

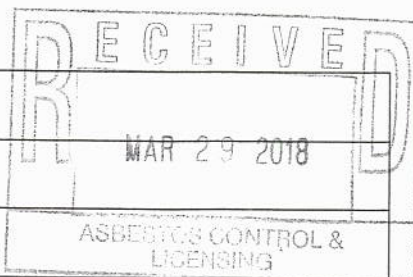
1-KH5067

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

<b>RECEIVED</b>	
MAR 29 2018	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 3/26/18		Name of Building Owner/Operator (2) Shane Artis							
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 Millburn, New Jersey							
		Name of Contact Shane	Telephone Number 1						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Artis Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1700	# of Floors 2						
City (5) Millburn		Bldg. Age 60+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc						
Street Address		Street Address 95 Montrose Rd							
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey 07722							
Project Manager for Monitoring Firm		Telephone No. 732 294 1757	License No. 00029						
Start Date (10) 4/4/18	Scheduled Completion Date (11) 4/9/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
crawlspace			X	pipe insulation	40lf	X			
Name of Registered Waste Hauler Ace Insulation Co., Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 1	Name of Registered Landfill Fairless					
City, State Colts Neck, New Jersey		Disposal Date 4/9/18		City, State Tullytown, PA					
Completed by Bree McGuire		Title Secretary Treasurer	Signature 	Date 3/26/18					

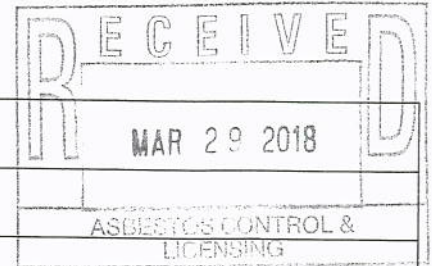
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 03-23-18		Name of Building Owner/Operator (2) Caravella Demolition							
Agencies Notified	Type Notification	Street Address 40 Deforest Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Hanover NJ 07936							
		Name of Contact Jhon Caravella	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) *							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hillside		Square Feet	# of Floors						
County (6) Union		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603						
			License No. 01206						
Start Date (10) 03-26-18		Scheduled Completion Date (11) 03-30-18							
Name of OSHA Monitor Delfa Contracting LLC		Street Address 522 7th St.							
Occupancy Status During Abatement (Check Only One)		City, State, Zip Code Union City NJ 07087							
<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: _____									
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Entire Property		x		Demolition Asbestos Debris		x			
Name of Registered Waste Hauler Caravella Demolition Inc		NJDEP Waste Hauler ID No. 35685	Cubic Yards of Waste 80	Name of Registered Landfill Waste Management of PA					
City, State E. Hanover, NJ 07936		Disposal Date 03-29-18		City, State Morrisville, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 				Date 03-23-18	



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) Caravella Demolition		MAR 29 2018	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 40 Deforest Ave. City, State, Zip Code East Hanover NJ 07936 Name of Contact Jhon Caravella Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Private Home				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]				Square Feet # of Floors Bldg. Age	
City (5) Hillside		County (6) Union		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Delfa Contracting LLC.	
Street Address		Street Address 522 7th St.		City, State, Zip Code Union City NJ 07087	
City, State, Zip Code		Telephone No. 201 216-9603		License No. 01206	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Delfa Contracting LLC	
Start Date (10) 03-28-18		Scheduled Completion Date (11) 04-03-18		Street Address 522 7th St.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union City NJ 07087			
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Entire Property		x		Demolition Asbestos Debris	x
Name of Registered Waste Hauler Caravella Demolition Inc		NJDEP Waste Hauler ID No. 35685		Cubic Yards of Waste 80	
City, State E. Hanover, NJ 07936		Disposal Date 03-30-18		Name of Registered Landfill Waste Management of PA	
Completed by Jaime Delgado		Title Proj. Manager.		Signature 	
				Date 03-23-18	



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

CK 4520

Date of Notification (1) 3/26/18		Name of Building Owner/Operator (2) MR. CARLOS ARZOLA		RECEIVED MAR 29 2018 ASBESTOS CONTROL &...		
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]				
City, State, Zip Code CLIFTON, NJ. 07013		Name of Contact ARZOLA / LINEHAN				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MR. CARLOS ARZOLA			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address [REDACTED]			Square Feet 1800			
City (5) CLIFTON			# of Floors 2		Bldg. Age 1950	
County (6) PASSAIC		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENCE		
Name of Monitoring Firm Hired by Building Owner, (8)		ASCM No.		Name of Abatement Contractor (9) BEST REMOVAL INC		
Street Address				Street Address 450 SOUTH RIVER ST		
City, State, Zip Code				City, State, Zip Code HACKENSACK, NJ. 07601		
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-329-7444		
Start Date (10) 4/9/18		Scheduled Completion Date (11) 4/25/18		License No. 00388		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 730AM TO 5:00PM			Name of OSHA Monitor OMEGA ENVIRONMENTAL			
			Street Address 280 HUYER ST			
			City, State, Zip Code HACKENSACK, NJ. 07606			
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
FIRST AND SECOND FLOOR	Yes No N/A	PLASTER	2100 SF	X		
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 40 CYS		Name of Registered Landfill GRAND CENTRAL SANITARY LAND
City, State NEWARK, NJ. 07105		Disposal Date 4/25/18		City, State PEN ARGYL, PA 18072		
Completed by J MAIORANO		Title ESTIMATOR		Signature [Signature]		Date 3/26/18

ASB-41

\* 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)

**Date of Notification (1)**  
03/23/2018

**Name of Building Owner/Operator (2)**  
Hunterdon Healthcare

**Check# Using Credit for Check No. 1028**

<b>Agencies Notified</b>	<b>Type Notification</b>	<b>Street Address</b> 2100 Wescott Drive	<b>RECEIVED</b> MAR 29 2018 908-237-5546
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1	<b>City, State, Zip Code</b> Flemington, New Jersey 08822	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>Name of Contact</b> Jim Traum	

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Whitehouse Family Practice

**Street Address**  
263 Main Street

**City (5)**  
Whitehouse Station, New Jersey 08889

**County (6)**  
Hunterdon

**County Code (7) (STATE USE ONLY)**

**Name of Monitoring Firm Hired by Building Owner (8)**  
Briggs/H&R Environmental Services Inc

**Street Address**  
31 Crosswicks Street

**City, State, Zip Code**  
Bordentown, New Jersey 08505

**Project Manager for Monitoring Firm**  
Douglas Ferry

**Telephone No**  
609-298-5520

**Start Date (10)**  
04/06/2018

**Scheduled Completion Date (11)**  
04/11/2018

**Occupancy Status During Abatement (Check Only One)**

☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☒ Other - Describe: Fri 4 PM Start, Remaining Days 8am

**Scope of Work (Check All That Apply)**

☐ ≥3 sf or ≥3 lf  
☒ ≥160 sf or ≥260 lf

☒ Renovation  
☐ Demolition

☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glove Bag Procedure / Limited Containment & Tent  
☐ Non-Exempted (\*) and Non-Friable Procedure

