

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

check # 12670



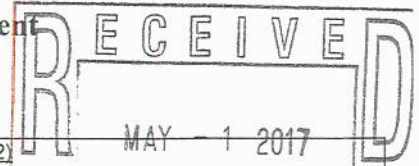
GAC Project # 060-17

Date of Notification (1) <b>April 26, 2017</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. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>LIPMAN HALL, BLDG# 6025</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>COOK CAMPUS</b>		Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>80+ years</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>		ASCM No. <b>0098</b>	
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Street Address <b>268 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>	Telephone Number <b>609-386-8800</b>	City State, Zip Code <b>BUTLER, NJ 07405</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>5/5/17</b>	Scheduled Completion Date (11) <b>5/8/17</b>	Telephone Number <b>973-492-0477</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 checked="" type="checkbox"/> Other - Describe: <b>Schedule: 5PM - 5AM (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Name of OSHA Monitor <b>1 ENVIROVISION, INC.</b>	
Street Address <b>20-21 WARGARAW ROAD</b>		City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Scope of Work (Check all that apply)  <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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>326, 327, 328</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>SURFACING</b>	Amount (Specify SF or LF) <b>&lt;25 SF</b>
Abatement Type Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose <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>5/8/2017</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>April 26, 2017</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)

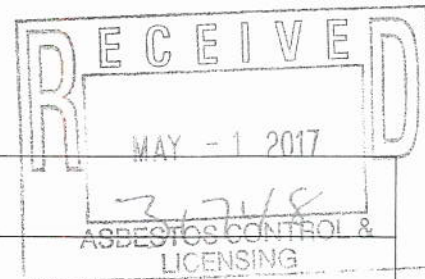


Date of Notification (1) <b>April 25, 2017</b>		Name of Building Owner/Operator (2) <b>Bloomfield College</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>467 Franklin Street</b>		City, State, Zip Code <b>Bloomfield, NJ 07003</b>	
Name of Contact <b>Jack Mc Grane</b>		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Bloomfield College- Clee Hall</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>2,000</b> # of Floors: <b>4</b> Bldg. Age: <b>50+ years</b>	
Street Address <b>220 Liberty Street</b>		Current Use (prior if being demolished):	
City (5) <b>Bloomfield</b>	County (6) <b>Essex</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Envirovision, inc.</b>		ASCM No.	
Street Address <b>20-21 Wagaraw Road, Bldg # 35E</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>Fairlawn, NJ 07410</b>		Street Address <b>511 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>Fred Larson</b>		Telephone Number <b>973-636-9145</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>May 12, 2017</b>		Scheduled Completion Date (11) <b>May 21, 2017</b>	
Occupancy Status During Abatement (Check only one) <b>Facility Closed/Vacated During Entire Period of Abatement</b> Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: <b>Non-Occupied</b>		Name of OSHA Monitor <b>EMSL Inc.</b>	
Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		Street Address <b>1056 Stelton Road</b>	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Location of Asbestos-Containing Material (ACM) in Facility (13) Room # B119-Mech Rm Room # B118-Storage		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Amount (Specify SF or LF) 190 lf 150 lf
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI TSI		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>20</b>
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> NJ DEP # 12561		Name of Registered Landfill <b>Meadowfill Landfill</b>	
Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>		Disposal Date <b>May 21, 2017</b>	
City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784		Date <b>April 25, 2017</b>	
Completed by (Print or Type) <b>Marin Graure</b>		Signature <i>Marin Graure</i>	

GAC # 2017-595

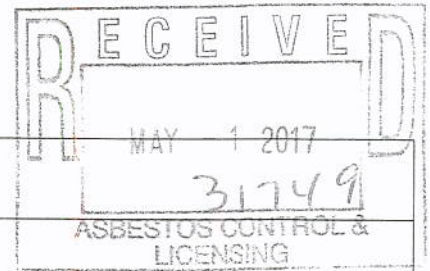


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>04 / 25 / 17</b>			Name of Building Owner/Operator (2) <b>Deputy Ventures</b>		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>23 Deputy Minister Drive</b> City, State, Zip Code <b>Colts Neck, NJ 07722</b> Name of Contact <b>Gary Klein</b>	
				Telephone Number _____	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]					
City (5) <b>Middletown</b>				Square Feet <b>900 sf</b>	# of Floors <b>1</b>
				Bldg. Age <b>65</b>	
County (6) <b>Monmouth</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Residence</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>	
Street Address		Street Address <b>1889 Route 9, Unit 61</b>			
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>
Start Date (10) <b>04 / 26 / 17</b>		Scheduled Completion Date (11) <b>04 / 27 / 17</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM				Street Address <b>1056 Stelton</b> City, State, Zip Code <b>Piscataway, New Jersey 08854</b>	
Scope of Work (Check all that apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	600 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"/>		
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>4/28/17</b>		City, State <b>Tullytown, Pennsylvania</b>	
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 	Date <b>4/25/17</b>

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



Date of Notification (1) <b>04 / 25 / 17</b>		Name of Building Owner/Operator (2) <b>Zarrilli Homes</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>186 Mantoloking Road</b>							
		City, State, Zip Code <b>Brick, NJ 08723</b>							
		Name of Contact <b>Patrick Bottazzi</b>							
Telephone Number									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>Surf City</b>		Square Feet <b>1500 sf</b>	# of Floors <b>1</b>						
		Bldg. Age <b>65</b>							
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>						
Street Address		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <b>05 / 05 / 17</b>	Scheduled Completion Date (11) <b>05 / 08 / 17</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>1056 Stelton</b>							
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1350 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>05/09/17</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 		Date <b>4/25/17</b>			



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

CK  
7516

Date of Notification 4/26/17		Name of Building Owner / Operator (2) <b>Craig Burns</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED  MAY - 1 2017  ASBESTOS CONTROL </div>	
Agencies Notified	Type of Notification	Street Address			
EPA	Emergency Notification				
<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code <b>Bernardsville, NJ 07924</b>			
<input checked="" type="checkbox"/> DOL	Amended Notification	Name of Contact <b>Craig Burns</b>		Telephone Number	
<input checked="" type="checkbox"/> DOH	Cancellation				
DCA					

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <div style="background-color: black; width: 100px; height: 20px;"></div>			Square Feet <b>3,000</b>	# of Floors <b>2</b>	Bldg. Age <b>70+</b>
City (5) <b>Bernardsville</b>	County (6) <b>Somerset</b>	County Code (7)	Current Use (Prior if being demolished) <b>Residence</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics</b>		ASCM No. <b>N/A</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 07716</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>5/8/17</b>	Scheduled Completion Date (11) <b>5/9/17</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:			Street Address <b>443 Schoolhouse Road</b>		
			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		

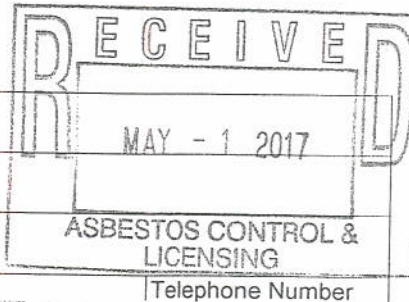
Scope of Work (Check all that apply)					
Demolition		<input checked="" type="checkbox"/> Renovation		Full Containment with Negative Pressure	
Large Project				Mini-Enclosure	
<input checked="" type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM				<input checked="" type="checkbox"/> Glovebag Procedure	
Quantity is $\geq 160$ SF or $\geq 260$ LF ACM				Other: <b>Non-friable</b>	

