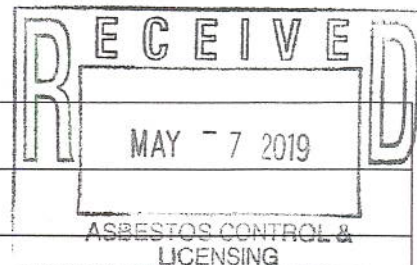


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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

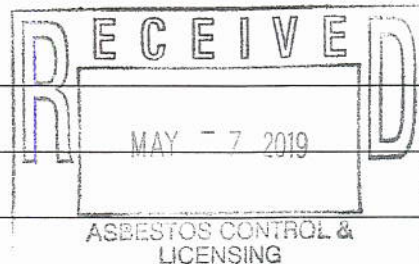


Date of Notification (1) 5/1/19		Name of Building Owner/Operator (2) Nancy Crowe Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Love Ladies NJ 08008							
		Name of Contact Jeff	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Nancy Crowe Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000	# of Floors 1						
City (5) Love Ladies NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 5/10/19	Scheduled Completion Date (11) 5/17/19	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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 Siding			x	Exterior Siding	1300SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 5/17/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 5/1/19		

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



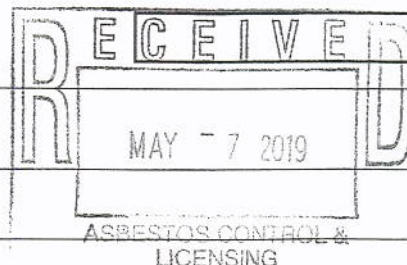
Date of Notification (1) 04/30/2019		Name of Building Owner/Operator (2) Samantha Kaminsky							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, NJ 07040							
		Name of Contact Samantha Kaminsky	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Maplewood		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address _____		Street Address 11 Rosengren Avenue							
City, State, Zip Code _____		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm _____		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 05/10/2019	Scheduled Completion Date (11) 05/11/2019	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Furnace Room		X		Pipe Insulation	80 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairlass Landfield					
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 			Date 04/30/2019		



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



Date of Notification (1) 04 / 30 / 19		Name of Building Owner/Operator (2) "Somerset Saving Bank"	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 141 Broad Street	
	City, State, Zip Code Flemington, NJ 08822		
	Name of Contact Peter Sullivan	Telephone Number 908-655-7157	
	ASBESTOS CONTROL & LICENSING		

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Commercial building		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 141 Broad Street		Square Feet	# of Floors
City (5) Flemington, NJ 08822		Bldg. Age	
County (6) Hunterdon	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	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. 973-638-1777	License No. 01127	
Start Date (10) 05 / 11 / 19	Scheduled Completion Date (11) 05 / 14 / 19	Name of OSHA Monitor Envirovision Consultants, Inc		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E		
		City, State, Zip Code Fair Lawn, NJ 07410		

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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-boiler room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation and elbows	30 LF+15 elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement-storage room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation and elbows	20 LF +15 elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement-man bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st floor-shaft closet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite board	320 SF	<input checked="" 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 04/30/19		



CH3078

State of New Jersey  
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 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to N.J.A.C. 8:50 and 12:120)

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**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) 4-30-2019		Name of Building Owner/Operator (2) Unlmted Real Estate							
Agencies Notified	Type Notification	Street Address 200 Washington Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hoboken, NJ 07030							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Gabriella LaConte	Telephone Number 201-214-7522						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 597 Piermont Road,		Square Feet 11071	# of Floors 2						
City (5) Closter, NJ 07624		Bldg. Age 70+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Green Environmental Services, LLC							
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 5-1-2019	Scheduled Completion Date (11) 5-8-2019	Name of OSHA Monitor Green Environmental Services, 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 235 Virginia Avenue							
		City, State, Zip Code Jersey City, NJ 07304							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe insulation / Elbows	40 LF	x			
1st Floor Front area and closet		x		VAT	1990 SF	x			
2nd Floor office and hallway		x		VAT	597 SF	x			
Roof		x		Roofing Material	8450 SF	x			
Name of Registered Waste Hauler Green Environmental Services,		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill					
City, State Jersey City, NJ		Disposal Date 5-8-2019		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager	Signature <i>Liliana Serrano</i>			Date 4-30-2019			



CH8133

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

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ASBESTOS CONTROL & LICENSING

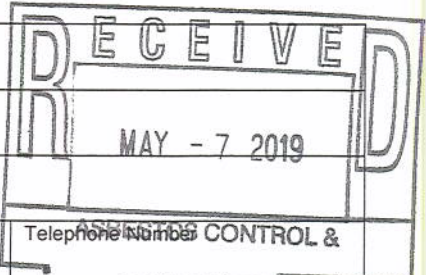
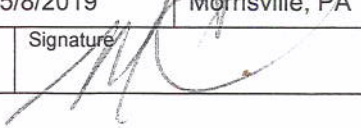
Date of Notification (1) 05/01/19		Name of Building Owner/Operator (2) SOMERSET DEVELOPMENT							
Agencies Notified	Type Notification	Street Address 101 CRAWFORDS CORNER							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HOLMDEL, NJ 07733							
		Name of Contact DAVID SCHREIBER	Telephone Number 732-367-2828						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 101 CRAWFORDS CORNER		<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) HOLMDEL, NJ		Square Feet 1,000,000	# of Floors 6						
County (6) MONMOUTH COUNTY		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) OFFICE BLDG						
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) 05/09/19	Scheduled Completion Date (11) 08/31/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
INTERIOR-BLDG 2 - 2ND FLOOR				TILES AND MASTIC	15,000 SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 60 YARDS	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 09/01/19	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 07/10/15			

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

Check # 25846

Date of Notification (1) 4/26/2019		Name of Building Owner/Operator (2) Reath							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hopewell, NJ 08525							
		Name of Contact Henry Reath		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4)					
Street Address [REDACTED]				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Hopewell, NJ 08525				Square Feet 2000	# of Floors 2				
County (6) Mercer		County Code (7) (STATE USE ONLY)		Bldg. Age 110 +/-					
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.					
Street Address PO Box 341		City, State, Zip Code Chesterfield, NJ 08515		Street Address PO Box 322					
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070		City, State, Zip Code Allentown, NJ 08501					
Start Date (10) 5/6/2019		Scheduled Completion Date (11) 5/8/2019		Telephone No. 609 259-9688					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor MECS		License No. 00493					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		Street Address PO Box 341		City, State, Zip Code Chesterfield, NJ 08515					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Thermal Pipe Insulation	125 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292		Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill				
City, State Allentown, NJ		Disposal Date 5/8/2019		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature 		Date 4/26/2019			



