
Start Date (10) <b>04 / 02 / 18</b>	Scheduled Completion Date (11) <b>06 / 04 / 18</b>	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>27 Outwater Lane</b> City, State, Zip Code <b>Garfield, NJ 07026</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Wrap and Cut <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation- Wrap and Cut	475 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>ATC/Century Waste LLC/All Pro Management LLC</b>		NJDEP Waste Hauler ID No. <b>SW-24310/32797/989</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>Minerva Enterprises/G.R.O.W.S. North Landfill/ Fairless Landfill/ESI Bethlehem Landfill</b>					
City, State <b>Shirley, NY / Elizabeth, NJ / Garfield, NJ</b>			Disposal Date <b>TBD</b>	City, State <b>Waynesburg, OH/Morrisville, PA/Bethlehem, PA</b>					
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature <i>Allen Monchik</i>		Date <b>3/23/18</b>			



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

Date of Notification (1) 03-23-18		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 Hadley Road							
<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 South Plainfield NJ							
		Name of Contact Arthur Stengel Jr.	Telephone Number 732-215-3572						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PSEG Hopewell Substation		Type of Facility (4)							
Street Address 2451 Pennington Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hopewell		Square Feet N/A	# of Floors N/A						
County (6) Mercer		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services, Inc.						
Street Address N/A		Street Address 17 Old Dock Road							
City, State, Zip Code N/A		City, State, Zip Code Yaphank, NY 11980							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 01136						
Start Date (10) 04-02-18	Scheduled Completion Date (11) 06-04-18	Name of OSHA Monitor WRS Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 17 Old Dock Road							
<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: Electrical circuit cabinet		City, State, Zip Code Yaphank, NY 11980							
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
Office Building			x	Wall Caulk	9 SF	x			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, NJ 07201			Disposal Date TBD	City, State Morrisville, PA 19067					
Completed by Raymond Tutiven		Title Supervisor	Signature <i>Raymond Tutiven</i>	Date 03-23-18					



B &amp; G proj. #: 2018-74

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

Emergency Sub chapter 8

Check # 8881

Date of Notification (1) <u>03/12/18</u>		Name of Building Owner/Operator (2) <u>Boonton Public Schools</u>	
Agencies Notified	Type Notification	Street Address <u>434 Lathrop Avenue</u>	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code <u>Boonton, NJ 07005</u>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Amendment	Name of Contact <u>Steven Gardberg, Business Admin/Board Secretary</u>	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA		Telephone Number <u>973-335-9700 x 8003</u>	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Boonton High School</u>			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>306 Lathrop Avenue</u>			Square Feet <u>50,000</u> # of Floors <u>2</u> Bldg. Age <u>90</u>		
City (5) <u>Boonton</u>	County (6) <u>Morris</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>School</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>Detail Environmental Services</u>		ASCM No. <u>0012</u>	Name of Abatement Contractor (9) <u>B &amp; G Restoration, Inc.</u>		
Street Address <u>300 Grand Avenue</u>			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code <u>Englewood, NJ 07631-4355</u>			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm <u>Nadine Bello</u>		Phone Number <u>973-616-4601</u>	Telephone Number <u>(973)696-6869</u>		License Number <u>00378</u>
Scheduled Start Date (10) <u>03/22/2018</u>	Sched. Completion Date (11) <u>03/25/2018</u>		Name of OSHA Monitor <u>B &amp; G Restoration, Inc.</u>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input checked="" type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <u>Start: 2:00 p.m. (second Shift)</u> <input type="checkbox"/> Other-Describe: <u>occupied</u>			Street Address <u>105 Ryerson Road</u>		
			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		

## Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Electrical Room			<input checked="" type="checkbox"/>	elbows / pipe insulation / VAT	8 lf / 50 lf / 132sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainer's Room			<input checked="" type="checkbox"/>	elbows / pipe insulation	5 lf / 40 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locker Room			<input checked="" type="checkbox"/>	elbows / pipe insulation	4 lf / 10 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drying Room			<input checked="" type="checkbox"/>	elbows / pipe insulation	4 lf / 7 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Athletic Directors Office			<input checked="" type="checkbox"/>	elbows / pipe insulation	4 lf / 40 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler <u>B &amp; G Restoration, Inc.</u>		NJDEP Hauler ID# <u>19563</u>		Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>Tullytown Resource &amp; Recovery Center</u>				
City, State <u>Lincoln Park, NJ</u>		Disposal Date <u>03/22/18-03/26/18</u>			City, State <u>Tullytown, PA</u>				
Completed by (Print or Type) <u>Gordana Luna</u>		Title <u>Secretary/Treasurer</u>		Signature <u>Gordana Luna</u>			Date <u>03/23/2018</u>		