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>Basement</b>	<b>N/A</b>	<b>TSI Pipe</b>	<b>16 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>1</b>	Name of Registered Landfill <b>Cumberland County</b>	
City, State <b>Freehold, NJ</b>		Disposal Date <b>5/9/17</b>		City, State <b>Newburg, PA</b>	
Completed By (Print or Type) <b>Dominick Tringali</b>		Title <b>Manager</b>		Signature <i>Dominick Tringali</i>	
				Date <b>4/26/17</b>	



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



Date of Notification (1) <b>2/2/17</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>	
Agencies Notified	Type Notification	Street Address <b>67 Bloomfield Avenue</b>	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Newark New Jersey</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #3 - 4/26/17	Name of Contact <b>Alex Baylor</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Humboldt Central Office</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>67 Bloomfield Avenue</b>			Square Feet <b>46596</b>		
City (5) <b>Newark</b>	County (6) <b>Essex</b>	County Code (7)	# of Floors <b>4</b>		
			Bldg. Age <b>75</b>		
Current Use (Prior if being demolished) <b>COMMUNICATIONS</b>					

Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>	
Street Address <b>8436 ENTERPRISE AVE</b>			Street Address <b>1123 BEAVER STREET</b>	
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>			City, State & Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>MARK JENKINS</b>	Telephone Number <b>215-365-5810</b>		Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>

Scheduled Start Date (10) <b>ON Site 5/1/17</b>	Scheduled Completion Date (11) <b>5/9/17</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <b>5:00 PM -1:30 AM</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 BEAVER STREET</b>		
		City, State & Zip Code <b>BRISTOL, PA 19007</b>		

Scope of Work (Check all that apply)

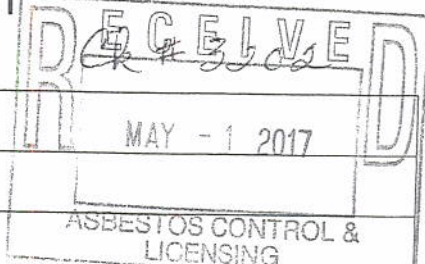
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2 <sup>nd</sup> Floor Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust duct insulation	55 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Floor Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust duct insulation	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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date	City, State <b>WAYNESBURG, OH 44688</b>		
Completed By (Print or Type) <b>PATRICK T. DECARO</b>		Title <b>PROJ. MGR.</b>	Signature <i>Patrick T. Decaro/jr</i>		Date <b>2/2/17</b>



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



Date of Notification (1) <b>2/2/17</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #2 - 4/25/17 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>67 Bloomfield Avenue</b> City, State & Zip Code <b>Newark New Jersey</b> Name of Contact <b>Alex Baylor</b>
			Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Humboldt Central Office</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>67 Bloomfield Avenue</b>		Square Feet <b>46596</b>	# of Floors <b>4</b>
City (5) <b>Newark</b>	County (6) <b>Essex</b>	County Code (7)	Bldg. Age <b>75</b>
Current Use (Prior if being demolished) <b>COMMUNICATIONS</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>
Street Address <b>8436 ENTERPRISE AVE</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>MARK JENKINS</b>		Telephone Number <b>215-365-5810</b>	License Number <b>00509</b>
Scheduled Start Date (10) <b>ON Site 5/1/17</b>	Scheduled Completion Date (11) <b>5/9/17</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <b>5:00 PM -1:30 AM</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 BEAVER STREET</b> City, State & Zip Code <b>BRISTOL, PA 19007</b>	

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glove Bag Procedures	
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure	

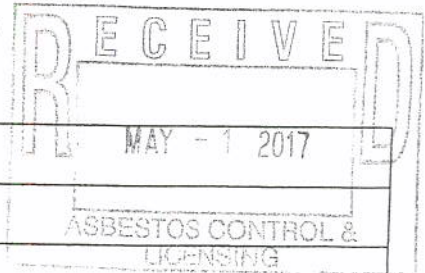
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> Floor Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust duct insulation	55 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust duct insulation	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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>
City, State <b>NEW CASTLE, DE 19720</b>	Disposal Date	City, State <b>WAYNESBURG, OH 44688</b>	
Completed By (Print or Type) <b>PATRICK T. DECARO</b>	Title <b>PROJ. MGR.</b>	Signature <i>Patrick T. Decaro</i>	Date <b>2/2/17</b>



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



Date of Notification (1) <b>2/2/17</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>	
Agencies Notified	Type Notification	Street Address <b>67 Bloomfield Avenue</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Newark New Jersey</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended R#1 - 2/10/17	Name of Contact <b>Alex Baylor</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Humboldt Central Office</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>67 Bloomfield Avenue</b>			Square Feet <b>46596</b>	# of Floors <b>4</b>	Bldg. Age <b>75</b>
City (5) <b>Newark</b>	County (6) <b>Essex</b>	County Code (7)	Current Use (Prior if being demolished) <b>COMMUNICATIONS</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>		
Street Address <b>8436 ENTERPRISE AVE</b>			Street Address <b>1123 BEAVER STREET</b>		
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>			City, State & Zip Code <b>BRISTOL, PA 19007</b>		
Project Manager for Monitoring Firm <b>MARK JENKINS</b>		Telephone Number <b>215-365-5810</b>	Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>	
Scheduled Start Date (10) <b>ON HOLD</b>	Scheduled Completion Date (11)		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>5:00 PM -1:30 AM</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 BEAVER STREET</b>		
			City, State & Zip Code <b>BRISTOL, PA 19007</b>		

Scope of Work (Check all that apply)

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

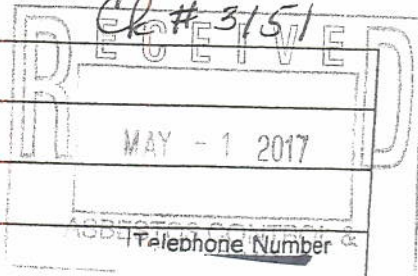
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>1<sup>st</sup> Floor Generator Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Exhaust duct insulation</b>	<b>55 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>
City, State <b>NEW CASTLE, DE 19720</b>	Disposal Date	City, State <b>WAYNESBURG, OH 44688</b>	
Completed By (Print or Type) <b>PATRICK T. DECARO</b>	Title <b>PROJ. MGR.</b>	Signature <i>Patrick T. Decaro</i>	Date <b>2/2/17</b>



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

CL # 3151



Date of Notification (1) <b>2/2/17</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>	
Agencies Notified	Type Notification	Street Address <b>67 Bloomfield Avenue</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Newark New Jersey</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <b>Alex Baylor</b>	
<input checked="" type="checkbox"/> DOL 2972	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH 3405	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Humboldt Central Office</b>			Type of Facility (4)		
Street Address <b>67 Bloomfield Avenue</b>			<input type="checkbox"/> School (K-12)		
City (5) <b>Newark</b>			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
County (6) <b>Essex</b>	County Code (7)		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
			Square Feet <b>46596</b>	# of Floors <b>4</b>	Bldg. Age <b>75</b>
Current Use (Prior if being demolished) <b>COMMUNICATIONS</b>					