**Name of Abatement Contractor (9)**  
Lilich Corporation

**Street Address**  
606 McBride Ave

**City, State, Zip Code**  
Woodland Park, New Jersey

**Telephone No.**  
973-225-8400

**License No.**  
01104

**Name of OSHA Monitor**  
Iris Environmental Laboratories, LLC

**Street Address**  
2333 Route 22 West

**City, State, Zip Code**  
Union, NJ 07083

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
Boiler Room/Hot Water Heating Rm	X			Boiler Insulation	60 SF	X		
Boiler Room/Hot Water Heating Rm	X			Inter Boiler Gasket/Rib Insul/Fire Brick	Assumed Present	X		
Boiler Room/Hot Water Heating Rm	X			Air Cell Pipe Insulation	150 LF	X		
Boiler Room/Hot Water Heating Rm	X			Transite Panel	6 SF	X		
Boiler Room/Hot Water Heating Rm	X			Aircell Pipe Insulation	100 LF	X		

**Name of Registered Waste Hauler**  
Lilich Corporation

**NJDEP Waste Hauler ID No.**  
18724

**Cubic Yards of Waste**  
5

**Name of Registered Landfill**  
Fairless Landfill

**City, State**  
Woodland Park, New Jersey

**Disposal Date**  
04/11/2018

**City, State**  
Morrisville, PA

**Completed by**  
Adriana Olejarova

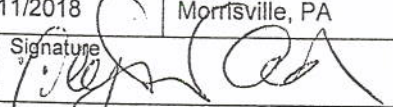
**Title**  
President

**Signature**

**Date**  
03/23/2018

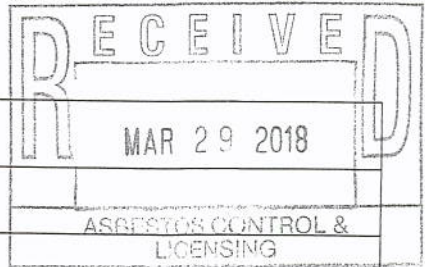


**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 03/22/2018		Name of Building Owner/Operator (2) Hunterdon Healthcare		Check# Using Credit for Check No. 1028				
Agencies Notified	Type Notification	Street Address 2100 Wescott Drive		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   <b>MAR 29 2018</b> </div>				
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Flemington, New Jersey 08822						
		Name of Contact Jim Traum						
				Telephone Number 908-237-5546				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Whitehouse Family Practice			Type of Facility (4)					
Street Address 2100 Westcott Drive			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Flemington, New Jersey 08822			Square Feet 30,000	# of Floors 2	Bldg. Age 50+			
County (6) Hunterdon		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Medical Facility					
Name of Monitoring Firm Hired by Building Owner (8) Briggs/H&R Environmental Services Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation					
Street Address 3 Crosswicks Street		Street Address 606 McBride Ave						
City, State, Zip Code Bordentown, New Jersey 08505		City, State, Zip Code Woodland Park, New Jersey						
Project Manager for Monitoring Firm Douglas Ferry		Telephone No 609-298-5520	Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 04/06/2018	Scheduled Completion Date (11) 04/11/2018		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Fri 4 PM Start, Remaining Days 8am</u>			City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition								
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Boiler Room/Hot Water Heating Rm	X			Boiler Insulation	60 SF	X		
Boiler Room/Hot Water Heating Rm	X			Inter Boiler Gasket/Rib Insul/Fire Brick	Assumed Present	X		
Boiler Room/Hot Water Heating Rm	X			Air Cell Pipe Insulation	150 LF	X		
Boiler Room/Hot Water Heating Rm	X			Transite Panel	6 SF	X		
Boiler Room/Hot Water Heating Rm	X			Aircell Pipe Insulation	100 LF	X		
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill				
City, State Woodland Park, New Jersey		Disposal Date 04/11/2018	City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President	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) 3/23/2018		Name of Building Owner/Operator (2) Bekdas Realty LLC.							
Agencies Notified	Type Notification	Street Address 315 Trench Drive,							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New Milford, NJ 07646							
		Name of Contact Neil Bekdas	Telephone Number 201-221-6878						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)  Street Address 241-251 Crooks Ave		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Paterson		Square Feet 30,000	# of Floors 1						
County (6) Passaic County		Bldg. Age unknown							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Commercial Spaces - Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____							
Street Address		Name of Abatement Contractor (9) Schaffer Demo & Environmental Services LLC							
City, State, Zip Code		Street Address 6207 Hudson Ave							
Project Manager for Monitoring Firm		City, State, Zip Code West New York, NJ 07093							
Telephone No.		Telephone No. 201-304-3820	License No. 01354						
Start Date (10) 4/3/2018	Scheduled Completion Date (11) 4/17/2018	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		X		Roofing Material	6,000 sq ft	X			
Roof		X		Roof Flashing Material	525 In ft	X			
Inside at Ceiling		X		Thermal System Insulation	150 In ft	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 25-30	Name of Registered Landfill Conestoga Landfill					
City, State Riverdale, NJ		Disposal Date 4/14/18-4/17/18		City, State Morgantown, PA					
Completed by Dean Schaffer		Title Project Manager		Signature 		Date 3/25/2018			



CK# 4494

PAID

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

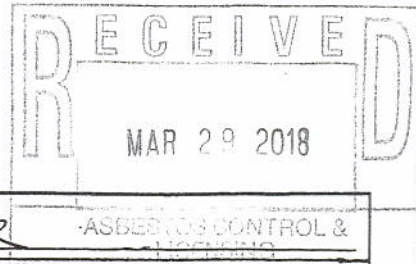
RECEIVED  
MAR 29 2018

Date of Notification (1) <u>3-29-18</u>		Name of Building Owner/Operator (2) <u>TOM WELSH BUTLER</u>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>661 POMONA AVE</u> City, State, Zip Code <u>HADDONFIELD N.J 08033</u>						
		Name of Contact <u>TOM</u>	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet <u>1000</u>	# of Floors <u>1</u>					
City (5) <u>AVULON</u>		Bldg. Age <u>50 +</u>						
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMCO INC</u>						
Street Address		Street Address <u>369 S SPRUCE AVE</u>						
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>					
Start Date (10) <u>4-2-18</u>	Scheduled Completion Date (11) <u>4-9-18</u>	Name of OSHA Monitor <u>N/A</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____ City, State, Zip Code _____						
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>2000 SF</u>	Abatement Type			
	Removal	Repair			Encapsulate	Enclosure		
					<u>X</u>			
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>C.M.C.M.U.A</u>				
City, State <u>MAPLE SHADE N.J</u>		Disposal Date	City, State <u>WOODBINE</u>					
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>3-24-18</u>					