25.04.2019 07:40 AM

A. Mac Contracting

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PAGE 2/ 3

CH1243

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

**DOL-10 DAY**  
**RECEIVED**  
 MAY 7 2019  
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>4/26/19</b>		Name of Building Owner/Operator (2) <b>MIKE POLLACK</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code <b>RINGWOOD NJ 07450</b>	
Name of Contact <b>MIKE</b>		Telephone Number [REDACTED]	
Name of Facility Where Abatement is Taking Place (3) <b>POLLACK</b>			
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <b>RINGWOOD</b>		Square Feet <b>1650</b>	# of Floors <b>2</b>
County (6) <b>Bergen</b>		Bldg. Age <b>64</b>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>RAS.</b>	
Name of Monitoring Firm Hired by Building Owner (8)		ABCM No.	
Street Address		Name of Abatement Contractor (9) <b>A. Mac Contracting Inc.</b>	
City, State, Zip Code		Street Address <b>185 Vreeland Ave.</b>	
Project Manager for Monitoring Firm		City, State, Zip Code <b>Midland Park, NJ 07432</b>	
Telephone No.		Telephone No. <b>201-282-8841</b>	License No. <b>00166</b>
Start Date (10) <b>4/26/19</b>	Scheduled Completion Date (11) <b>4/30/19</b>		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 or less lf <input checked="" type="checkbox"/> 250 or more lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("C") and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) <b>Basement</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
			<b>Pipe</b>
			<b>6 LF</b>
Name of Registered Waste Hauler <b>Newark Carting Inc.</b>		N.J. DEP Waste Hauler ID No. <b>04608</b>	Cubic Yards of Waste <b>5</b>
City, State <b>Newark, NJ 07105</b>		Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>	
Disposal Date <b>4/26/19</b>		City, State <b>Pen Argyl, PA 08072</b>	
Completed by <b>R. McDonald</b>		Title <b>President</b>	Signature <b>R. McDonald</b>
		Date <b>4/26/19</b>	

A99-41 (R-02-02)

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



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

Print Form

Check 18815

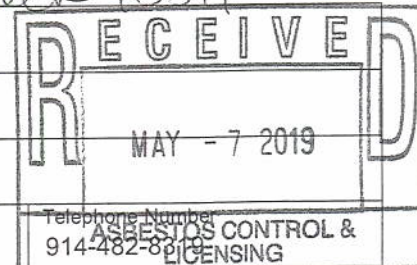
Date of Notification (1) 4/30/19		Name of Building Owner/Operator (2) Paul Davis Restoration							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address One Frassetto Way, Suite K		City, State, Zip Code Lincoln Park, NJ 07035							
Name of Contact Janice Peters		Telephone Number 201-300-5409							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2300							
City (5) Montclair		# of Floors 2							
County (6) Essex		Bldg. Age 78							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276							
Start Date (10) 5/11/19		License No. 703							
Scheduled Completion Date (11) 5/21/19		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>		Street Address							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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		City, State, Zip Code							
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	floor tile	150 SF	x			
Name of Registered Waste Hauler Tonys Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787		Cubic Yards of Waste TBD		Name of Registered Landfill Chrin Brothers Sanitary Landfill			
City, State Bridgewater, NJ		Disposal Date TBD		City, State Easton, PA					
Completed by A. Scott Higgins		Title President		Signature 		Date 4/30/19			



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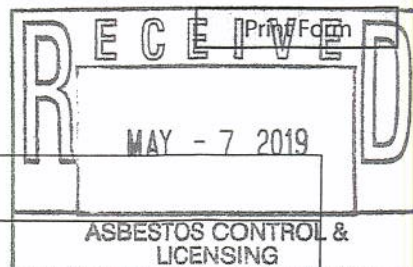
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Clock 18814



Date of Notification (1) 4/30/19		Name of Building Owner/Operator (2) Dixon Projects							
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 140 Broadway, 28th Floor		City, State, Zip Code New York NY 10005							
Name of Contact Shane Chiaravalle		Telephone Number 914-482-8210							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Jersey City		Square Feet 1900	# of Floors 2						
County (6) Hudson		County Code (7) (STATE USE ONLY) _____	Bldg. Age 80						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 5/10/19	Scheduled Completion Date (11) 5/20/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: basement		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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	120 LF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President		Signature 			Date 4/30/19		

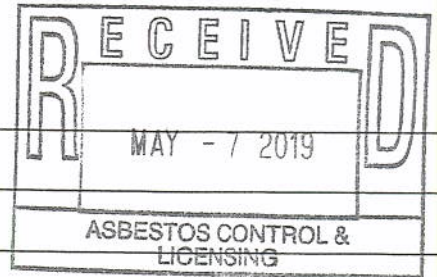
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 4/19/2019		Name of Building Owner/Operator (2) COLUMBIA CONTAINER SERVICES							
Agencies Notified	Type Notification	Street Address 1100 POLARIS STREET							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ELIZABETH, NJ 07201							
		Name of Contact RICHARD BURKETT	Telephone Number 908-965-2035						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) MAHER TERMINAL BLDG 1510 CHASSIS DEPOT - TRAILERS		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 SOUTH BAY AVENUE		Square Feet	# of Floors						
City (5) ELIZABETH		Bldg. Age							
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL		ASCM No. 00003	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 1253 NORTH CHURCH STREET		Street Address 11 VREELAND AVENUE							
City, State, Zip Code MOORESTOWN, NJ 08057		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm JAMES ORGERA		Telephone No. 856-840-8800	License No. 00494						
Start Date (10) 5/1/2019	Scheduled Completion Date (11) 5/6/2019	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: EXTERIOR		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		ROOF MEMBRANE/	2,500 SF	X			
				ROOF PITCH POCKETS					
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 50	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 5/6/2019		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 4/19/2019					



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



Date of Notification (1) 4/29/19		Name of Building Owner/Operator (2) Bergen County Department of Public Works	
Agencies Notified	Type Notification	Street Address 1 Bergen County Plaza	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code Hackensack, NJ, 07601	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	Name of Contact Scott Luna	
<input checked="" type="checkbox"/> DOL	Amendment # <u>2</u>	Telephone Number 201-336-6804	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bergen County Justice Center Courthouse		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 10 Main St.			
City (5) Hackensack		Square Feet 342,797	# of Floors 5
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age 1957
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services, Inc		Current Use (Prior if being demolished) Courthouse	
Street Address 280 Huyler Street		ASCM No. 00120	Name of Abatement Contractor (9) Unicorn Contracting Corp.
City, State, Zip Code South Hackensack, NJ, 07606		Street Address 32 Willow Way	
Project Manager for Monitoring Firm Richard Kuiters		City, State, Zip Code Woodland Park, NJ 07424	
Telephone No. 201-489-8700		Telephone No. 973-333-9176	License No. 01331
Start Date (10) 04/29/19	Scheduled Completion Date (11) 5/13/19	Name of OSHA Monitor Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>07:00PM - 03:30AM</u>		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
		City, State, Zip Code Fair Lawn, NJ 07410	

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

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
Room 219		X		TSI ( Wrap & Cut)	30 LF	X			
Room 320		X		TSI ( Wrap & Cut)	30 LF	X			
Room 321		X		TSI ( Wrap & Cut)	30 LF	X			

Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 2+ CU YD	Name of Registered Landfill Fairless Hills Landfill
City, State Woodland Park, New Jersey	Disposal Date TBD	City, State Morrisville, PA	
Completed by Dimo Golcev	Title General Manager	Signature 	Date 4/29/19



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

CK34161

Date of Notification (1)

4 / 29 19

Name of Building Owner/Operator (2)

MERCK SHARP & DOHME CORP.