Name of Monitoring Firm Hired by Building Owner (8) <b>ISA ENVIRONMENTAL MANAGEMENT</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>	
Street Address <b>436 ENTERPRISE AVE</b>			Street Address <b>1123 BEAVER STREET</b>	
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>			City, State & Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>MARK JENKINS</b>	Telephone Number <b>215-365-5810</b>		Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>
Scheduled Start Date (10) <b>2/13/17</b>	Scheduled Completion Date (11) <b>2/15/17</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>		
Occupancy Status During Abatement (Check only one)		Street Address <b>1123 BEAVER STREET</b>		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State & Zip Code <b>BRISTOL, PA 19007</b>		
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm				
Describe: <b>5:00 PM - 1:30 AM</b>				
<input type="checkbox"/> Facility Occupied During Abatement				

Type of Work (Check all that apply)

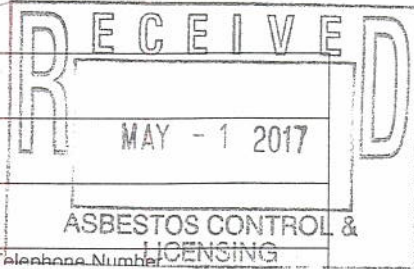
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input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


Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Floor Generator Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Exhaust duct insulation</b>	<b>55 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>WASTE TRANSPORT GROUP, INC.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
State <b>CASTLE, DE 19720</b>	Disposal Date	City, State <b>WAYNESBURG, OH 44688</b>		
Prepared By (Print or Type) <b>PAUL T. DECARO</b>	Title <b>PROJ. MGR.</b>	Signature <i>Patrick T. Decaro</i>	Date <b>2/2/17</b>	



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



Date of Notification (1) 04/24/17		Name of Building Owner/Operator (2) K.Hovnanian at Cedar Grove							
Agencies Notified	Type Notification	Street Address 110 Fieldcrest Ave.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Edison, NJ 08837							
		Name of Contact John Crane							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Essex County Hospital		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 204 Grove Ave.		Square Feet 38,500	# of Floors 1						
City (5) Cedar Grove		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office Building							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address		Street Address 156 Maple Ave.							
City, State, Zip Code		City, State, Zip Code Wallington, NJ 07057							
Project Manager for Monitoring Firm		Telephone No. 862-221-9092	License No. 01107						
Start Date (10) 04/24/17	Scheduled Completion Date (11) 07/30/17	Name of OSHA Monitor Leslaw Nalodka							
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 156 Maple Ave.							
		City, State, Zip Code Wallington, NJ 07057							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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			*	roof membrane tar	38500 sf.	*			
windows			*	window glazink	100 pcs.	*			
tunnels			*	pipe insulation	8600 lf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409		Cubic Yards of Waste 250	Name of Registered Landfill GCSL				
City, State Newark, NJ				Disposal Date 07/31/17	City, State Pen Argyl, PA				
Completed by Leslaw Nalodka		Title President		Signature 		Date 04/24/17			



04/24/2017 14:04

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ASBESTOS CONTROL & LICENSING	

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

**CH4449**

Date of Notification (1) 4 / 24 / 17

Name of Building Owner/Operator (2) FRANK LICERA

Street Address [REDACTED]

City, State, Zip Code MILFORD, N.J. 08848

Name of Contact FRANK J. LICERA

Telephone Number [REDACTED]

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

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

**WAIVER APPROVED**

**FACILITY INFORMATION**

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

Street Address [REDACTED]

City Milford

County (6) HUNTERDON

County Code (NJ STATE USE ONLY) [REDACTED]

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

Square Feet 7000

# of Floors 2

Blg. Age 450

Current Use (Prior if being demolished) RESIDENTIAL

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

ASCM No. [REDACTED]

Name of Abatement Contractor (9) AMAC Contracting Inc.

Street Address 185 Vreeland Ave

City, State, Zip Code Midland Park, NJ 07432

Telephone No. 201-262-6341

License No. 00156

Project Manager for Monitoring Firm [REDACTED]

Telephone No. [REDACTED]

Start Date (10) 4 / 25 / 17

Scheduled Completion Date (11) 4 / 30 / 17

Name of OSHA Monitor Omega Environmental Services

Street Address 200 Huyler St

City, State, Zip Code Hackensack, NJ 07606

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

Scope of Work (Check all that apply)  
☐ > 3 sf or > 3 ft  
☒ > 160 sf or > 260 ft  
☒ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Gloving Procedure  
☐ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED (IN FACILITY) (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
<u>BASEMENT</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>VAT</u>	<u>900 SF</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Newark Carting

City, State Newark, NJ

NJOEP Waste Hauler ID No. 04509

Cubic Yards of Waste 4

Name of Registered Landfill IESI PA Bethlehem Landfill Corp

City, State Bethlehem, PA

Disposal Date 4/25/17

Completed By (Print or Type) Joseph Vaccaro

Title Vice President

Signature [Signature]

Date 4/24/17

Added  
JAN 13

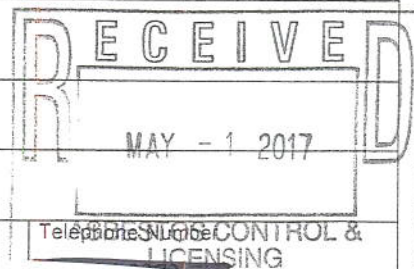
\* Do not use this form for asbestos measure exempted activities.



MO#24219184814

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

Cancellation



Date of Notification (1) 04 / 26 / 17		Name of Building Owner/Operator (2) Able Rumph							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code East Orange, NJ 07017 Name of Contact Able Rumph							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) East Orange, NJ 07017		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet      # of Floors      Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code	ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 01127							
Project Manager for Monitoring Firm	Telephone No.	Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410							
Start Date (10) 04 / 26 / 17	Scheduled Completion Date (11) 04 / 27 / 17								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM									
Scope of Work (Check all that apply) <input checked="" 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 type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	110 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles	220 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N.Jevtic</i>		Date 04/26/17				

ASB-41  
MAY 11

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



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

B & G proj. #: 2017-54

Check # 8352

Date of Notification (1) 04/12/17		Name of Building Owner/Operator (2) Gail S Marciniak		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">MAY - 1 2017</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; font-size: 0.8em;">ASBESTOS CONTROL &amp; LICENSING</div>
Agencies Notified	Type Notification	Street Address		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Avenel, NJ 07001		
		Name of Contact Thomas Marciniak		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Gail S Marciniak			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			Square Feet    # of Floors    Bldg. Age		
City (5) Avenel, NJ 07001			County (6) Middlesex		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9)		
Street Address			B & G Restoration, Inc.		
City, State, Zip Code			105 Ryerson Road		
Project Manager for Monitoring Firm			Telephone Number (973)696-6869		License Number 00378
Sched. Start Date (10) 05/09/2017			Sched. Completion Date (11) 05/10/2017		
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor B & G Restoration, Inc.		
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Boiler room, main room,			<input checked="" type="checkbox"/>	pipe insulation	106 lf	<input checked="" type="checkbox"/>			
water meter room									