306 Lathrop Avenue, Boonton, NJ 07005

MAR 27 2018

## Amended Added Items

[illegible]

hook

B & G proj. #: 2018-74

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

Check # 8874

Date of Notification (1) <u>03/19/18</u>		Name of Building Owner/Operator (2) Boonton Public Schools	
Agencies Notified	Type Notification	Street Address 434 Lathrop Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Boonton, NJ 07005	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Steven Gardberg, Business Admin/Board Secretary	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number 973-335-9700 x 8003	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Boonton High School			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 306 Lathrop Avenue			Square Feet 50,000		
City (5) Boonton			County (6) Morris		# of Floors 2
			County Code (7) (State use only)		Bldg. Age 90
Name of Monitoring Firm Hired by Bldg. Owner (8) Detail Environmental Services			ASCM No. 0012		
Street Address 300 Grand Avenue			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code Englewood, NJ 07631-4355			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm Nadine Bello			City, State, Zip Code Lincoln Park, NJ 07035		
Phone Number 973-616-4601			Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 03/22/2018			Sched. Completion Date (11) 03/25/2018		
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: Start: 2:00 p.m. (second Shift) <input type="checkbox"/> Other-Describe: occupied					

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	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						
Electrical Room			<input checked="" type="checkbox"/>	elbows / pipe insulation / VAT	8 lf/ 50 lf/ 132sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainer's Room			<input checked="" type="checkbox"/>	elbows / pipe insulation	5 lf / 40 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locker Room			<input checked="" type="checkbox"/>	elbows / pipe insulation	4 lf / 10 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drying Room			<input checked="" type="checkbox"/>	elbows / pipe insulation	4 lf / 7 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Athletic Directors Office			<input checked="" type="checkbox"/>	elbows / pipe insulation	4 lf / 40 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 03/22/18-03/26/18	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 03/19/2018



B &amp; G proj. #:

2018-77

PAID

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

Check # 8879

Date of Notification (1) 10/31/2018		Name of Building Owner/Operator (2) Somerset Hills Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 25 Olcott Avenue	
		City, State, Zip Code Bernardsville, NJ 07924	
		Name of Contact Dan McDougal	Telephone Number 908-204-1930

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Administration Building			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 25 Olcott Avenue			Square Feet		
City (5) Bernardsville, NJ 07924			# of Floors		
County (6) Somerset			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished) NON Sub 8		
Name of Monitoring Firm Hired by Bldg. Owner (8) ER & M Inc.			Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 20-10 Maple Avenue, Bldg. 35E			Street Address 105 Ryerson Road		
City, State, Zip Code Fair Lawn, NJ 07410			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Willie Morales			Telephone Number (973)696-6869		
Phone Number 973-949-3525			License Number 00378		
Scheduled Start Date (10) 04/04/2018			Name of OSHA Monitor B & G Restoration, Inc.		
Sched. Completion Date (11) 04/05/2018			Street Address 105 Ryerson Road		
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: unoccupied			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Former maintenance shop			<input checked="" type="checkbox"/>	TSI debris	18 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stairwell next to mens room			<input checked="" type="checkbox"/>	pipe insulation	3 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill
City, State Lincoln Park, NJ	Disposal Date 04/06/2018	City, State Morrisville, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 03/20/2018



B &amp; G proj. #:

2017-78

PAID

Check # 8880

Date of Notification (1) 03/12/18		Name of Building Owner/Operator (2) Hawthorne Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 445 Lafayette Avenue			
City, State, Zip Code Hawthorne, NJ 07506			
Name of Contact Scott Chamberlin		Telephone Number 973-427-1300	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Washington School (non sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 176 Mohawk Avenue			Square Feet		
City (5) Hawthorne, NJ 07507			# of Floors		
County (6) Passaic			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished) school (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants		ASCM No. 0079		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 20-21 Wagaraw Avenue - Building 35E		Street Address 105 Ryerson Road		City, State, Zip Code Lincoln Park, NJ 07035	
City, State, Zip Code Fair Lawn, NJ 07410		Telephone Number (973)696-6869		License Number 00378	
Project Manager for Monitoring Firm Guillermo Morales		Phone Number 973-636-9145		Name of OSHA Monitor B & G Restoration, Inc.	
Scheduled Start Date (10) 04/03/2018		Sched. Completion Date (11) 04/04/2018		Street Address 105 Ryerson Road	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____		City, State, Zip Code LincolnPark, NJ 07035			

## Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement girl's bathroom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pipe insulation	4 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement boy's bathroom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pipe insulation	4 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