CK# 4494

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



Date of Notification (1) <u>3-24-18</u>		Name of Building Owner/Operator (2) <u>D. L. MINOR</u>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>11 CLERMONT DR. UNIT A</u>						
		City, State, Zip Code <u>CAPE MAY COURT HOUSE N.J. 08210</u>						
		Name of Contact	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address [REDACTED]								
City (5) <u>AVALON</u>	Square Feet <u>1500</u>	# of Floors <u>1</u>	Bldg. Age <u>50+</u>					
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.						
Street Address		Name of Abatement Contractor (9) <u>KLEWCO INC</u>						
City, State, Zip Code		Street Address <u>369 S. SPROCE AVE</u>						
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>						
Telephone No.		Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>					
Start Date (10) <u>4-3-18</u>	Scheduled Completion Date (11) <u>4-10-18</u>	Name of OSHA Monitor <u>N/A</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address						
		City, State, Zip Code						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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 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) <u>1750 SF</u>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEWCO INC</u>		NJDEP Waste Hauler ID No. <u>17909</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>C. M. C. M. U. A</u>				
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>WOODBINE</u>					
Completed By <u>MICHAEL KLEWCO</u>		Title <u>SUP.</u>	Signature <u>[Signature]</u>		Date <u>3-24-18</u>			



CK 4494

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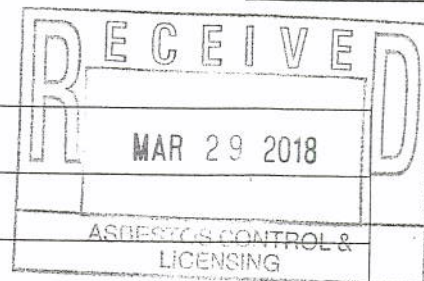
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED  
MAR 29 2018

Date of Notification (1) <u>3-24-18</u>		Name of Building Owner/Operator (2) <u>TRANSFORMATION ASBEST. CONTROL &amp;</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>601 W. CLARKSLANDMIG RD</u>	
		City, State, Zip Code <u>EGG HARBOR N.J. 08218</u>	
		Name of Contact <u>TOM</u>	Telephone Number <u>609-965-7498</u>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) <u>LONGPORT</u>		Square Feet <u>1500</u>	# of Floors <u>1</u>
County (6) <u>ATLANTIC</u>		County Code (7) (STATE USE ONLY)	Bldg. Age <u>50+</u>
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>
Street Address		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>#00444</u>
Start Date (10) <u>4-2-18</u>	Scheduled Completion Date (11) <u>4-9-18</u>	Name of OSHA Monitor <u>N/A</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN FACILITY</u> (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	
<u>SIDING</u>		<u>X</u>	<u>TRANSITE</u>
Name of Registered Waste Hauler <u>KLEMMCO INC</u>	NJDEP Waste Hauler ID No. <u>15904</u>	Cubic Yards of Waste <u>10</u>	Name of Registered Landfill <u>ACVA</u>
City, State <u>MAPLE SHADE N.J.</u>	Disposal Date	City, State <u>PLEASANTVILLE N.J.</u>	
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUPERVISOR</u>	Signature <u>[Signature]</u>	Date <u>3-24-18</u>



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



Date of Notification (1) 03/23/2018		Name of Building Owner/Operator (2) Montclair State University							
Agencies Notified	Type Notification	Street Address 1 Normal Avenue							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, NJ 07043							
		Name of Contact Amy Ferdinand	Telephone Number 973-951-0314						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) College Hall		Type of Facility (4)							
Street Address 1 Normal Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Montclair		Square Feet	# of Floors						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates Inc		ASCM No. 0012	Name of Abatement Contractor (9) VMC Company Inc						
Street Address 300 Grand Avenue		Street Address 208 Piaget Avenue							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm Steven Jaraczewski		Telephone No. 201-569-6708	Telephone No. 973-253-8828						
Start Date (10) 02/19/2018		Scheduled Completion Date (11) 04/16/2018	License No. 00704						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input 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
Various Locations			x	Blackboard mastic	2,005 SF	x			
Exterior			x	Window caulk/glazing	275 windows	x			
Various Locations			x	Pipe insulation "wrap & cut"	250 LF	x			
Throughout building			x	Fire doors	85 EA	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 05409		Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark, NJ		Disposal Date		City, State Pen Argyl, PA					
Completed by Voytek Roszkowski		Title President		Signature <i>V. Roszkowski</i>		Date 03/23/2018			



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

via U.S. MAIL  
ch# 4260

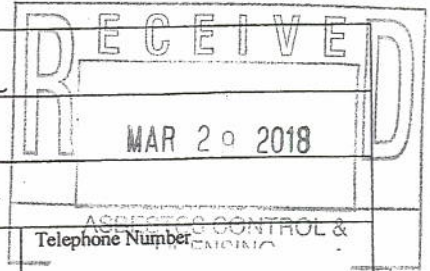
Date of Notification (1) 3/24/18		Name of Building Owner/Operator (2) NEW COVENANT CHURCH						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 147 E. MAIN ST					
	City, State, Zip Code SOMERVILLE N.J. 08876		ASBESTOS ABATEMENT LICENSING MAR 29 2018					
	Name of Contact MR KEN SWIDER		Telephone Number 908-365-9197					
	FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) 147 E MAIN ST		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes etc.)						
City (5) SOMERVILLE N.J. 08876		Square Feet 5,000	# of Floors 2					
County (6) SOMERSET		County Code (7) (STATE USE ONLY)	Bldg. Age 80					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NOVATECH INC					
Street Address		Street Address P.O. Box 814						
City, State, Zip Code		City, State, Zip Code Old Bridge N.J. 08857						
Project Manager for Monitoring Firm		Telephone No. 732-238-7500	License No. 00806					
Start Date (10) 4/2/18		Scheduled Completion Date (11) 5/2/18						
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 <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor NOVATECH INC						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input 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		Street Address P.O. Box 814						
City, State, Zip Code Old Bridge N.J. 08857								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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
BASMENT			X	9x9 FLOOR TILE	25 S/F	X		
MEN'S BATHROOM								
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.				
City, State Old Bridge N.J. 08857		Disposal Date 5/3/18		City, State Harrisville P.A.				
Completed by CARLOS AHEIDA		Title PRESIDENT		Signature (Signature)		Date 3/24/18		



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

CN 4521



Date of Notification (1) <b>3/26/18</b>		Name of Building Owner/Operator (2) <b>MS. CAROL McDONNELL</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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>SUMMIT . NJ. 07901</b>	
		Name of Contact <b>MS. McDONNELL</b>	Telephone Number [REDACTED]

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>MS. CAROL McDONNELL</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>2500</b>	# of Floors <b>2</b>
City (5) <b>SUMMIT</b>		Bldg. Age <b>1935</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)		Name of Abatement Contractor (9) <b>Best Removal Inc.</b>	
Street Address		Street Address <b>450 South River Street</b>	
City, State, Zip Code		City, State, Zip Code <b>Hackensack, NJ 07601</b>	
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>
Start Date (10) <b>4/6/18</b>	Scheduled Completion Date (11) <b>4/7/18</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>8:00 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"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