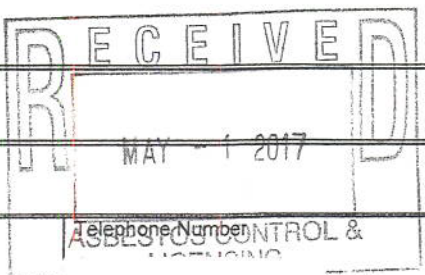
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 1/2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 05/10/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 04/28/2017



B &amp; G proj. #: 2017-55

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

Check # 8353

Date of Notification (1) 04/12/17		Name of Building Owner/Operator (2) Janet Eure		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code Carlstadt, NJ 07072		
		Name of Contact Janet Eure		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Jant Eure			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) Carlstadt, NJ 07072			County (6) Bergen		Bldg. Age
			County Code (7) (State use only)		Current Use (Prior if being demolished) residential
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9)		
Street Address			B & G Restoration, Inc.		
City, State, Zip Code			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm			City, State, Zip Code Lincoln Park, NJ 07035		
Phone Number			Telephone Number (973)696-6869		
Scheduled Start Date (10) 05/08/2017			License Number 00378		
Sched. Completion Date (11) 05/09/2017			Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement bathroom			X	VAT & mastic	25 sf	X			

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ		Disposal Date 05/10/2017		City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer	Signature Gordana Luna		Date 04/28/2017



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

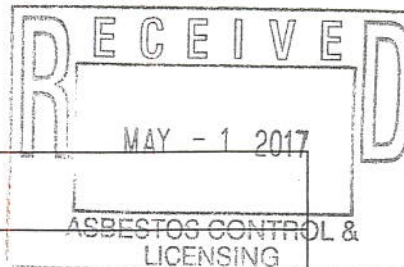
Check # 25485

Date of Notification (1) <u>4/28/17</u>		Name of Building Owner/Operator (2) <u>Terranova</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>[REDACTED]</u>							
		City, State, Zip Code <u>Manville, NJ 08835</u>							
		Name of Contact <u>Heidi Terranova</u>							
Telephone Number <u>[REDACTED]</u>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>Residential</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 <u>[REDACTED]</u>		Square Feet <u>1800</u>							
City (5) <u>Manville, NJ</u>		# of Floors <u>2</u>							
County (6) <u>Somerset</u>		Bldg. Age <u>75+/-</u>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>							
Telephone No. <u>(609) 259-9688</u>		License No. <u>00493</u>							
Start Date (10) <u>5/8/17</u>		Scheduled Completion Date (11) <u>5/19/17</u>							
Name of OSHA Monitor <u>MECS</u>		Street Address <u>PO Box 341</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: _____		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>		<input checked="" type="checkbox"/>		<u>Transite Ceiling, Walls</u>	<u>520 sf</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>		<input checked="" type="checkbox"/>		<u>VAT</u>	<u>360 sf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>		Cubic Yards of Waste <u>3 cu</u>		Name of Registered Landfill <u>Fairless Landfill</u>			
City, State <u>Allentown, NJ</u>		Disposal Date <u>5/19/17</u>		City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature <u>[Signature]</u>		Date <u>4/28/17</u>			



CH 2003

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

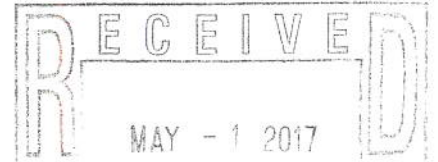


Date of Notification (1) <u>04</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>City of Garfield</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 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>111 Outwater Lane</b>							
		City, State, Zip Code <b>Garfield, NJ 07026</b>							
		Name of Contact <b>Thomas Duch</b>	Telephone Number _____						
<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>411 Midland Avenue</b>									
City (5) <b>Garfield</b>	Square Feet	# of Floors	Bldg. Age						
County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>EnviroVision Consultants Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>						
Street Address <b>20-21 Wagaraw Road, Building 35E</b>		Street Address <b>27 Outwater Lane</b>							
City, State, Zip Code <b>Fair Lawn, NJ 07410</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Willy Morales</b>		Telephone No. <b>973-636-9145</b>	Telephone No. <b>973-928-4888</b>						
			License No. <b>1188</b>						
Start Date (10) <u>05</u> / <u>08</u> / <u>17</u>	Scheduled Completion Date (11) <u>06</u> / <u>08</u> / <u>17</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 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) <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 & 2 <sup>nd</sup> Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Air Cell Pipe Insulation	180 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gun Room (Basement)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	110 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records Rm under Carpet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Boards	510 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entrance Hallway- Rec. Rm & BR	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling Plaster	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>ATC / Century Waste LLC</b>		NJDEP Waste Hauler ID No. <b>SW-24310/32797</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>Minerva Enterprises / IESI Bethlehem</b>					
City, State <b>Shirley, NY Elizabeth, NJ</b>		Disposal Date <b>TBD</b>	City, State <b>Waynesburg, OH Bethlehem, PA</b>						
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>	Signature 				Date <b>4/27/17</b>		



State of New Jersey  
ASBESTOS ABATEMENT  
12:120-7)

NOTIFICATION OF  
(Pursuant to NJAC 8-60-7 AND  
CONTINUATION SHEET

[illegible]

Completed by: (Print or type) Monchik	Allen	Title: Project Manager	Signature: 	Date: 9/27/17
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**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)


Check # 25481

Date of Notification (1) <u>4/28/17</u>		Name of Building Owner/Operator (2) <u>Whitesbog Preservation Trust</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	<div style="text-align: right; font-size: 2em; border: 1px solid black; padding: 5px; display: inline-block;">RECEIVED</div> <div style="text-align: center; margin-top: 10px;">MAY 1 2017</div>	
Street Address <u>799 Lakehurst Rd</u>		City, State, Zip Code <u>Browns Mills, NJ 08015</u>	
Name of Contact <u>Rick Prickett</u>		Telephone Number _____	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Suningive-Elizabeth Whites House</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 <u>Whitesbog Rd/Whitebog Village</u>		Square Feet <u>1800</u>	# of Floors <u>2</u>
City (5) <u>Browns Mills, NJ 08015</u>		Bldg. Age <u>150+/-</u>	
County (6) <u>Burlington</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>5/8/17</u>	Scheduled Completion Date (11) <u>5/12/17</u>	Name of OSHA Monitor <u>MECS</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 <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>	<input checked="" type="checkbox"/>			<u>Thermal Tank Insulation</u>	<u>20 sf</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>	<input checked="" type="checkbox"/>			<u>Thermal Duct Insulation</u>	<u>4 sf</u>		<input checked="" type="checkbox"/>		

Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 cu</u>	Name of Registered Landfill <u>Fairless Landfill</u>	
City, State <u>Allentown, NJ</u>		Disposal Date <u>5/12/17</u>	City, State <u>Morrisville, PA</u>		
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>4/28/17</u>		