Street Address

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code

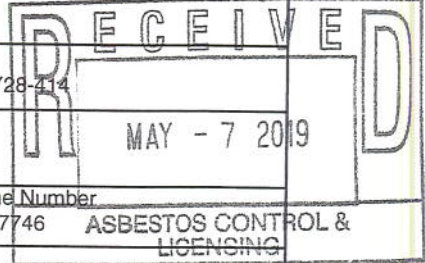
RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-7746



Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☒ Initial Notification  
☐ Amended Notification  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Street Address

126 EAST LINCOLN AVENUE - BUILDING 53

City (5)

RAHWAY

County (6)

UNION

County Code (7)  
(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Type of Facility (4)

☐ School (K-12)

☐ Subchapter 8 (Other than K-12)

☒ Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet

123,400

# of Floors

2

Bldg. Age

46

Current Use (Prior if being demolished)

COMMERCIAL

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

5 / 9 /19

Sched. Completion Date (11)

8 / 30 /19

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

☐ Demolition

☒ >3SF OR LF

☐ >160 SF OR 260 LF

☒ Renovation

☐ Full Containment with Negative Pressure

☐ Mini Enclo.

☐ Glovebag Procedure

☒ Non-Friable Procedure

Location of  
Asbestos-containing  
Material (ACM)  
TO BE ABATED  
in Facility (13)

Is Location  
normally used  
solely by  
Maint/Custodial  
Staff (12)

Yes No N/A

Description of Asbestos-  
Containing Material (ACM)  
(ie. Thermal systems  
insulation, surfacing, VAT,  
or other miscellaneous)

Amount  
(Specify  
SF or LF)

Abatement Type  
REMOVAL  
REPAIR  
ENCAPSUL  
ENCLOSUR

ROOF -NORTHEAST CORNER

Yes No N/A

BUILT UP ROOFING

100 SF

X

Name of Registered Waste Hauler  
FREEHOLD CARTAGE, INC.  
825 HIGHWAY 33

NJDEP Waste  
Hauler ID No.  
15939

Cubic Yards of Waste  
10

Name of Registered Landfill

LYCOMING COUNTY RESOURCE MANAGEMENT SE  
447 ALEXANDER DRIVE/ROUTE 15

City, State  
FREEHOLD, NEW JERSEY

Disposal Date  
5/9-8/30/2019

City, State

MONTGOMERY, PA 17752

Completed by (Print or Type)  
BENJAMIN SANCHEZ

Title  
DIRECTOR OF OPERATIONS

Signature

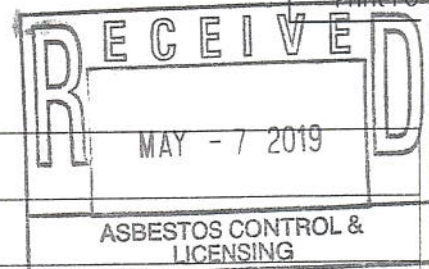
Date

4/29/19



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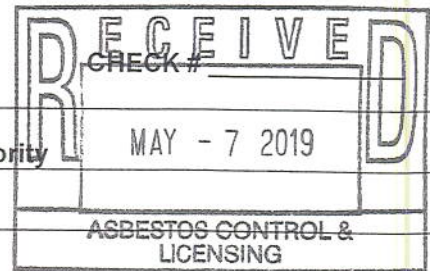
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 4-29-2019		Name of Building Owner/Operator (2) 338 Newark, LLC							
Agencies Notified	Type Notification	Street Address 150 Airport Road, Suite 1200							
<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 Lakewood, NJ 08701							
		Name of Contact Gerald Eglentowicz	Telephone Number 732-991-1173						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4)							
Street Address 338 Newark Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Jersey City, NJ		Square Feet 9789	# of Floors 2						
County (6) Hudson		Bldg. Age 70+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 5-9-2019	Scheduled Completion Date (11) 5-13-2019	Name of OSHA Monitor Green Environmental Services, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 235 Virginia Avenue							
<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 Jersey City, NJ 07304							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
2nd Floor		X		VAT	225 SF	X			
2nd Floor				Transite Debris	40 SF	X			
Roof		X		Roofing Material	2000 SF	X			
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill					
City, State Jersey City, NJ			Disposal Date 5-13-2019	City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager	Signature <i>Liliana Serrano</i>	Date 4-29-2019					



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



Date of Notification (1) <b>4/24/19</b>		Name of Building Owner / Operator (2) <b>Cumberland County Improvement Authority</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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>745 Lebanon Road</b>		City, State & Zip Code <b>Millville, NJ 08332</b>							
Name of Contact <b>Doug Boyer</b>		Telephone Number <b>856-364-1152</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Future location of Vineland Police</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>630 Plum Street</b>		Square Feet <b>NA</b>							
City (5) <b>Vineland</b>	County (6) <b>Cumberland</b>	County Code (7) <b>NA</b>	# of Floors <b>NA</b>						
		Bldg. Age <b>NA</b>							
		Current Use (Prior if being demolished) <b>Vacant/None</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Atlas Environmental</b>		ASCM No.							
Street Address <b>PO Box 11645</b>		Name of Abatement Contractor (9) <b>Enterprise Network Resolutions Contracting, LLC</b>							
City, State & Zip Code <b>Philadelphia, PA 19116</b>		Street Address <b>874 Piney Hollow Road, PO Box 70</b>							
Project Manager for Monitoring Firm <b>Jason Dua</b>		Telephone Number <b>267-784-4693</b>	License Number <b>01263</b>						
Scheduled Start Date (10) <b>5/6/19</b>	Scheduled Completion Date (11) <b>7/5/19</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>200 Route 130 North</b>							
		City, State & Zip Code <b>Cinnaminson NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Soil in retention basin	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Debris	40 cy	<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>Bull Waste &amp; Recycling, Inc.</b>		NJDEP Waste Hauler ID No. <b>21435</b>		Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>				
City, State <b>Berlin, NJ</b>		Disposal Date <b>7/5/19</b>		City, State <b>Millville, New Jersey</b>					
Completed By (Print or Type) <b>Theodore S. Budzynski</b>		Title <b>President</b>		Signature 			Date <b>4/24/19</b>		



CH5479

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

**RECEIVED**  
MAY - 7 2019  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/1/2019  
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA  
Type Notification: ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation  
Name of Building Owner/Operator (2) Geigermurray LLC  
Street Address 5 Butler Avenue  
City, State, Zip Code Lexington, MA 02421  
Name of Contact B. Bernard  
Telephone Number 609 426 7373