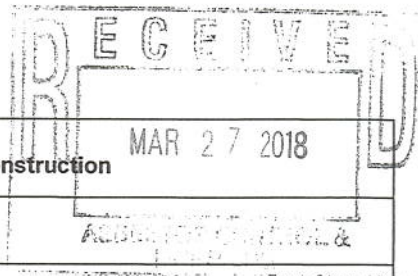
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1/2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 04/05/2018	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 03/23/2018



CK 2503

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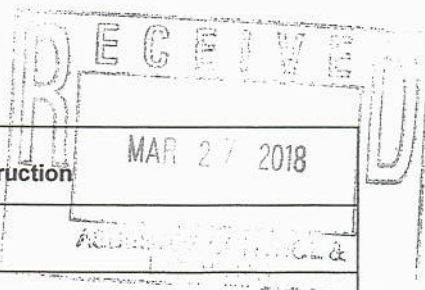
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 03 / 23 / 18		Name of Building Owner/Operator (2) Division of Property Management & Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3rd Flr.							
		City, State, Zip Code Trenton, NJ 08608							
		Name of Contact Rick Ferrera	Telephone Number 609-292-1717						
<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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) South River		Square Feet	# of Floors						
		Bldg. Age							
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) 03 / 26 / 18	Scheduled Completion Date (11) 05 / 14 / 18	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster	3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior- Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Material	280 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paneling Glue	160 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"/>
Name of Registered Waste Hauler Century Waste LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste As Needed	Name of Registered Landfill G.R.O.W.S. North Landfill/Fairless Landfill					
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature Allen Monchik		Date 3/23/18			

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



Date of Notification (1) 03 / 23 / 18		Name of Building Owner/Operator (2) Division of Property Management & Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3rd Flr. City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrera Telephone Number 609-292-1717							
<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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet    # of Floors    Bldg. Age							
City (5) South River		County (6) Middlesex							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCN No.							
Street Address P.O. Box 1224		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
City, State, Zip Code Union, NJ		Street Address 27 Outwater Lane							
Project Manager for Monitoring Firm Rick Eustaquio		City, State, Zip Code Garfield, NJ 07026							
Telephone No. 973-494-3762		Telephone No. 973-928-4888							
License No. 1188		Start Date (10) 03 / 26 / 18							
Scheduled Completion Date (11) 05 / 14 / 18		Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane							
City, State, Zip Code Garfield, NJ 07026		Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding	2,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste LLC		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste As Needed		Name of Registered Landfill G.R.O.W.S. North Landfill/Fairless Landfill			
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature Allen Monchik		Date 3/23/18			



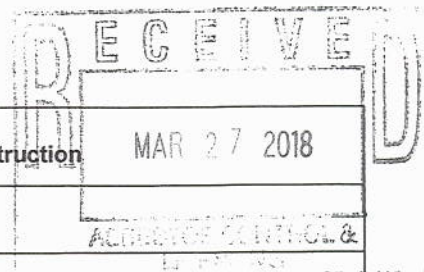
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MAR 27 2018  
INSTRUCTION  
ASSISTANT COMMISSIONER &  
LAW ENFORCEMENT

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



CK2523

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

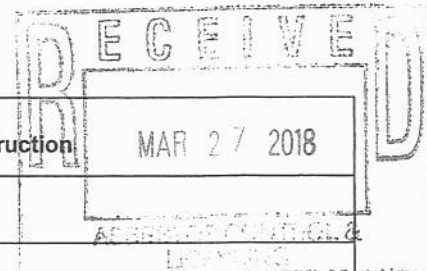


Date of Notification (1) <b>03 / 23 / 18</b>		Name of Building Owner/Operator (2) <b>Division of Property Management &amp; Construction</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>20 W. State Street, 3rd Flr.</b> City, State, Zip Code <b>Trenton, NJ 08608</b> Name of Contact <b>Rick Ferrera</b> Telephone Number <b>609-292-1717</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential</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>		Square Feet    # of Floors    Bldg. Age							
City (5) <b>South River</b>		County Code (7) (STATE USE ONLY)    Current Use (Prior if being demolished)							
County (6) <b>Middlesex</b>									
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCM No.    Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>							
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>							
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>	License No. <b>1188</b>						
Start Date (10) <b>03 / 26 / 18</b>	Scheduled Completion Date (11) <b>05 / 14 / 18</b>	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <b>27 Outwater Lane</b> City, State, Zip Code <b>Garfield, NJ 07026</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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) <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>1<sup>st</sup> Floor- Kitchen</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>VAT/Mastic</b>	<b>250 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>Century Waste LLC</b>		NJDEP Waste Hauler ID No. <b>32797</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill/Fairless Landfill</b>					
City, State <b>Elizabeth, NJ</b>			Disposal Date <b>TBD</b>	City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature <i>Allen Monchik</i>		Date <b>3/23/18</b>			