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

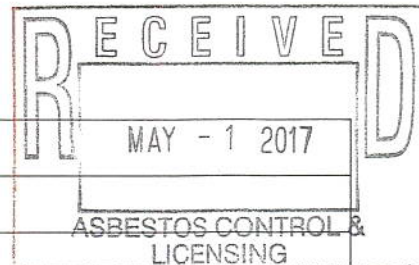
*CHK # 3203*

Date of Notification (1) <b>4/26/17</b>		Name of Building Owner / Operator (2) <b>AutoZone</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>123 S Front Street</b>	
		City, State & Zip Code <b>Memphis, TN 38103</b>	
		Name of Contact <b>H. L. Trey Smallwood</b>	
		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Proposed AutoZone</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>200-210 East Washington Street</b>		Square Feet <b>15000</b>	# of Floors <b>1</b>
City (5) <b>Washington Twp</b>	County (6) <b>Warren</b>	County Code (7)	Bldg. Age <b>40+</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>
Street Address <b>120 N Warren Street</b>		Street Address <b>1123 Beaver Street</b>	
City, State & Zip Code <b>Trenton, NJ 08608</b>		City, State & Zip Code <b>Bristol, PA 19007</b>	
Project Manager for Monitoring Firm <b>Rollie Jones</b>		Telephone Number <b>(215)788-6040</b>	License Number <b>00509</b>
Scheduled Start Date (10) <b>5/8/17</b>	Scheduled Completion Date (11) <b>5/8/17</b>	Name of OSHA Monitor <b>Bristol Environmental Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>7:00 AM – 3:30 PM</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 Beaver Street</b>	
		City, State & Zip Code <b>Bristol, PA 19007</b>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <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)
	Yes	No	
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>4 Cu Yd</b>
City, State <b>New Castle, DE</b>		Disposal Date <b>5/8/17</b>	Name of Registered Landfill <b>Minerva Landfill</b>
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni / JK</i>
			Date <b>4/26/17</b>

*GI17108*



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:20)



Date of Notification (1): 4/26/17		Name of Building Owner/Operator (2): MR. DIETER WACKER	
Agencies Notified	Type Notification	Street Address: [REDACTED]	Telephone Number
( ) EPA (X) DEP (X) DOL (X) DOH ( ) DCA	(X) Initial Notification ( ) Amendment Notification ( ) Emergency ( ) Cancellation	City, State, Zip Code: LIVINGSTON, NJ 07039	
		Name of Contact: DIETER	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3): RESIDENTIAL		Type of Facility (4): ( ) School (K-12) ( ) Subchapter 8 (Other than K-12) (X) Other (i.e., private & commercial buildings, homes, etc.)	
Street Address: [REDACTED]			
City & State (5): LIVINGSTON		Square Feet: NA	# of Floors: 2
County (6): ESSEX		Bldg. Age: NA	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished): RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8): ENVIRONMENTAL CONSULTING GROUP, LLC		Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.	
ASCM No.: NA			
Street Address: 71 ARCH STREET		Street Address: 339 N. 6 <sup>TH</sup> . STREET	
City, State, Zip Code: PATERSON, NJ 07522		City, State, Zip Code: Prospect Park, NJ 07508	
Project Manager for Monitoring Firm: FERNANDO VILLA		Telephone No.: 973-418-4036	License No.: 00641
Start Date (10): 5/5/17	Scheduled Completion Date (11): 5/7/17	Name of OSHA Monitor: S/M Enterprise of New Jersey, Inc.	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours ( ) Other - Describe:		Street Address: 339 N. 6 <sup>TH</sup> . STREET	
		City, State, Zip Code: PROSPECT PARK, NJ 07508	

Scope of Work (Check all that apply):

(X)  $\geq 3$  sf or  $\geq 3$  lf  
( )  $\geq 160$  sf or  $\geq 260$  lf

(X) Renovation  
( ) Demolition

( ) Full Containment with Negative Pressure  
( ) Wrap & Cut  
(X) Glovebag Procedure  
( ) Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	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)	Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
BASEMENT		X		PIPE INSULATION	75 LF	X			
BASEMENT		X		FURNACE INSULATION	12 SF	X			

Name of Registered Waste Hauler: SERVICES TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste: 2	Name of Registered landfill: IESI
City, State: NEW CASTLE, DE	Disposal Date: 5/10/17	City, State: WAYNESBURG, OH		
Completed By: MIKE ALTADOUKA	Title: PRESIDENT	Signature: 	Date: 4/26/17	



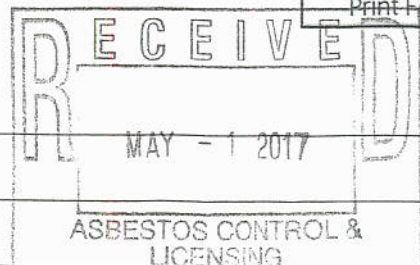
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Check # 9450

Date of Notification (1) 4/25/17		Name of Building Owner/Operator (2) K.B. NEWARK LLC		<div style="border: 2px solid red; padding: 5px; text-align: center;"> DECEIVE MAY - 1 2017 </div>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 3500 DOREMUS AVE					
		City, State, Zip Code NEWARK, N.J. 07105									
		Name of Contact LOU CICCITELLA									
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) KB NEWARK LLC			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 3500 DOREMUS AVE			Square Feet 40,000								
City (5) NEWARK			# of Floors 1		Bldg. Age 60						
County (6) ESSEX		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) WAREHOUSE / OFFICE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.							
Street Address				Street Address 185 Vreeland Ave.							
City, State, Zip Code				City, State, Zip Code Midland Park, N.J.							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-262-5841							
Start Date (10) 5/8/17		Scheduled Completion Date (11) 5/31/17		License No. 00156							
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 Omega Environmental Services Inc.								
			Street Address 280 Huyler Street								
			City, State, Zip Code Hackensack, N.J. 07606								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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	
MAIN BUILDING THROUGHOUT				X	PIPE	5040 SF	X				
BUILDING 15				X	TRANSITE	600 SF	X				
BUILDING 12				X	DUCT	600 SF	X				
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Sanitary Landfill						
City, State Newark, N.J. 07105				Disposal Date 5/8/17	City, State Pen Argyl, PA 08072						
Completed by R. McDonald			Title President		Signature R. McDonald			Date 4/25/17			



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



Date of Notification (1) 04/25/2017		Name of Building Owner/Operator (2) La Casa Don Pedro							
Agencies Notified	Type Notification	Street Address [REDACTED]	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ, 07107							
		Name of Contact Christopher pagan	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) private house		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) newark		Square Feet N/A	# of Floors N/A						
County (6) Essex		County Code (7) (STATE USE ONLY)	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 5/05/2017		Scheduled Completion Date (11) 05/06/2017	Name of OSHA Monitor EHW ABATEMENT LLC						
Occupancy Status During Abatement (Check Only One)		Street Address 89 FRANKLYN STREET							
<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: OCCUPIE		City, State, Zip Code PATERSON, NJ, 07524							
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	70	X			
Name of Registered Waste Hauler TRY STATE TRANSFER/YIMY BROTHER		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste N/A	Name of Registered Landfill MINERVA ENTERPRISES					
City, State 1199 RANDALL AVE BRONX, NY			Disposal Date TBD	City, State 900 MINERVA RD WAYNESBURG OH					
Completed by VICTOR ESPIRITU		Title PROJECT MANAGER		Signature			Date 04/25/2017		