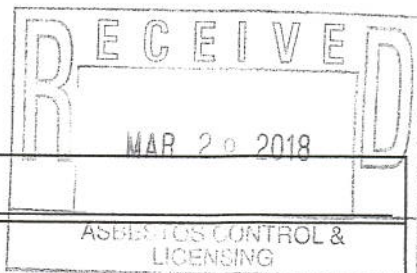
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT</b>			X	<b>THERMAL SYSTEMS INSULATION</b>	<b>15 LF</b>	X			

Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>1 1/2 cys</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>	
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>4/9/18</b>		City, State <b>Waynesburg, OH 44688</b>	
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>	Signature <i>[Signature]</i>	Date <b>3/26/18</b>	



CK 1007

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



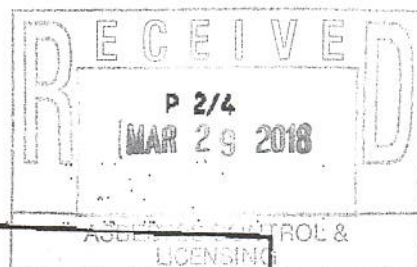
Date of Notification (1) <u>3/24/18</u>		Name of Building Owner/Operator (2) <u>Ms. Carolyn Hirsh</u>	
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <u>Cape May, NJ</u>	
		Name of Contact <u>Carolyn Hirsh</u>	Telephone Number _____
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		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 (s) <u>Cape May, NJ</u>		Square Feet <u>4000 SF</u>	# of Floors <u>3</u>
		Bldg. Age <u>75 yrs</u>	
County (6) <u>Cape May</u>	County Code(7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) <u>4/4/18</u>		Scheduled Completion Date (11) <u>4/11/18</u>	
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Outside Work Area</u>		Street Address <u>361 E. Fleming Pike</u> City, State, Zip Code <u>Hammonton, NJ 08037</u>	
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 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 IN Facility (13)</u>	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	
All 4 Sides		X	Transite Siding
Name of Registered Waste Hauler <u>AEi2, LLC</u>	NJDEP Waste Hauler ID No. <u>21376</u>	Cubic Yards of Waste <u>20</u>	Name of Registered Landfill <u>TBD</u>
City, State <u>Hammonton, NJ</u>	Disposal Date <u>TBD</u>	City, State <u>TBD</u>	
Completed By <u>Wm. Minnick</u>	Title <u>Program Mgr.</u>	Signature 	Date <u>3/24/18</u>



2018-03-23 15:12

Shade Environmental 1 &gt;&gt; 609 633 0664

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to N.J.A.C. 8:26 and 8:16)



Date of Notification (1) 03 / 23 / 18		Name of Building Owner/Operator (2) State of New Jersey							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 125 W. State Street City, State, Zip Code Trenton, NJ 08608 Name of Contact Ed Weinein (Haverstick-Borthwick)							
		Telephone Number 610-825-9300							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) New Jersey Executive State House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 125 W. State Street		Square Feet 100,000	% of Floors A						
City (5) Trenton		Bldg. Age 80							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) State House							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Shade Environmental LLC							
Street Address N/A		Street Address 623 Cutler Avenue							
City, State, Zip Code N/A		City, State, Zip Code Maple Shade, NJ 08053							
Project Manager for Monitoring Firm N/A	Telephone No. N/A	Telephone No. 856-758-0059	License No. 00842						
Start Date (10) 03 / 26 / 18	Scheduled Completion Date (11) 04 / 06 / 18	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM. _____ PM. _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08037							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 180 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted ("") and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulking	210 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill GROW & North Landfill					
City, State Freehold, NJ		Disposal Date 04/06/2018		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature <i>Christina Lynch</i>		Date 3/23/18			

ASB-41  
 JAN 13

\* Do not use this form for asbestos license exempted activities



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

check 3072

Date of Notification (1) 02 / 09 / 18		Name of Building Owner / Operator (2) BRISTOL MYERS SQUIBB, INC.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address ONE SQUIBB DRIVE		City, State, Zip Code NEW BRUNSWICK, NJ 08903	
Name of Contact PHIL DESPIRITO		Telephone Number 732-227-5000	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) BRISTOL MYERS SQUIBB		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address ONE SQUIBB DRIVE		Square Feet 25,000	
City (5) NEW BRUNSWICK		County (6) MIDDLESEX	County Code (7)
Current Use (Prior if being demolished) LABORATORY/RESEARCH		Building Age 40	
Name of Monitoring Firm Hired by Bldg. Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM NO 0104	
Street Address 655 WEST SHORE TRAIL		Street Address 32 Williams Parkway	
City, State, Zip Code SPARTA, NJ 07871		City, State, Zip Code East Hanover, NJ 07936	
Project Mngr. For Monitoring Firm WILLIAM KERBEL		Telephone Number 973-729-5649	
Sched. Start Date (10) 02 / 27 / 18		Sched. Completion Date (11) 04 / 30 / 18	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 7:00 AM-3:30 PM		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.	
		Street Address 32 Williams Parkway	
		City, State, Zip Code East Hanover, NJ 07936	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos Containing <b>TO BE ABATED</b> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
B 91, ROOF	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	CAULK	40 LF
B 91, ROOF	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	FLASHING	900 SF
B 91	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	FIRE DOORS	10 EA
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP INC		NJDEP Waste Hauler ID No. 30534	Name of Registered Landfill WASTE MANAGEMENT - FAIRLESS HILL LANDFILL
City, State EAST HANOVER, NJ		Disposal Date	City, State MORRISVILLE, PA
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i> Date 03/28/18



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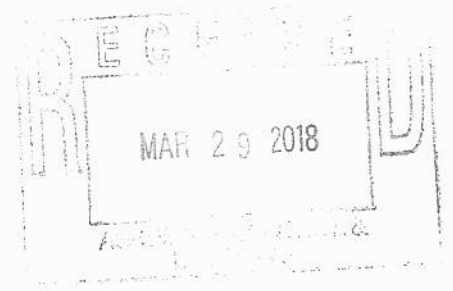
STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