PAID

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

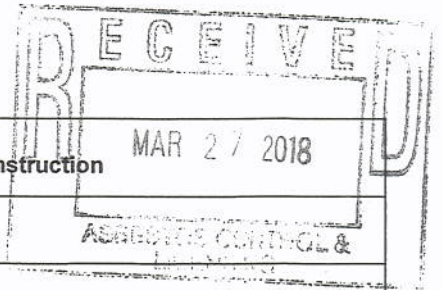


Date of Notification (1) <u>03</u> / <u>23</u> / <u>18</u>		Name of Building Owner/Operator (2) <b>Division of Property Management &amp; Construction</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>20 W. State Street, 3rd Flr.</b>							
		City, State, Zip Code <b>Trenton, NJ 08608</b>							
		Name of Contact <b>Rick Ferrera</b>	Telephone Number <b>609-292-1717</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential</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>South River</b>		Square Feet	# of Floors Bldg. Age						
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>							
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>							
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>	License No. <b>1188</b>						
Start Date (10) <u>03</u> / <u>26</u> / <u>18</u>	Scheduled Completion Date (11) <u>05</u> / <u>14</u> / <u>18</u>	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <b>27 Outwater Lane</b>							
		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input 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
1 <sup>st</sup> Floor- Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	210 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor- Rear Half-Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor- Main Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	35 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding	2,700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Century Waste LLC</b>		NJDEP Waste Hauler ID No. <b>32797</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill/Fairless Landfill</b>					
City, State <b>Elizabeth, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature <i>Allen Monchik</i>			Date <b>3/23/18</b>		



PAID

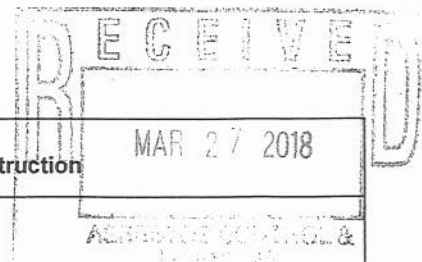
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
**(Pursuant to NJAC 8:60 and 5:16)**



Date of Notification (1) <b>03 / 23 / 18</b>		Name of Building Owner/Operator (2) <b>Division of Property Management &amp; Construction</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>20 W. State Street, 3rd Flr.</b> City, State, Zip Code <b>Trenton, NJ 08608</b> Name of Contact <b>Rick Ferrera</b> Telephone Number <b>609-292-1717</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet							
City (5) <b>South River</b>		# of Floors							
County (6) <b>Middlesex</b>		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASC No.							
Street Address <b>P.O. Box 1224</b>		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>							
City, State, Zip Code <b>Union, NJ</b>		Street Address <b>27 Outwater Lane</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Telephone No. <b>973-494-3762</b>		Telephone No. <b>973-928-4888</b>							
Start Date (10) <b>03 / 26 / 18</b>		License No. <b>1188</b>							
Scheduled Completion Date (11) <b>05 / 14 / 18</b>		Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>27 Outwater Lane</b>							
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>Exterior</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Transite Siding</b>	<b>1,600 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Exterior</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Window Glazing</b>	<b>7 Units</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"/>
Name of Registered Waste Hauler <b>Century Waste LLC</b>		NJDEP Waste Hauler ID No. <b>32797</b>		Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill/Fairless Landfill</b>				
City, State <b>Elizabeth, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature <i>Allen Monchik</i>		Date <b>3/23/18</b>			



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



Date of Notification (1) <b>03 / 23 / 18</b>		Name of Building Owner/Operator (2) <b>Division of Property Management &amp; Construction</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>20 W. State Street, 3rd Flr.</b>							
		City, State, Zip Code <b>Trenton, NJ 08608</b>							
		Name of Contact <b>Rick Ferrera</b>	Telephone Number <b>609-292-1717</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet    # of Floors    Bldg. Age							
City (5) <b>South River</b>		County Code (7) (STATE USE ONLY)							
County (6) <b>Middlesex</b>		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>							
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>							
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>	License No. <b>1188</b>						
Start Date (10) <b>03 / 26 / 18</b>	Scheduled Completion Date (11) <b>05 / 14 / 18</b>	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <b>27 Outwater Lane</b>							
		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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- Kitchen, Dining Room, Rear Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	300 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>Century Waste LLC</b>		NJDEP Waste Hauler ID No. <b>32797</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill/Fairless Landfill</b>					
City, State <b>Elizabeth, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature <i>Allen Monchik</i>		Date <b>3/23/18</b>			