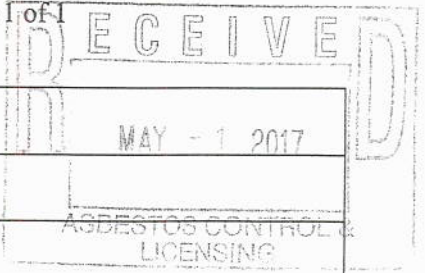
GL17-007

Lincoln

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

Page 1 of 1



Date of Notification (1) 4-21-2017		Name of Building Owner/Operator (2) Hasbrouck Heights BOE							
Agencies Notified	Type Notification	Street Address 379 Boulevard							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hasbrouck Heights, NJ 07604							
		Name of Contact Mihalitsianos Gerry	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Lincoln Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 302 Burton Ave		Square Feet 40,000 +	# of Floors 2						
City (5) Hasbrouck Heights		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 00127	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 307 North Walnut Street		Street Address 140 Hamburg Tpke							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Philip Conteh		Telephone No. 610-431-7545	Telephone No. (201)710-9725						
		License No. 01084							
Start Date (10) 4-13-2017 at 4:30 pm	Scheduled Completion Date (11) 4-21-2017 at 3:30 pm	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 140 Hamburg Tpke							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room HB Smith Boiler	X			Roping	200 LF	x			
Boiler Room HB Smith Boiler	X			Boiler Insulation	150 SF	x			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva					
City, State Bloomingdale, NJ			Disposal Date TBD	City, State Waynesburg, OH					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 4-21-2017			



GL17-007

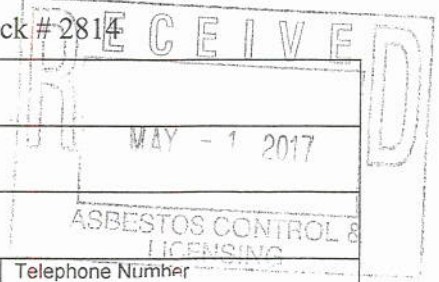
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**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

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Check # 2814



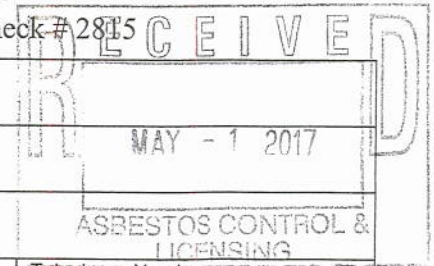
Date of Notification (1) 4-17-2017		Name of Building Owner/Operator (2) Hasbrouck Heights BOE							
Agencies Notified	Type Notification	Street Address 379 Boulevard							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hasbrouck Heights, NJ 07604							
		Name of Contact Mihalitsianos Gerry	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Hasbrouck Heights HS/MS		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 365 Boulevard		Square Feet 40,000 +	# of Floors 2						
City (5) Hasbrouck Heights		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 00127	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 307 North Walnut Street		Street Address 140 Hamburg Tpke							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Philip Conteh		Telephone No. 610-431-7545	Telephone No. (201)710-9725						
License No. 01084									
Start Date (10) 4-28-2017 at 2:00 pm	Scheduled Completion Date (11) 4-30-2017 at 3:30 pm	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 140 Hamburg Tpke							
		City, State, Zip Code Bloomingdale, NJ 07403							
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
Crawl Space	X			Pipe Fitting Insulation	69 LF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 4-17-2017			



GL17-007  
Ph 4State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

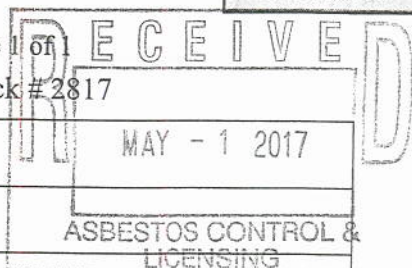
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Check # 2815

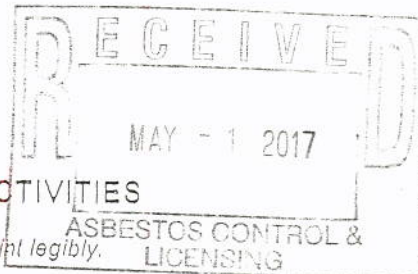


Date of Notification (1) 4-24-2017		Name of Building Owner/Operator (2) Hasbrouck Heights BOE						
Agencies Notified	Type Notification	Street Address 379 Boulevard						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hasbrouck Heights, NJ 07604						
		Name of Contact Mihalitsianos Gerry						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Hasbrouck Heights HS/MS		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 365 Boulevard		Square Feet 40,000 +	# of Floors 2					
City (5) Hasbrouck Heights		Bldg. Age 50+						
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 00127	Name of Abatement Contractor (9) GL Group, Inc					
Street Address 307 North Walnut Street		Street Address 140 Hamburg Tpke						
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Bloomingdale, NJ 07403						
Project Manager for Monitoring Firm Philip Conteh		Telephone No. 610-431-7545	Telephone No. (201)710-9725					
Start Date (10) 5/12/17 at 4:30 pm		Scheduled Completion Date (11) 5/14/17 at 3:30 pm	License No. 01084					
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 GL Group, Inc						
		Street Address 140 Hamburg Tpke						
		City, State, Zip Code Bloomingdale, NJ 07403						
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
Room 101		X		Pipe Fitting Insulation	1 lf	X		
Room 103		X		Pipe Fitting Insulation	2 lf	X		
Room 105		X		Pipe Fitting Insulation	9 lf	x		
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva				
City, State Bloomingdale, NJ			Disposal Date TBD	City, State Waynesburg, OH				
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>		Date 4-24-2017			



GL17-007  
Ph 3State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)Page 1 of 1  
Check # 2817

Date of Notification (1) 4-24-2017		Name of Building Owner/Operator (2) Hasbrouck Heights BOE							
Agencies Notified	Type Notification	Street Address 379 Boulevard							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hasbrouck Heights, NJ 07604							
		Name of Contact Mihalitsianos Gerry							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Hasbrouck Heights HS/MS		Type of Facility (4)							
Street Address 365 Boulevard		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hasbrouck Heights		Square Feet 40,000 +	# of Floors 2						
County (6) Bergen		Bldg. Age 50+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 00127	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 307 North Walnut Street		Street Address 140 Hamburg Tpke							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Philip Conteh		Telephone No. 610-431-7545	Telephone No. (201)710-9725						
		License No. 01084							
Start Date (10) 5/5/17 at 2:00 pm		Scheduled Completion Date (11) 5/7/17 at 3:30 pm							
Name of OSHA Monitor GL Group, Inc									
Occupancy Status During Abatement (Check Only One)		Street Address 140 Hamburg Tpke							
<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 Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Maintenance Room	X			Pipe Fitting Insulation	10 lf	X			
Boys Bathroom		X		Pipe Fitting Insulation	18 lf	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 4-24-2017			



# 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: 4 / 6 / 17

☒ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must include justification)