check # 3073

Date of Notification (1) 01 / 23 / 18		Name of Building Owner / Operator (2) BRISTOL MYERS SQUIBB, INC.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address ONE SQUIBB DRIVE		City, State, Zip Code NEW BRUNSWICK, NJ 08903	
Name of Contact PHIL DESPIRITO		Telephone Number 732-227-5000	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) BRISTOL MYERS SQUIBB		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address ONE SQUIBB DRIVE		Square Feet 25,000	
City (5) NEW BRUNSWICK		County (6) MIDDLESEX	County Code (7)
Current Use (Prior if being demolished) LABORATORY/RESEARCH		Building Age 40	
Name of Monitoring Firm Hired by Bldg. Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM NO. 0104	
Street Address 655 WEST SHORE TRAIL		Street Address 32 Williams Parkway	
City, State, Zip Code SPARTA, NJ 07871		City, State, Zip Code East Hanover, NJ 07936	
Project Mngr. For Monitoring Firm WILLIAM KERBEL		Telephone Number 973-729-5649	
Scheduled Start Date (10) 2 / 06 / 18		Sched. Completion Date (11) 04 / 30 / 18	
Telephone Number 973-884-8682		License Number 00860	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 7:00 AM-3:30 PM		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.	
Street Address 32 Williams Parkway		City, State, Zip Code East Hanover, NJ 07936	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input checked="" 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 <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
B 97, 2ND FLOOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	VAT/MASTIC	150 SF
B 97, 2ND FLOOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	SEAM CAULK	35 LF
B 97, 2ND FLOOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	VAT/MASTIC	100 SF
B 97, 2ND FLOOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	MASTIC	4,000 SF
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP INC	NJDEP Waste Hauler ID No. 30534	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT - FAIRLESS HILL LANDFILL
City, State EAST HANOVER, NJ	Disposal Date	City, State MORRISVILLE, PA	
Completed by (Print or Type) Steve Stiles	Title Project Manager	Signature <i>Steve Stiles</i>	Date 03/28/18



Location of Asbestos Containing  <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
B 97, ROOM 1112	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	1 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B 97, ROOM 123	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE DEBRIS	3 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B 97, ROOM 123	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE AND FITTING INSULATION	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B97	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FIRE DOORS	45 EACH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B97	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROOF FLASHING	3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B97 FAÇADE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAPOR BARRIER PAPER	17,000 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

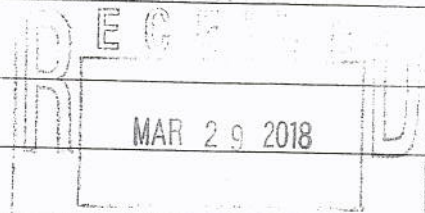




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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

CR# 3338

Date of Notification (1) 3 / 27 / 18		Name of Building Owner/Operator (2) PSEG							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <b>80 Park Plaza</b> City, State, Zip Code <b>Newark, NJ 07102</b>			
		Name of Contact <b>C/O Thomas Savage</b>				Telephone Number <b>913-664-7571</b>			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PSEG Nuclear			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 End of Alloway Creek Neck Rd.			Square Feet						
City (5) Hancocks Bridge			# of Floors						
County (6) Salem			Bldg. Age						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Exterior work on interior of cooling tower							
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address				Street Address 1123 BEAVER STREET					
City, State, Zip Code				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 215-788-6040					
Start Date (10) 4 / 16 / 18		Scheduled Completion Date (11) 5 / 2 / 18		License No. 00509					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:30PM/____PM-____AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.		Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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
Hope Creek Cooling tower	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite panels	1000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genreal Area beneath tower	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite debris clean up	1500 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 C&H Disposal Service Inc.		NJDEP Waste Hauler ID No. 7903		Cubic Yards of Waste 15		Name of Registered Landfill Salem Co Improve. Auth. Solid Waste Div			
City, State Elmer, NJ		Disposal Date 5/2/18		City, State Alloway, NJ					
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature <i>Gino Pizzigoni/jl</i>		Date 3/26/18			

GI18072



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

Date of Notification (1) <u>03</u> / <u>27</u> / <u>18</u>		Name of Building Owner/Operator (2) <b>Township of Toms River- Department of Engineering</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>33 Washington Street</b>							
		City, State, Zip Code <b>Toms River, NJ 08753</b>							
		Name of Contact <b>Robert Chankalian</b>	Telephone Number <b>732-341-1000</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>252 Washington Street, #1</b>									
City (5) <b>Toms River</b>		Square Feet	# of Floors						
		Bldg. Age							
County (6) <b>Ocean</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 Estaquio</b>		Telephone No. <b>973-494-3762</b>	Telephone No. <b>973-928-4888</b>						
		License No. <b>1188</b>							
Start Date (10) <u>04</u> / <u>05</u> / <u>18</u>	Scheduled Completion Date (11) <u>05</u> / <u>07</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
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RACM		<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>Weigle Trucking, LLC</b>		NJDEP Waste Hauler ID No. <b>PA-589</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>Minerva Enterprises</b>					
City, State <b>Linden, PA</b>		Disposal Date <b>TBD</b>		City, State <b>Waynesburg, OH</b>					
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature <i>Allen Monchik</i>			Date <b>3/27/18</b>		



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

Date of Notification (1) <b>03 / 27 / 18</b>		Name of Building Owner/Operator (2) <b>Township of Toms River- Department of Engineering</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>33 Washington Street</b>							
		City, State, Zip Code <b>Toms River, NJ 08753</b>							
		Name of Contact <b>Robert Chankalian</b>	Telephone Number <b>732-341-1000</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>1536 N. Bay Avenue</b>									
City (5) <b>Toms River</b>	Square Feet	# of Floors	Bldg. Age						
County (6) <b>Ocean</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 Estaquio</b>		Telephone No. <b>973-494-3762</b>	License No. <b>1188</b>						
Start Date (10) <b>04 / 05 / 18</b>	Scheduled Completion Date (11) <b>05 / 07 / 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"/> $\geq 3$ 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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RACM		<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>Weigle Trucking, LLC</b>		NJDEP Waste Hauler ID No. <b>PA-589</b>		Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>Minerva Enterprises</b>				
City, State <b>Linden, PA</b>		Disposal Date <b>TBD</b>		City, State <b>Waynesburg, OH</b>					
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature <i>Allen Monchik</i>		Date <b>3/27/18</b>			



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

Chk # 3339

Date of Notification (1) 3 / 27 / 18		Name of Building Owner/Operator (2) Verizon		DEC 17 2017 MAR 20 2018					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Place, Lower Level		City, State, Zip Code Pittsburgh, PA 15212					
		Name of Contact Anthony Porta		Telephone Number 412-633-4021					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Verizon Robertsville C.O.			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 408 Tennent Rd			Square Feet						
City (5) Morganville			# of Floors						
County (6) Monmouth			Bldg. Age						
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET		City, State, Zip Code BRISTOL, PA 19007					
City, State, Zip Code Philadelphia, PA 19153		Telephone No. 215-788-6040		License No. 00509					
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Start Date (10) 4 / 9 / 18		Scheduled Completion Date (11) 4 / 11 / 18							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/5:00PM-1:30AM			Street Address 1123 BEAVER STREET						
			City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> Floor -Outside Engine Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and mastic	150 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL			
City, State NEW CASTLE, DE 19720		Disposal Date		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro / JS		Date 3-27-18			