Name of Facility Where Abatement is Taking Place (3) Resident  
Street Address [REDACTED]  
City (5) Ocean City  
County (6) Cape May  
County Code (7) (STATE USE ONLY) \_\_\_\_\_  
Name of Monitoring Firm Hired by Building Owner (8) \_\_\_\_\_  
ASCM No. \_\_\_\_\_  
Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)  
Square Feet \_\_\_\_\_ # of Floors \_\_\_\_\_ Bldg. Age \_\_\_\_\_  
Current Use (Prior if being demolished) \_\_\_\_\_

Name of Abatement Contractor (9) Am. Ice Abatement Demolition LLC  
Street Address 1212 Burlington Ave  
City, State, Zip Code Delanco NJ 08015  
Telephone No. 609-346-5916  
License No. 010270  
Project Manager for Monitoring Firm \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Start Date (10) 5/10/19  
Scheduled Completion Date (11) 6/10/19  
Occupancy: ☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other - Describe: \_\_\_\_\_  
Name of OSHA Monitor \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
<u>Outside</u>			<input checked="" type="checkbox"/>	<u>Siding / Insulation</u>	<u>3800</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Am. Ice LLC  
NJDEP Waste Hauler ID No. 20547  
Cubic Yards of Waste \_\_\_\_\_  
Name of Registered Landfill WM of PA  
City, State Wilmington PA  
Disposal Date TBD  
Signature [Signature]  
Date 5/1/19  
Interpreted by Joseph T. Hall  
Title V. President



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

*check # 3237*

**GAC Project # 060-19**

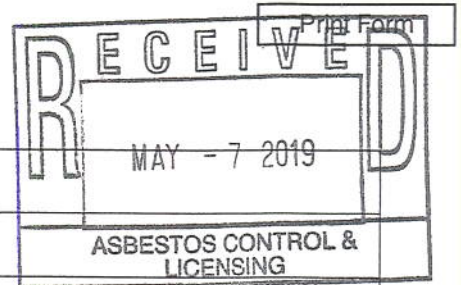
**PAID**

Date of Notification (1) <b>April 30, 2019</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b> City, State, Zip Code <b>PISCATAWAY, NJ 08854</b> Name of Contact <b>MICHAEL F. SMITH, ENV HEALTH &amp; SAFETY</b> Telephone Number <b>848-445-2550</b>	
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 checked="" type="checkbox"/> Subchapter 8 (other than K-12) Occupied <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>80+ years</b>	
Street Address <b>COOK CAMPUS</b>	City (5) <b>NEW BRUNSWICK</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</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>511 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</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>05/10/2019</b>	Scheduled Completion Date (11) <b>05/20/19</b>	Telephone Number <b>973-492-0477</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Bldg. Occupied Work Area Vacated - Schedule: 5PM - 5AM (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Scope of Work (Check all that apply)  <input type="checkbox"/> $\geq 3$ sf or $>3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) Abatement Type Remove Repair Encap Enclose
Rooms 310, 312, 313	<input checked="" type="checkbox"/>	TSI	350 LF <input checked="" type="checkbox"/>
Rooms 310, 312, 313	<input checked="" type="checkbox"/>	VAT	600 SF <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>25 CY</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
		Disposal Date <b>05/20/2019</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 30, 2019</b>

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



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



Date of Notification (1) 04/30/2019		Name of Building Owner/Operator (2) The Flanders Hotel	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <i>✶</i> Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	719 E 11th Street	
		Name of Contact	Telephone Number
		Peter Voudouris	610-299-3410

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) The Flanders Hotel		Type of Facility (4)	
Street Address 719 E. 11th Street		<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) Ocean City	Square Feet 32,000	# of Floors 7	Bldg. Age 25+
County (6) Cape May	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) n/a	
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		Name of Abatement Contractor (9) Site Enterprises, Inc.	
Street Address PO Box 365		Street Address 6626 Delilah Road	
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234	
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	License No. 01172
Start Date (10) 04/18/2019	Scheduled Completion Date (11) 05/10/2019	Name of OSHA Monitor Health & Safety Services, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 365	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Berlin, NJ 08009	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Mechanical Room			X	Ceiling Plaster	2,100	x			

Name of Registered Waste Hauler Site Enterprises Inc.	NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill Cape May County MUA
City, State 6626 Delilah Road Egg Harbor Township, NJ		Disposal Date 05/10/2019	City, State Woodbine, NJ
Completed by Eric Keys	Title OM	Signature <i>Eric Keys</i>	Date 04/30/2019



<b>PAID</b> Date of Notification (1) 05/01/19		Name of Building Owner/Operator (2) Nutley Properties Street Address 8 West 40th Street, 11th Floor City, State, Zip Code New York, NY 10018		<b>RECEIVED</b> MAY - 7 2019 ASBESTOS CONTROL & LICENSING
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Name of Contact Marc Popowitz		
		Telephone Number (212) 697-0450		

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Nutley Properties - Boiler Room #1-Yale & Office Street Address 45 Lovel Ct. / 181 Hancox Avenue City (5) Nutley, NJ 07110			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.) Square Feet 20000 # of Floors 2 Bldg. Age 50 Current Use (Prior if being demolished) Residential buildings		
County (6) Essex			County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) S&S Environmental Sciences, Inc. Street Address 98 Sand Park Road City, State, Zip Code Cedar Grove, NJ 07009			Name of Abatement Contractor (9) Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013-1935		
Project Manager for Monitoring Firm Prakash Khaitan Telephone Number 973-857-7188			Telephone Number 973-614-0377 License Number 00807		
Scheduled Start Date (10) 05/10/19 Month / Day / Year			Sched. Completion Date (11) 05/17/19 Month / Day / Year		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Residential buildings					

## Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C I O S U R E
Boiler Rm #1-Yale	<input checked="" type="checkbox"/>			Boiler Insulation	140 SF	<input checked="" type="checkbox"/>			
Boiler Rm #1-Yale	<input checked="" type="checkbox"/>			Flue Insulation	40 SF	<input checked="" type="checkbox"/>			
Boiler Rm #1-Yale	<input checked="" type="checkbox"/>			Pipe Insulation	350 LF	<input checked="" type="checkbox"/>			
Office		<input checked="" type="checkbox"/>		Pipe Insulation	200 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill				
Newark Carting, Co.		4509			Grand Central Sanitary Landfill				
City, State				Disposal Date	City, State				
Newark, NJ					Pan Argyi, PA 18072				
Completed By (Print or Type)		Title		Signature		Date			
Bilyana Kulakovska		Office Administrator				5/1/19			



Date of Notification (1) 05/01/19		Name of Building Owner/Operator (2) Nutley Properties		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY - 7 2019 ASBESTOS CONTROL &amp; CENSING </div>
Agencies Notified		Street Address		
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DGL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		8 West 40th Street, 11th Floor City, State, Zip Code New York, NY 10018		
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		Name of Contact Marc Popowitz		
		Telephone Number (212) 697-0450		