Type of Work: ☐ Demolition ☐ Renovation

## II. BUILDING INFORMATION

Name of Building Owner/Operator: American Properties Realty, Inc

Street Address: 517 Route 1 S, Suite 2100 City: Iselin State: NJ Zip: 08830

Name of Contact: Tom Mullen Telephone No.: \_\_\_\_\_

## III. FACILITY INFORMATION

Name of Facility Where Work Activity Is to Take Place: 105 West Franklin Avenue

Describe Facility Use: vacant

Street Address: 105 W Franklin Ave City: Pennington State: NJ Zip: \_\_\_\_\_

County Name: Mercer County Code (State Use Only): \_\_\_\_\_

Scheduled Start Date: 4 / 18 / 17 Scheduled Completion Date: 5 / 31 / 17

Occupancy Status During Activity (check only one):

☒ Facility Closed/Vacated During Entire Activity

☐ Activity Performed Outside Normal Facility Hours—Describe: \_\_\_\_\_

☐ Other—Describe: \_\_\_\_\_

Scope of Work (check all that apply):

☒ Floor Tile Square Footage: 320 Percentage Asbestos: 2 %

☒ Mastic Square Footage: 320 Percentage Asbestos: 2 %

☐ Transite Square Footage: \_\_\_\_\_ Percentage Asbestos: \_\_\_\_\_ %

☐ Roofing Square Footage: \_\_\_\_\_ Percentage Asbestos: \_\_\_\_\_ %

☐ Siding Square Footage: \_\_\_\_\_ Percentage Asbestos: \_\_\_\_\_ %

☐ Other: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Percentage Asbestos: \_\_\_\_\_ %

## IV. CONTRACTOR INFORMATION

Company Name: ABS Environmental Services, LLC Telephone No.: 973-764-2276

Street Address: 4 E Gate, PO Box 483 City: Glenwood State: NJ Zip: 07418

New Jersey Asbestos License Number (if applicable): 703

Monitoring Firm (if applicable): \_\_\_\_\_ Telephone No.: \_\_\_\_\_

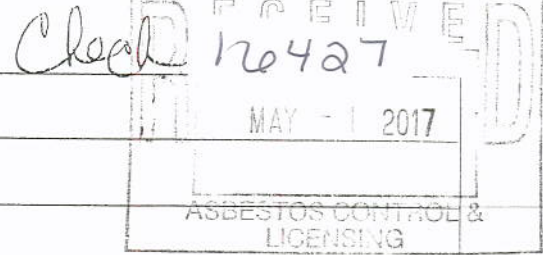
## V. SIGNATURE

Completed By  
(Type or print legibly): A. Scott Higgins Title: President

Signature: [Signature] Date: 4/6/17



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



Date of Notification (1) 4/6/17		Name of Building Owner/Operator (2) American Properties Realty, Inc.	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<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	517 Route One South, Suite 2100	Iselin, NJ 08830-3011
		Name of Contact	Telephone Number
		Tom Mullen	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Pennington	Square Feet 2800	# of Floors 2	Bldg. Age 66
County (6) Mercer	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) ABS Environmental Services, LLC
Street Address		Street Address PO Box 483, 4 E Gate Drive	
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-764-2276	License No. 703
Start Date (10) 4/18/17	Scheduled Completion Date (11) 5/31/17	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>roof</u>		City, State, Zip Code	

## Scope of Work (Check All That Apply)

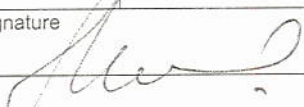
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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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
lower roof			x	pitch layer material	600 SF	x			

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill
City, State Freehold, NJ	Disposal Date TBD	City, State Birdsboro, PA	
Completed by A. Scott Higgins	Title President	Signature 	Date 4/6/17

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

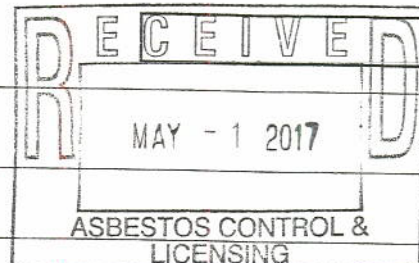
CH 518

Date of Notification (1) 04-26-2017		Name of Building Owner/Operator (2) Eddie Concepcion		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED  MAY - 1 2017  ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Passaic NJ 07055 Name of Contact Eddie Concepcion					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>				Square Feet N/A # of Floors N/A Bldg. Age N/A					
City (5) Passaic NJ 07055		County (6) Passaic		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) Standard Enviromental		ASCM No. _____		Name of Abatement Contractor (9) Amax Contracting LLC					
Street Address 2108 Fulton St, Suite 2A		City, State, Zip Code Brooklyn NY 11233		Street Address PO BOX 734 City, State, Zip Code Woodland Park NJ 07424					
Project Manager for Monitoring Firm Kayode Adefisoye		Telephone No. 347-241-7673		Telephone No. 973-692-6298 License No. 001266					
Start Date (10) 05-05-2017		Scheduled Completion Date (11) 05-11-2017		Name of OSHA Monitor Amax Contracting LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address PO BOX 734 City, State, Zip Code Woodland Park NJ 07424					
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe Insulation	15 LF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184		Cubic Yards of Waste 1 CY		Name of Registered Landfill Fairless Hills			
City, State Woodland Park NJ 07424				Disposal Date 05-13-2017		City, State Morrisville PA			
Completed by Tome Maslarkov		Title Project Manager		Signature 		Date 04-26-2017			



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

Check#2772



Date of Notification (1) 04 / 26 / 17		Name of Building Owner/Operator (2) Helen Rojas	
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 Elizabeth, NJ 07206	
Name of Contact Helen Rojas		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet    # of Floors    Bldg. Age	
City (5) Elizabeth, NJ 07206		County Code (7) (STATE USE ONLY) Union	
County (6)		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	
Start Date (10) 05 / 05 / 17		Scheduled Completion Date (11) 05 / 06 / 17		License No. 01127	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
				City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)

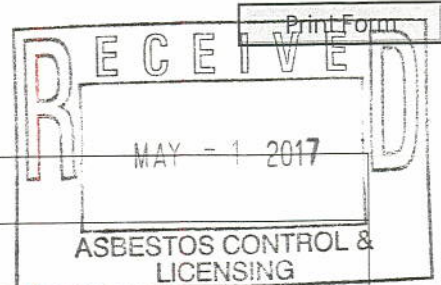
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination with negative pressure
<input type="checkbox"/> > 160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure
		<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> 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)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA			
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 04/26/17	

CH 3004

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

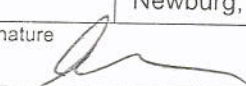


Date of Notification (1) 4/25/2017		Check # 3004		Name of Building Owner/Operator (2) Windsor Prep	
Agencies Notified		Type Notification		Street Address 60 West Midland Avenue	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Paramus, NJ 07652	
				Name of Contact Christine Liptak	
				Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Windsor Preparatory				Type of Facility (4)	
Street Address 60 West Midland Avenue				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Paramus				Square Feet 20,000	# of Floors 2
County (6) BERGEN				County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+
Name of Monitoring Firm Hired by Building Owner (8) N/A				ASCM No. _____	
Street Address				Name of Abatement Contractor (9) EA Services Corporation	
City, State, Zip Code				Street Address 426 69th Street	
Project Manager for Monitoring Firm				City, State, Zip Code Guttenberg, NJ 07093	
Telephone No.				Telephone No. 201-295-1700	License No. 01074
Start Date (10) 4/29/17		Scheduled Completion Date (11) 4/29/17		Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <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		
Boiler Room	x			Clean-up debris	8 SF
Boiler Room	x			Boiler breaching	2 SF
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste tbd	Name of Registered Landfill Cumberland Landfill
City, State Freehold, NJ		Disposal Date tbd		City, State Newburg, PA	
Completed by Gina Betances		Title Office Manager		Signature 	Date 4/25/2017