ASB-41  
MAY 11 BS18038

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



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Print Form

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

Check # 8062

Date of Notification (1) 03-23-2018		Name of Building Owner/Operator (2) Residential Dwelling							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Haddonfield NJ 08033							
		Name of Contact Bonnie Walter	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Dwelling		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) Haddonfield		Square Feet 1485	# of Floors 2						
County (6) Camden		County Code (7) (STATE USE ONLY)	Bldg. Age 62.5						
Name of Monitoring Firm Hired by Building Owner (8) Quality Environmental Concepts		Name of Abatement Contractor (9) Quality Environmental Concepts							
Street Address 1053 North Tuckahoe Road		Street Address 1053 North Tuckahoe Road							
City, State, Zip Code Williamstown, New Jersey 08094		City, State, Zip Code Williamstown, New Jersey 08094							
Project Manager for Monitoring Firm Edward Knorr		Telephone No. 856-629-1166	License No. 01086						
Start Date (10) 04-03-2018	Scheduled Completion Date (11) 04-06-2018	Name of OSHA Monitor Quality Environmental Concepts							
Occupancy Status During Abatement (Check Only One)		Street Address 1053 North Tuckahoe Road							
<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 Williamstown, New Jersey 08094							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Air cell asbestos panels on top of metal ductwork	45SF	X			
Name of Registered Waste Hauler Quality Environmental Concepts		NJDEP Waste Hauler ID No. 19710	Cubic Yards of Waste 4cy 3cy	Name of Registered Landfill Salem County Solid Waste Complex					
City, State Williamstown, New Jersey		Disposal Date TBD		City, State Alloway, New Jersey					
Completed by Edward Knorr		Title Vice President		Signature Edward Knorr		Date 03-23-2018			



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Date of Notification (1) 03/12/18		Name of Building Owner/Operator (2) Eileen & David Feder	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Maplewood, NJ 07040	
Name of Contact Eileen & David Feder		Telephone Number [REDACTED]	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Eileen & David Feder			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) Maplewood, NJ 07040			County (6) Essex		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]			ASCM No. n/a		
Street Address [REDACTED]			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code [REDACTED]			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm [REDACTED]			Phone Number [REDACTED]		City, State, Zip Code Lincoln Park, NJ 07035
Scheduled Start Date (10) 03/27/2018			Sched. Completion Date (11) 03/31/2018		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Telephone Number (973)696-6869		
			License Number 00378		
			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)									
<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment w/negative pressure		<input type="checkbox"/> Glovebag procedure			
<input type="checkbox"/> >3 sf or >3 lf		<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Mini-enclosure		<input type="checkbox"/> Non-friable procedure			
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
living room			<input checked="" type="checkbox"/>	plaster	86 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sun room			<input checked="" type="checkbox"/>	plaster	108 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
front bedroom			<input checked="" type="checkbox"/>	plaster	205 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 5		Name of Registered Landfill Tullytown Resource & Recovery Center			
City, State Lincoln Park, NJ		Disposal Date 04/02/2018		City, State Tullytown, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna				Date 03/26/2018	



B &amp; G Proj. #: 2018-81

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State of NJ  
 Notification of Asbestos Abatement  
 (Pursuant to NJAC 8:60-7 and 12:12-17)  
**\*\*\* EMERGENCY \*\*\***

Check # 8886

MAR 29 2018

Date of Notification (1) <b>03/12/18</b>		Name of Building Owner/Operator (2) <b>Eileen &amp; David Feder</b>	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code <b>Maplewood, NJ 07040</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact <b>Eileen &amp; David Feder</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

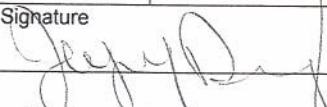
Name of facility where abatement is taking place (3) <b>Eileen &amp; David Feder</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) <b>Maplewood, NJ 07040</b>	County (5) <b>Essex</b>	County Code (7) (State use only)	Current Use (Prior if being demolished) <b>Residential</b>		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. <b>n/a</b>	Name of Abatement Contractor (9) <b>B &amp; G Restoration, Inc.</b>		
Street Address			Street Address <b>105 Ryerson Road</b>		
City, State, Zip Code			City, State, Zip Code <b>Lincoln Park, NJ 07035</b>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <b>(973) 686 6639</b>		
Scheduled Start Date (10) <b>03/27/2018</b>		Sched. Completion Date (11) <b>03/31/2018</b>	License Number <b>00378</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: <input type="checkbox"/> Other- Describe:			Name of OSHA Monitor <b>B &amp; G Restoration, Inc.</b>		
Scope of Work (check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3 sf or >2 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			Street Address <b>105 Ryerson Road</b>		
			City, State, Zip Code <b>Lincoln Park, NJ 07035</b>		

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	R	E	E
	Yes	No	N/A						
living room			<input checked="" type="checkbox"/>	plaster	86 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sun room			<input checked="" type="checkbox"/>	plaster	108 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
front bedroom			<input checked="" type="checkbox"/>	plaster	205 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <b>B &amp; G Restoration, Inc.</b>	NJ DEP Hauler ID <b>19563</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Tullytown Resource &amp; Recovery Center</b>
City, State <b>Lincoln Park, NJ</b>	Disposal Date <b>04/02/2018</b>	City, State <b>Tullytown, PA</b>	
Completed by (Print or Type) <b>Gordana Luna</b>	Title <b>Secretary/Treasurer</b>	Signature <i>Gordana Luna</i>	Date <b>03/26/2018</b>



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

Date of Notification (1) 03/14/2018		Name of Building Owner/Operator (2) Tristin C. Williams							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> City, State, Zip Code South Orange, NJ 07079							
		Name of Contact Tristen Williams							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Property		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) Newark		Square Feet 3840	# of Floors 2						
County (6) Essex		Bldg. Age 1926							
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)						
Street Address		Danvic Contracting LLC							
City, State, Zip Code		Street Address 240 South 5th street							
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code Elizabeth, NJ, 07206						
		Telephone No. 908 9064123	License No. 01355						
Start Date (10) 03/24/2018	Scheduled Completion Date (11) 03/30/2018	Name of OSHA Monitor Iris Environmental Laboratories							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	100 LF	X			
Basement			X	Flue Cement	2 SF	X			
Basement			X	Boiler Isulation	72 SF				
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.				
City, State Elizabeth, NJ				Disposal Date TBA	City, State Morrisville, PA				
Completed by Jeymy M. Donneys		Title Owner		Signature 			Date 03/14/2018		



Check # 13070

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## State of New Jersey - Notification of Asbestos Abatement