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Nutley Properties - Boiler Room #1-Yale & Office			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 45 Lovel Ct. / 181 Hancox Avenue			Square Feet # of Floors Bldg. Age 20000 2 50		
City (5) Nutley, NJ 07110	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential buildings		
Name of Monitoring Firm Hired by Building Owner (8) S&S Environmental Sciences, Inc.			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
Street Address 98 Sand Park Road			Street Address 180 Sargeant Avenue		
City, State, Zip Code Cedar Grove, NJ 07009			City, State, Zip Code Clifton, NJ 07013-1935		
Project Manager for Monitoring Firm Prakash Khaitan		Telephone Number 973-857-7188	Telephone Number 973-614-0377		License Number 00807
Scheduled Start Date (10) 05/10/19		Sched. Completion Date (11) 05/17/19			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Residential buildings					

## Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No/N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
Boiler Rm #1-Yale	<input checked="" type="checkbox"/>		Boiler Insulation	140 SF	<input checked="" type="checkbox"/>			
Boiler Rm #1-Yale	<input checked="" type="checkbox"/>		Flue Insulation	40 SF	<input checked="" type="checkbox"/>			
Boiler Rm #1-Yale	<input checked="" type="checkbox"/>		Pipe Insulation	350 LF	<input checked="" type="checkbox"/>			
Office		<input checked="" type="checkbox"/>	Pipe Insulation	200 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting, Co.			NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark, NJ			Disposal Date		City, State Pan Argy, PA 18072			
Completed By (Print or Type) Bilyana Kulakovska			Title Office Administrator		Signature 		Date 5/1/19	



04/26/2019 10:26AM 2013297448

BEST REMOVAL INC

CL 5068 PAGE 02/04

PAID

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

RECEIVED  
DOL - 10 DAY  
MAY - 7 2019

Date of Notification (1) <b>4/26/19</b>		Name of Building Owner/Operator (2) <b>Ms. NEREYDA GOMEZ</b>		City, State, Zip Code <b>NORTH BRUNSWICK, NJ 08902</b>	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> NJDOL <input type="checkbox"/> NJDOH <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Consultation		Name of Contact <b>Ms. GOMEZ</b>	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>Ms. NEREYDA GOMEZ</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]				Square Feet <b>2000</b>	
City (5) <b>NORTH BRUNSWICK</b>				# of Floors <b>1</b>	
County (6) <b>MIDDLESEX</b>				County Code (7) (STATE USE ONLY) <b>06510000</b>	
Name of Monitoring Firm Hired by Building Owner (8)		ACCM No.		Name of Abatement Contractor (9) <b>Best Removal Inc</b>	
Street Address				Street Address <b>450 South River St</b>	
City, State, Zip Code				City, State, Zip Code <b>Hackensack, N.J. 07601</b>	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>201-329-7444</b>	
Start Date (10) <b>5/1/19</b>		Scheduled Completion Date (11) <b>5/4/19</b>		Name of OSHA Monitor <b>Omega Environmental</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Description: <b>7:30 AM TO 5:00 PM</b>				Street Address <b>280 Huyler St</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> 23 of 23 F <input checked="" type="checkbox"/> 100 of 200 F				City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>	
Is Location Normally Used Exclusively for Maintenance/Custodial Work? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, VST, or other miscellaneous)		Amount (Specify SF or L3)	
Location of Asbestos-Containing Material (ACM) (13) <b>2 FLOOR</b>		<b>VAT</b>		<b>1280 SF</b>	
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>		Name of Registered Landfill <b>CUMBERLAND COUNTY LANDFILL</b>	
City, State <b>Hackensack, N.J. 07601</b>		Cubic Yards of Waste <b>6 CY</b>		City, State <b>NEWBURGH, PA. 17240</b>	
Disposal Date <b>5/6/19</b>		Signature <b>J. MORALES</b>		Date <b>4/26/19</b>	

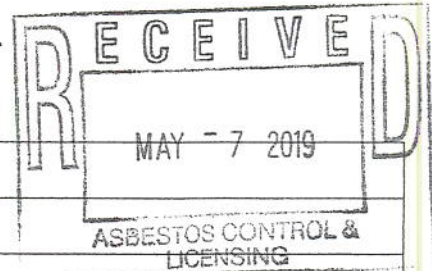
ADB-01

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



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

CK 2998 PAID



Date of Notification (1) 04-30-2019		Name of Building Owner / Operator (2) Rider University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 2083 Lawrenceville Road City, State & Zip Code Lawrenceville, NJ 08648 Name of Contact Mr. Walter Eddy Telephone Number 609-896-5000	

Name of Facility Where Abatement is Taking Place (3) Rider University – Cranberry Café Building				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2083 Lawrenceville Road				Square Feet 25,000	
City (5) Lawrenceville, NJ		County (6) Mercer		# of Floors 3	
County Code (7)		Bldg. Age 57			
Current Use (Prior if being demolished) Campus Building				Name of Abatement Contractor (9) Resource Management Group, LLC	
Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates				Street Address 2115 Hamilton Ave, Suite 202	
Street Address 515 Grove Street, Suite 1B				City, State & Zip Code Trenton, NJ 08619	
City, State & Zip Code Haddonfield, NJ 08035				Telephone Number 609-977-6159	
Project Manager for Monitoring Firm Mr. Brian Clark				License Number 01185	
Scheduled Start Date (10) 5-13-2019		Scheduled Completion Date (11) 5-31-2019		Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During 24/7 Describe: 12:00am to 12:00pm Monday through Sunday <input checked="" type="checkbox"/> Facility Occupied During Abatement				Street Address 2333 Route 22 West	
				City, State & Zip Code Union, NJ 07083	

Scope of Work (Check all that apply)

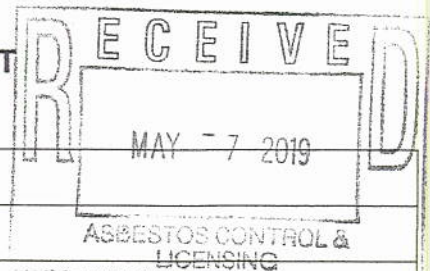
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures/Cut & Wrap
		<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	Encapsulat	Enclosure
Pub & Cranberry's	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	9,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pub & Cranberry's	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	9,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Dining, Market Place & Pub	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Sheetrock back	10,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pub & Cranberry's & Staff dining	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Elbows	50 Each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Dining, Market Place & Pub	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor leveler & residual	13,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dish room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vibration Cloth	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian J. Haney	Title President	Signature <i>Brian Haney</i>	Date 04-30-2019



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



Date of Notification (1) 04-30-2019		Name of Building Owner / Operator (2) Rider University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		
	Street Address 2083 Lawrenceville Road		
	City, State & Zip Code Lawrenceville, NJ 08648		
	Name of Contact Mr. Walter Eddy		Telephone Number 609-896-5000

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Rider University – Cranberry Café Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2083 Lawrenceville Road		Square Feet 25,000	# of Floors 3
City (5) Lawrenceville, NJ	County (6) Mercer	County Code (7)	Bldg. Age 57
Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates		Name of Abatement Contractor (9) Resource Management Group, LLC	
Street Address 515 Grove Street, Suite 1B		Street Address 2115 Hamilton Ave, Suite 202	
City, State & Zip Code Haddonfield, NJ 08035		City, State & Zip Code Trenton, NJ 08619	
Project Manager for Monitoring Firm Mr. Brian Clark		Telephone Number 856-547-0505	License Number 01185
Scheduled Start Date (10) 5-13-2019	Scheduled Completion Date (11) 5-31-2019	Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During 24/7 Describe: 12:00am to 12:00pm Monday through Sunday <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West	
		City, State & Zip Code Union, NJ 07083	