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

*Check 76926*

Date of Notification (1) 4/26/17		Name of Building Owner/Operator (2) Andrey Kutyshev							
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]						
			City, State, Zip Code Milltown, NJ 08850						
			Name of Contact Andrey						
			Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) East Brunswick		Square Feet 2100	# of Floors 2						
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 68						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276						
Start Date (10) 5/6/17		Scheduled Completion Date (11) 5/31/17	License No. 703						
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							
		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 type="checkbox"/> Demolition <input checked="" type="checkbox"/> Wrap & Cut <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
first floor			X	pipe insulation	80 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland Landfill					
City, State Freehold		Disposal Date TBD		City, State Newburg, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 4/26/17			

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

CH 5508

Date of Notification (1) 4/26/17		Name of Building Owner/Operator (2) Bill Wilson	
Agencies Notified	Type Notification	Street Address [REDACTED]	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 Brick, NJ 08723	
Name of Contact Bill		Telephone Number	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) [REDACTED] Brick		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Brick		Bldg. Age	
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home	
Name of Monitoring Firm Hired by Building Owner (8) —		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS
Street Address		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200
Start Date (10) 5/7/17	Scheduled Completion Date (11) 5/9/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: _____		Street Address 6 WHITE DOVE COURT	
		City, State, Zip Code LAKEWOOD, NJ 08701	

## Scope of Work (Check All That Apply)

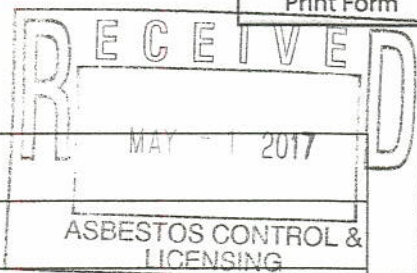
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf                | <input type="checkbox"/> Renovation            | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				Siding	2500SF	x			

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI
City, State NEWARK, NJ		Disposal Date 5/9/17	City, State BETHLEHEM PA
Completed by JOSEPH PERLSTEIN	Title OWNER	Signature	Date

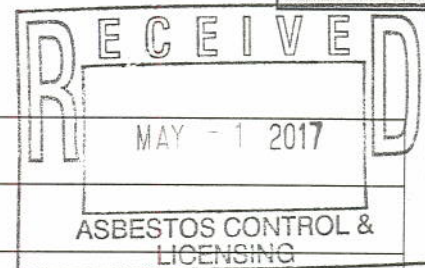


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <b>04-26-17</b>		Name of Building Owner/Operator (2) <b>Fred Sullivan</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>Teaneck, NJ 07666</b>							
		Name of Contact <b>Fred Sullivan</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Private Home</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) <b>Teaneck</b>		Bldg. Age							
County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>Delfa Contracting LLC.</b>						
Street Address		Street Address <b>522 7th St.</b>							
City, State, Zip Code		City, State, Zip Code <b>Union City NJ 07087</b>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>201 216-9603</b>	License No. <b>01206</b>						
Start Date (10) <b>05-05-17</b>	Scheduled Completion Date (11) <b>05-08-17</b>	Name of OSHA Monitor <b>Delfa Contracting LLC</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: <u>7:00am - 5:00pm</u>		Street Address <b>522 7th St.</b>							
		City, State, Zip Code <b>Union City NJ 07087</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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>		<b>x</b>		<b>VAT</b>	<b>450 SF</b>	<b>x</b>			
Name of Registered Waste Hauler <b>Delfa Contracting LLC</b>		NJDEP Waste Hauler ID No. <b>35240</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>Tullytown Resource Recovery Facility</b>					
City, State <b>Union City, NJ</b>		Disposal Date <b>05-09-17</b>		City, State <b>Tullytown, PA</b>					
Completed by <b>Jaime Delgado</b>		Title <b>Proj. Manager.</b>		Signature 			Date <b>04-26-17</b>		

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

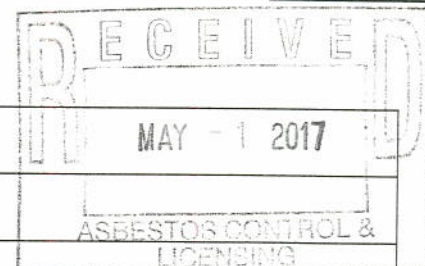


MO 24051485120

Date of Notification (1) 04/24/17		Name of Building Owner/Operator (2) Michael Debski							
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 checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bayonne, NJ 07002							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Michael Debski		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Bayonne		Bldg. Age							
County (6)	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) Pro Abatement						
Street Address		Street Address 1009 87th Street Suite A4							
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		201-293-6305	01223						
Start Date (10) 04/28/17	Scheduled Completion Date (11) 05/12/17	Name of OSHA Monitor HILMAMM CONSULTING LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1600 ROUTE EAST SUITE 107							
		City, State, Zip Code UNION NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Boiler Room - Basement				TSI	80 LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT GROWS N.					
City, State HILLSIDE, NJ			Disposal Date	City, State MORRISVILLE PA					
Completed by Bryan Parra		Title Project Manager	Signature 	Date 04/24/17					



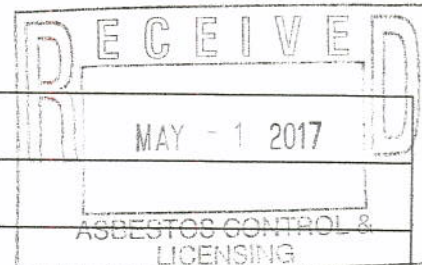
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



MO 23682382446

Date of Notification (1) 04/24/17		Name of Building Owner/Operator (2) Daniel Santos							
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 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 Passaic, NJ 07055							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Daniel Santos		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Passaic		Bldg. Age							
County (6) Passaic County	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) Pro Abatement						
Street Address		Street Address 1009 87th Street Suite A4							
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		201-293-6305	01223						
Start Date (10) 05/04/17	Scheduled Completion Date (11) 05/18/17	Name of OSHA Monitor HILMAMM CONSULTING LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1600 ROUTE EAST SUITE 107							
		City, State, Zip Code UNION NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior				Other	1700 SF	x			
						x			
						x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT GROWS N.					
City, State HILLSIDE, NJ			Disposal Date	City, State MORRISVILLE PA					
Completed by Bryan Parra		Title Project Manager	Signature 	Date 04/24/17					

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



Date of Notification (1) 03-24-17		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 checked="" 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 Residence		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark		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) 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) 03-24-17	Scheduled Completion Date (11) 03-30-17	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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 IESI					
City, State E. Hanover, NJ 07936			Disposal Date 03-28-17	City, State Bethlehem, PA					
Completed by Jaime Delgado		Title Proj. Manager.	Signature 			Date 03-24-17			