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

GAC Project # 060-18

Date of Notification (1) <b>March 23, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS)          74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b> City, State, Zip Code <b>PISCATAWAY, NJ 08854</b> Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b> Telephone Number <b>848-445-2550</b> 2018
	FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) <b>CARPENDER HALL, BLDG# 8312</b> Street Address <b>DOUGLASS CAMPUS</b> City (5) <b>NEW BRUNSWICK</b> County (6) <b>MIDDLESEX</b> County Code (7) (State Use Only)		
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b> Street Address <b>3 TERRI LANE</b> City, State, Zip Code <b>BURLINGTON, NJ 08016</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.) Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>100+ years</b> Current Use (prior if being demolished): <b>ACADEMIC</b> Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b> Street Address <b>511 MAIN STREET</b> City State, Zip Code <b>BUTLER, NJ 07405</b> Telephone Number <b>973-492-0477</b> License Number <b>00840</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b> Telephone Number <b>609-386-8800</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b> Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b> City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Scheduled Start Date (10) <b>04/04/18</b>		Scheduled Completion Date (11) <b>04/10/18</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 8AM - 8AM Daily (24 HOURS &amp; WEEKENDS AS NEEDED)</b>			
Scope of Work (Check all that apply) <input type="checkbox"/> > 3 sf or >3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Basement, 1<sup>st</sup>, 2<sup>nd</sup>, &amp; 3<sup>rd</sup> Floors</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>	Amount (Specify SF or LF) <b>2100 SF</b> Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>20 CY</b> Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>04/10/2018</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> <b>215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>March 23, 2018</b>

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



PAID

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

Check # 13069

GAC Project # 060-18

Date of Notification (1) <b>March 23, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 - new start and completion dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b> City, State, Zip Code <b>PISCATAWAY, NJ 08854</b> Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b> Telephone Number <b>848-445-2550</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>CAMDEN SCIENCE, BLDG# 7002</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.) Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>80+ years</b>	
Street Address <b>CAMDEN CAMPUS</b>	City (5) <b>CAMDEN</b>	County (6) <b>CAMDEN</b>	County Code (7) (State Use Only)
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3 TERRI LANE</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>	Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>04/06/18</b>	Scheduled Completion Date (11) <b>04/09/18</b>	Name of OSHA Monitor <b>ENVIROVISION, 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 - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5 PM - 5AM Daily (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b> City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> $\geq 3$ sf or $>3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>ROOMS 012, 015, 020</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>TSI - Pipe Insulation</b>	Amount (Specify SF or LF) <b>&lt;9 LF</b>
			Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>5 CY</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>04/09/2018</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b> City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> <b>215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>March 23, 2018</b>

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



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

GAC Project # 060-18

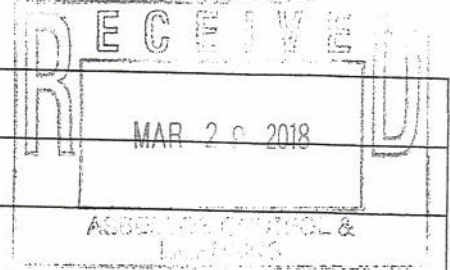
Date of Notification (1) <b>March 13, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>
			City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>
		Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>	Telephone Number <b>848-445-2550</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>CAMDEN SCIENCE, BLDG# 7002</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.) Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>80+ years</b>	
Street Address <b>CAMDEN CAMPUS</b>		Current Use (prior if being demolished): <b>ACADEMIC OFFICES</b>	
City (5) <b>CAMDEN</b>	County (6) <b>CAMDEN</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3 TERRI LANE</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>	Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>03/23/18</b>	Scheduled Completion Date (11) <b>03/26/18</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5 PM - 5AM Daily (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $>3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>ROOMS 012, 015, 020</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>TSI - Pipe Insulation</b>	Amount (Specify SF or LF) <b>&lt;9 LF</b>
			Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>
			<input checked="" type="checkbox"/>
			<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>	NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>5 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>03/26/2018</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>March 13, 2018</b>

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



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

PAID



Date of Notification (1) 03/23/2018		Name of Building Owner/Operator (2) Morris County Courthouse							
Agencies Notified	Type Notification	Street Address 10 Court Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07963							
		Name of Contact Christopher Walker	Telephone Number 973-285-6340						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Morris County Courthouse		Type of Facility (4)							
Street Address 10 Court Street		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Morristown		Square Feet 25000+	# of Floors 3+						
County (6) Morris	County Code (7) (STATE USE ONLY)	Bldg. Age 50+							
Name of Monitoring Firm Hired by Building Owner (8) T&M Associates		ASCM No. 00145	Name of Abatement Contractor (9) Nari Construction llc						
Street Address 40 Monmouth Park Highway, Suite 2		Street Address 63 Leather Stocking Path							
City, State, Zip Code West Long Branch, NJ 07764		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 732-676-4000	Telephone No. 862-264-9463						
Start Date (10) 04/06/2018		Scheduled Completion Date (11) 04/09/2018	License No. 01306						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Nari Construction llc							
<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 63 Leather Stocking Path							
		City, State, Zip Code Lincoln Park, NJ 07035							
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 Tank Room Crawlspace	x			Pipe Insulation	660 LF	x		x	
Name of Registered Waste Hauler New American Restoration Inc		NJDEP Waste Hauler ID No. 30399	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S					
City, State Paterson, NJ 07501			Disposal Date TBD	City, State Morrisville, PA					
Completed by Igor Jezdimirovic		Title P. Manager	Signature 		Date 03/23/2018				

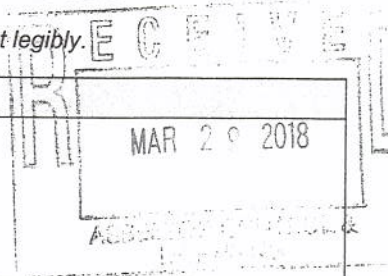


rock

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

# NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

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



I. NOTIFICATION INFORMATION			
Date of Notification: <u>03</u> / <u>26</u> / <u>2018</u>			
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Cancellation <input type="checkbox"/> Emergency (must include justification)			
Type of Work: <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation			
II. BUILDING INFORMATION			
Name of Building Owner/Operator: <u>United State Postal Service</u>			
Street Address: <u>171 Broad Street</u>		City: <u>Red Bank</u>	State: <u>NJ</u> Zip: <u>07701</u>
Name of Contact: <u>Jason Straley (PW Campbell)</u>		Telephone No.: <u>412-963-0100</u>	
III. FACILITY INFORMATION			
Name of Facility Where Work Activity is to Take Place: <u>Postal Workers Credit Union of Monmouth County</u>			
Describe Facility Use: <u>Credit Union</u>			
Street Address: <u>171 Broad Street</u>		City: <u>Red Bank</u>	State: <u>NJ</u> Zip: <u>07701</u>
County Name: <u>Monmouth</u>		County Code (State Use Only): _____	
Scheduled Start Date: <u>04</u> / <u>13</u> / <u>2018</u>		Scheduled Completion Date: <u>04</u> / <u>16</u> / <u>2018</u>	
Occupancy Status During Activity (check only one):			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Activity			
<input type="checkbox"/> Activity Performed Outside Normal Facility Hours—Describe: _____			
<input type="checkbox"/> Other—Describe: _____			
Scope of Work (check all that apply):			
<input checked="" type="checkbox"/> Floor Tile	Square Footage: <u>489 SF</u>	Percentage Asbestos: _____	%
<input checked="" type="checkbox"/> Mastic	Square Footage: <u>489 SF</u>	Percentage Asbestos: _____	%
IV. CONTRACTOR INFORMATION			
Company Name: <u>Shade Environmental, LLC</u>		Telephone No.: <u>856-755-0099</u>	
Street Address: <u>623 Cutler Avenue</u>		City: <u>Maple Shade</u>	State: <u>NJ</u> Zip: <u>08052</u>
New Jersey Asbestos License Number (if applicable): <u>00842</u>			
Monitoring Firm (if applicable): <u>Environmental Tactics, Inc.</u>		Telephone No.: <u>732-290-2217</u>	
V. SIGNATURE			
Completed By (type or print legibly): <u>Christina Lynch</u>		Title: <u>Vice President of Operations</u>	
Signature: <u></u>		Date: <u>March 26, 2018</u>	