Scope of Work (Check all that apply)

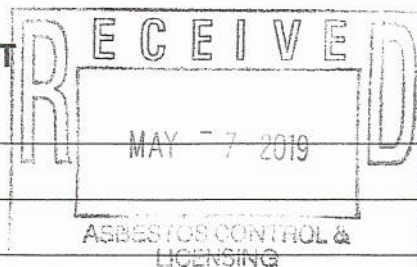
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures/Cut & Wrap
		<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	Encapsulat	Enclosure
Staff Dining, Market Place & Pub	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Skim Coat	10,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pub	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tile	3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pub	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pub & Cranberry's	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Leveler(Red)	6,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pub & Cranberry's	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor leveler associated mastic	6,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Dining, Market Place & Pub	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cove Base Mastic	1,200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed By (Print or Type) Mr. Brian J. Haney		Title President	Signature 		Date 04-30-2019



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



Date of Notification (1) 4-30-2019		Name of Building Owner / Operator (2) Rider University	
Agencies Notified	Type Notification	Street Address 2083 Lawrenceville Road	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Lawrenceville, NJ 08648	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Mr. Walter Eddy	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number 609-896-5000	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DCA			

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Rider University – Cranberry Café Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2083 Lawrenceville Road		Square Feet 25,000	# of Floors 3
City (5) Lawrenceville, NJ	County (6) Mercer	Bldg. Age 57	
County Code (7)		Current Use (Prior if being demolished) Campus Building	
Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates		ASCM No.	
Street Address 515 Grove Street, Suite 1B		Name of Abatement Contractor (9) Resource Management Group, LLC	
City, State & Zip Code Haddonfield, NJ 08035		Street Address 2115 Hamilton Ave, Suite 202	
Project Manager for Monitoring Firm Mr. Brian Clark		Telephone Number 856-547-0505	License Number 01185
Scheduled Start Date (10) 5-13-2019	Scheduled Completion Date (11) 5-31-2019	Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During 24/7 Describe: 12:00am to 12:00pm Monday through Sunday <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West	
		City, State & Zip Code Union, NJ 07083	

Scope of Work (Check all that apply)

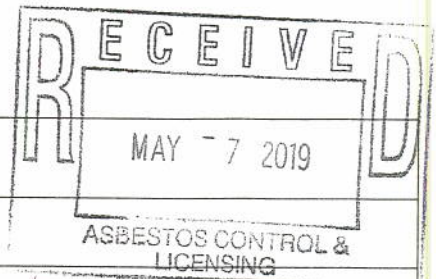
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures/Cut & Wrap
		<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	Encapsulat	Enclosure
Dish room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct rope gasket	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cranberry's	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	2,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct insulation	2,500 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 Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian J. Haney	Title President	Signature 	Date 4-30-2019



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



Date of Notification (1) 04 / 29 / 19		Name of Building Owner/Operator (2) PTSI Managed Services, Inc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 955 L'Enfant Plaza North, SW	
		City, State, Zip Code Washington, DC 20024	
		Name of Contact Thomas Lee	Telephone Number 202-484-3678

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) QCJ RCLR Site		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 645 Millbrook Avenue			
City (5) Randolph		Square Feet 10,000	# of Floors 2
		Bldg. Age 80	
County (6) Morris	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Government Building	

Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. 00003	Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 1253 N. Church Street		Street Address 623 Cutler Avenue		
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052		
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800	Telephone No. 856-755-0099	License No. 00842
Start Date (10) 05 / 13 / 19	Scheduled Completion Date (11) 05 / 17 / 19	Name of OSHA Monitor EMSL Analytical, Inc.		

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

Scope of Work (Check all that apply)

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

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Flashing	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 1 & 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Door	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 1 Perimeter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cove Base Mastic	35 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill	
City, State Freehold, NJ		Disposal Date 05/17/2019		City, State Morrisville, PA	

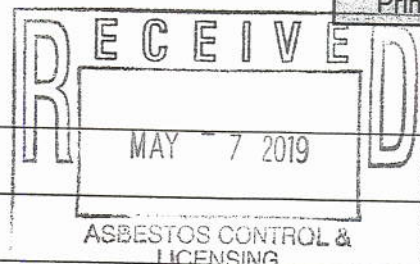
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 	Date 4/29/19
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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



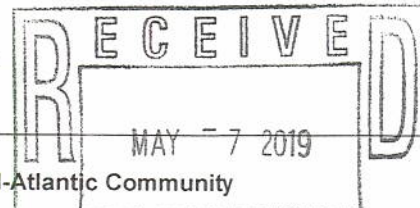
Date of Notification (1) 5/1/19		Name of Building Owner/Operator (2) Jim Sherrill Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cape May NJ 08204							
		Name of Contact Jim	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Jim Sherrill Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Cape May NJ 08204		Square Feet 1000+	# of Floors 2						
County (6) Cape May		Bldg. Age 50+							
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) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800						
Start Date (10) 5/15/19		Scheduled Completion Date (11) 5/20/19	License No. 00727						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement & Crawl Area			X	Pipe Insulation	300 LF	X			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill Cape May County Landfill					
City, State Elm NJ		Disposal Date 5/20/19		City, State Woodbine NJ 08270					
Completed by Anthony T Perna		Title President	Signature 			Date 5/1/19			



CK 5674

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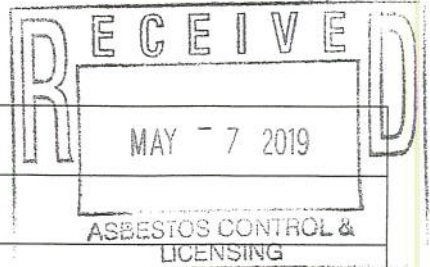
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>05 / 01 / 19</b>		Name of Building Owner/Operator (2) <b>Sisters of Mercy of the Americas Mid-Atlantic Community</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>515 Montgomery Avenue</b> City, State, Zip Code <b>Merion, PA 19066</b> Name of Contact <b>Colleen Giarrocco</b> Telephone Number <b>484-562-1512</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Mount Saint Mary Academy</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>1645 Route 22</b>		Square Feet <b>20,000</b> # of Floors <b>3</b> Bldg. Age <b>80</b>							
City (5) <b>Watchung</b>		County (6) <b>Somerset</b> County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) <b>School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental, Inc.</b>		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>							
Street Address <b>1253 North Church Street</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Mike Stocku</b>		Telephone No. <b>856-840-8800</b> License No. <b>00842</b>							
Start Date (10) <b>05 / 20 / 19</b>		Scheduled Completion Date (11) <b>05 / 24 / 19</b> Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ 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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>Laundry Room</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor Tile and Mastic</b>	<b>885 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>		Cubic Yards of Waste <b>1</b>		Name of Registered Landfill <b>Fairless Landfill</b>			
City, State <b>Freehold, NJ</b>		Disposal Date <b>05/24/2019</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Christina Lynch</b>		Title <b>Vice President of Operations</b>		Signature 		Date <b>5-1-19</b>			