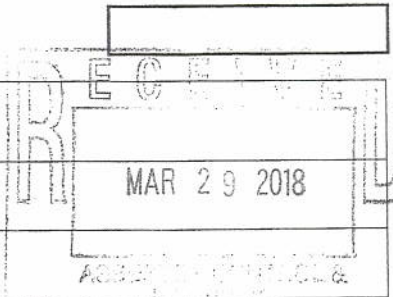


## NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Check#3018

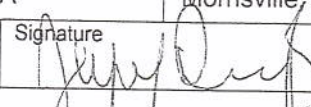
PAID

Date of Notification (1) 03 / 26 / 18		Name of Building Owner/Operator (2) Robert Reto					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address [REDACTED] City, State, Zip Code Verona, NJ 07044	
						Name of Contact Robert Reto	
Telephone Number _____							
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Private house				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)			
Street Address [REDACTED]							
City (5) Verona, NJ 07044				Square Feet # of Floors Bldg. Age			
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC			
Street Address				Street Address 576 Valley Rd #283			
City, State, Zip Code				City, State, Zip Code Wayne, NJ 07470			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-638-1777			
				License No. 01127			
Start Date (10) 04 / 05 / 18		Scheduled Completion Date (11) 04 / 07 / 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 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 type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) 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 SIF or LF)			
Basement-utility room		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Ceiling 140 SF			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
		<input type="checkbox"/> <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			
City, State Wayne, NJ 07470		Disposal Date TBD		Name of Registered Landfill T.R.R.F. Inc			
City, State Tullytown, PA							
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>			
				Date 03/26/18			



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

CHK#1018

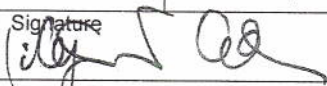
Date of Notification (1) 03/21/2018		Name of Building Owner/Operator (2) Li-Lan Chen							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New Brunswick, NJ, 08901							
		Name of Contact Li-Lan Chen	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) New Brunswick		Square Feet 1,332	# of Floors 2						
County (6) Middlesex		Bldg. Age 1920							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Danvic Contracting LLC						
Street Address		Street Address 240 S. 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ, 07206							
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355						
Start Date (10) 03/30/2018	Scheduled Completion Date (11) 04/06/2018	Name of OSHA Monitor Iris Environmental Laboratories							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		City, State, Zip Code Union, NJ, 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	15	X			
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.					
City, State Elizabeth, NJ		Disposal Date TBA		City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature 			Date 03/21/2018			



NOCK

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

credit # 1028

Date of Notification (1) 03/26/2018		Name of Building Owner/Operator (2) Keith Geter		Check# Using Credit for Check No. 1040	
Agencies Notified	Type Notification	Street Address		<div style="border: 1px solid black; padding: 5px;"> RECEIVED MAR 29 2018 </div>	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Orange, New Jersey 07079			
		Name of Contact Keith Geter			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Private Residence			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) South Orange, New Jersey 07079			Square Feet 2,500	# of Floors 2	Bldg. Age 50+
County (6) Essex	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Private Residence		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation		
Street Address		Street Address 606 McBride Ave			
City, State, Zip Code		City, State, Zip Code Woodland Park, New Jersey			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-225-8400	License No. 01104	
Start Date (10) 04/18/2018	Scheduled Completion Date (11) 04/19/2018		Name of OSHA Monitor Iris Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Union, NJ 07083		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF of LF)
	Yes	No	N/A		
Basement	X			TSI	150 LF
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill	
City, State Woodland Park, New Jersey			Disposal Date 04/19/2018	City, State Morrisville, PA	
Completed by Adriana Olejarova	Title President		Signature 	Date 03/26/2018	



PAID

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

C/K 54  
 7754  
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 MAR 20 2018

Date of Notice: 03/20/2018 Type Notification		Name of Building Owner / Operator (2) <b>Anheuser Busch, Inc.</b>		MAR 20 2018	
Agencies Notified	<input checked="" type="checkbox"/> Emergency Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address <b>200 Route 1 South</b>			
EPA		City, State & Zip Code <b>Newark, NJ 07114</b>			
DEP		Name of Contact <b>Rodrigo Pontello</b>			
<input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Telephone Number <b>973-645-8966</b>			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Anheuser-Busch, Inc.</b>			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.)		
200 Route 1 South					
City (5) <b>Newark</b>	County (6) <b>Essex</b>	County Code (7)	Square Feet <b>50000</b>	# of Floors <b>4</b>	Bldg. Age <b>60 +/-</b>
			Current Use (Prior if being demolished) <b>Brewery</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc</b>		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>		
Street Address <b>64 Broad Street</b>		Street Address <b>443 Schoolhouse Road</b>			
City, State & Zip Code <b>Matawan, NJ 07747</b>		City, State & Zip Code <b>Monroe Township, NJ 08831</b>			
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-605-9062</b>	License Number <b>00714</b>	
Scheduled Start Date (10) <b>03/21/2018</b>	Scheduled Completion Date (11) <b>03/22/2018</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>		
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - <input checked="" type="checkbox"/> Describe: <b>Area Isolated During Abatement</b> Other - Describe:			Street Address <b>443 Schoolhouse Road</b>		
			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Scope of Work (Check all that apply)					
Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/>		Full Containment with Negative Pressure			
Large Project <input type="checkbox"/>		<input checked="" type="checkbox"/> Mini-Enclosure			
<input checked="" type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM		<input checked="" type="checkbox"/> Glove-bag Procedure			
Quantity is $\geq 160$ SF or $\geq 260$ LF ACM		Other: Non-friable			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)	
<b>Operations, 1<sup>st</sup> Floor</b>	<b>N/A</b>	<b>TSI - Condensate Piping</b>	<b>25 LF</b>	<b>Removal</b>	
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>5</b>	Name of Registered Landfill <b>TRRF</b>	
City, State <b>Freehold, NJ</b>		Disposal Date <b>03/22/2018</b>	City, State <b>Tullytown, Pa</b>		
Completed By (Print or Type) <b>Dominick Tringali</b>	Title <b>Project Manager</b>	Signature <i>Dominick Tringali</i>		Date <b>03/20/2018</b>	