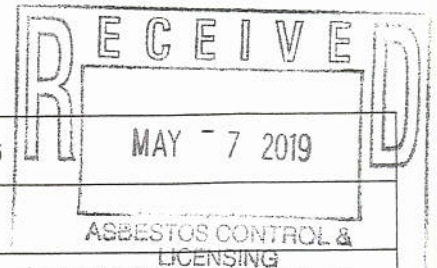
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 05/01/2019		Name of Building Owner/Operator (2) Southbridge Park, Inc. Check No. 1455							
Agencies Notified	Type Notification	Street Address 1500 Palisades Avenue							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fort Lee, New Jersey 07024							
		Name of Contact Kenny Barry	Telephone Number 201-947-3331						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) The Plaza		Type of Facility (4)							
Street Address 1500 Palisades Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Fort Lee, New Jersey 07024		Square Feet 120,000	# of Floors 5						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Condo Bldg						
Name of Monitoring Firm Hired by Building Owner (8) Whitman		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 7 Pleasant Hill Road		Street Address 246 Union Boulevard							
City, State, Zip Code Cranbury, New Jersey 08512		City, State, Zip Code Totowa, New Jersey 07512							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	Telephone No. 973-225-8400						
Start Date (10) 04/29/2019		Scheduled Completion Date (11) 05/08/25/2019	License No. 01104						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Iris Environmental Laboratories, LLC							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 2333 Route 22 West							
Scope of Work (Check All That Apply)		City, State, Zip Code Union, NJ 07083							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
15th Floor Northern Corridor		X		Acoustical Ceiling Plaster	400 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill					
City, State Totowa, New Jersey		Disposal Date 05/08/2019		City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President		Signature 			Date 05/01/2019		



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



Date of Notification (1) 04/17/2019		Name of Building Owner/Operator (2) Southbridge Park, Inc. Check No. 1455							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1500 Palisades Avenue							
		City, State, Zip Code Fort Lee, New Jersey 07024							
		Name of Contact Kenny Barry	Telephone Number 201-947-3331						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) The Plaza		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 1500 Palisades Avenue		Square Feet 120,000	# of Floors 5						
City (5) Fort Lee, New Jersey 07024		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Condo Bldg							
Name of Monitoring Firm Hired by Building Owner (8) Whitman		Name of Abatement Contractor (9) Lilich Corporation							
Street Address 7 Pleasant Hill Road		Street Address 246 Union Boulevard							
City, State, Zip Code Cranbury, New Jersey 08512		City, State, Zip Code Totowa, New Jersey 07512							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	License No. 01104						
Start Date (10) 04/29/2019	Scheduled Completion Date (11) 05/08/25/2019	Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <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 of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor Northern Corridor		X		Acoustical Ceiling Plaster	400 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill					
City, State Totowa, New Jersey			Disposal Date 05/08/2019	City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President	Signature 	Date 04/17/2019					



Pg. 1

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

Revision #2  
Chk #3564

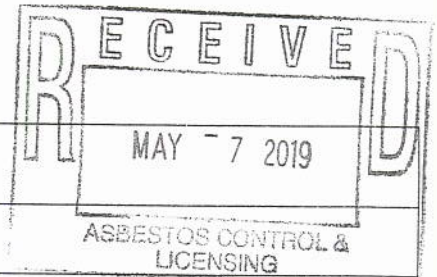
Date of Notification (1) 3 / 22 / 19		Name of Building Owner/Operator (2) Linden Municipal Garage		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  MAY - 7 2019  NEW JERSEY DEPARTMENT OF ENVIRONMENTAL CONTROL &amp; LICENSING </div>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2-5/1/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 1901 Lower Road	
						City, State, Zip Code Linden, NJ 07036	
						Name of Contact Robert Newman	
Telephone Number 917-567-8224							
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Linden Municipal Garage				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 1901 Lower Road				Square Feet 25000			
City (5) Linden				# of Floors 1			
County (6) Union				Bldg. Age +-50			
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Garage					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.			
Street Address 120 North Warren Street				Street Address 1123 BEAVER STREET			
City, State, Zip Code Trenton, NJ 08608				City, State, Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm Dominick Dercole		Telephone No. 609-392-4200		Telephone No. 215-788-6040			
Start Date (10) 5 / 7 / 19		Scheduled Completion Date (11) 5 / 13 / 19		License No. 00509			
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: 7:00AM-3:30PM/ ___ PM-___ AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
		Street Address 1123 BEAVER STREET					
		City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)			
		Yes No N/A		Amount (Specify SF or LF)			
Break Room		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		750 SF			
Break Room		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		150 LF			
Supervisor Front Office		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		360 SF			
Back Office		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		750 SF			
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste			
City, State YARDLEY, PA		Disposal Date TBD		Name of Registered Landfill MINERVA LANDFILL			
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature Dillan DeCaro			
				Date 5-1-19			

ASB-41  
JAN 13 DP19022

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



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



Date of Notification (1) <b>3 / 22 / 19</b>		Name of Building Owner/Operator (2) <b>Linden Municipal Garage</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 checked="" type="checkbox"/> Amended Amendment # <b>2-5/1/19</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1901 Lower Road</b>	
		City, State, Zip Code <b>Linden, NJ 07036</b>	
		Name of Contact <b>Robert Newman</b>	Telephone Number <b>917-567-8224</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Linden Municipal Garage</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>1901 Lower Road</b>		Square Feet <b>25000</b>	
City (5) <b>Linden</b>		# of Floors <b>1</b>	Bldg. Age <b>+50</b>
County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Garage</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address <b>120 North 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>Dominick Dercole</b>		Telephone No. <b>609-392-4200</b>	License No. <b>00509</b>
Start Date (10) <b>5 / 7 / 19</b>	Scheduled Completion Date (11) <b>5 / 13 / 19</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 Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> / ____ PM - ____ AM		Street Address <b>1123 BEAVER STREET</b>	
		City, State, Zip Code <b>BRISTOL, PA 19007</b>	

Scope of Work (Check all that apply)

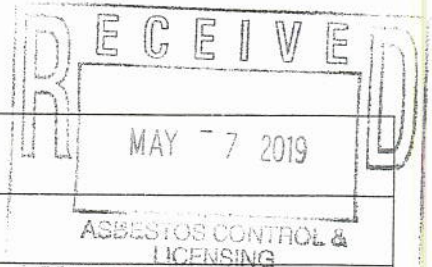
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) 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
Entrance Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	36 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flue Patch	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Wash Tire Bay	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Patch & Repair	130 LF	<input type="checkbox"/>	<input checked="" 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	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>YARDLEY, PA</b>		Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH</b>		
Completed By (Print or Type) <b>Dillan DeCaro</b>	Title <b>Estimator</b>	Signature <i>Dillan DeCaro</i>	Date <b>5-1-19</b>		



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

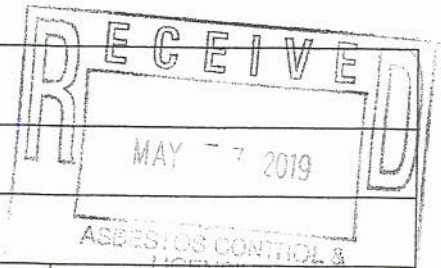


Date of Notification (1) <u>3</u> / <u>22</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>Linden Municipal Garage</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2-5/1/19</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1901 Lower Road</b> City, State, Zip Code <b>Linden, NJ 07036</b> Name of Contact <b>Robert Newman</b>							
		Telephone Number <b>917-567-8224</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Linden Municipal Garage</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>1901 Lower Road</b>		Square Feet <b>25000</b>							
City (5) <b>Linden</b>		# of Floors <b>1</b>	Bldg. Age <b>+50</b>						
County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Garage</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Street Address <b>120 North 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>Dominick Dercole</b>		Telephone No. <b>609-392-4200</b>	License No. <b>00509</b>						
Start Date (10) <u>5</u> / <u>7</u> / <u>19</u>	Scheduled Completion Date (11) <u>5</u> / <u>13</u> / <u>19</u>	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 Facility Hours - Describe Time of Abatement: <u>7:00</u> AM- <u>3:30</u> PM/ <u>      </u> PM- <u>      </u> AM		Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <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
Above Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Patch Repair	100 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>YARDLEY, PA</b>			Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH</b>					
Completed By (Print or Type) <b>Dillan DeCaro</b>		Title <b>Estimator</b>	Signature <i>Dillan DeCaro</i>			Date <b>5-1-19</b>			



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

Date of Notification (1) <div style="text-align: center;">3 / 22 / 19</div>		Name of Building Owner/Operator (2) <b>Linden Municipal Garage</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 checked="" type="checkbox"/> Amended Amendment # <b>1-4/10/19</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1901 Lower Road</b>	
		City, State, Zip Code <b>Linden, NJ 07036</b>	
		Name of Contact <b>Robert Newman</b>	Telephone Number <b>917-567-8224</b>



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Linden Municipal Garage</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>1901 Lower Road</b>			
City (5) <b>Linden</b>		Square Feet <b>25000</b>	# of Floors <b>1</b>
		Bldg. Age <b>+50</b>	
County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Garage</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address <b>120 North 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>Dominick Dercole</b>		Telephone No. <b>609-392-4200</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>

Start Date (10) <div style="text-align: center;">4 / 3 / 19</div>	Scheduled Completion Date (11) <b>ON HOLD</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC</b>	
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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: <b>7:00AM-3:30PM</b> / ____ PM - ____ AM		Street Address <b>1123 BEAVER STREET</b>	
		City, State, Zip Code <b>BRISTOL, PA 19007</b>	

Scope of Work (Check all that apply)

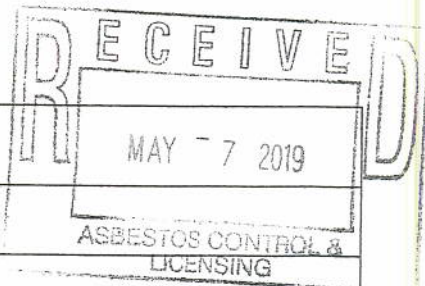
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Break Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Break Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Covebase Mastic	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor Front Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	360 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	750 SF	<input checked="" 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	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>YARDLEY, PA</b>		Disposal Date <b>TBD</b>		City, State <b>WAYNESBURG, OH</b>	
Completed By (Print or Type) <b>Dillan DeCaro</b>	Title <b>Estimator</b>	Signature <i>Dillan DeCaro</i>		Date <b>4-10-19</b>	



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



Date of Notification (1) <u>3</u> / <u>22</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>Linden Municipal Garage</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 checked="" type="checkbox"/> Amended Amendment # <u>1-4/10/19</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1901 Lower Road</b> City, State, Zip Code <b>Linden, NJ 07036</b> Name of Contact <b>Robert Newman</b> Telephone Number <b>917-567-8224</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Linden Municipal Garage</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>1901 Lower Road</b>		Square Feet <b>25000</b>							
City (5) <b>Linden</b>		# of Floors <b>1</b>							
County (6) <b>Union</b>		Bldg. Age <b>+50</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Garage</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc</b>		ASCM No.							
Street Address <b>120 North Warren Street</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
City, State, Zip Code <b>Trenton, NJ 08608</b>		Street Address <b>1123 BEAVER STREET</b>							
Project Manager for Monitoring Firm <b>Dominick Dercole</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Telephone No. <b>609-392-4200</b>		Telephone No. <b>215-788-6040</b>							
License No. <b>00509</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC</b>							
Start Date (10) <u>4</u> / <u>3</u> / <u>19</u>		Scheduled Completion Date (11) <u>ON HOLD</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 - Describe Time of Abatement: <u>7:00AM-3:30PM</u> PM-___AM		Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ 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
Entrance Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	36 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flue Patch	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste		Name of Registered Landfill <b>MINERVA LANDFILL</b>			
City, State <b>YARDLEY, PA</b>		Disposal Date <b>TBD</b>		City, State <b>WAYNESBURG, OH</b>					
Completed By (Print or Type) <b>Dillan DeCaro</b>		Title <b>Estimator</b>		Signature <i>Dillan DeCaro</i>		Date <b>4-10-19</b>			



Pg. 1

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

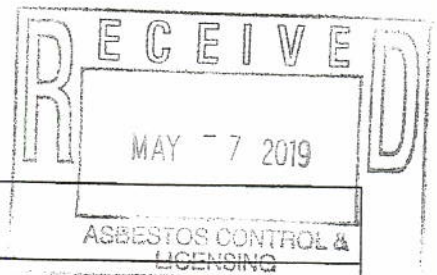
CH#3540VE  
MAY - 7 2019

Date of Notification (1) 3 / 22 / 19		Name of Building Owner/Operator (2) Linden Municipal Garage		ASBESTOS CONTROL & LICENSING					
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 1901 Lower Road City, State, Zip Code Linden, NJ 07036 Name of Contact Robert Newman Telephone Number 917-567-8224					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Linden Municipal Garage				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 1901 Lower Road				Square Feet 25000					
City (5) Linden				# of Floors 1					
County (6) Union				Bldg. Age +50					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Garage							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 120 North Warren Street		Street Address 1123 BEAVER STREET							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Dominick Dercole		Telephone No. 609-392-4200		License No. 00509					
Start Date (10) 4 / 3 / 19		Scheduled Completion Date (11) 4 / 15 / 19		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/____PM-____AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
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
Break Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Break Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Covebase Mastic	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor Front Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	360 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL			
City, State YARDLEY, PA		Disposal Date TBD		City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature Dillan DeCaro / gr		Date 3-22-19			



Pg. 2

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

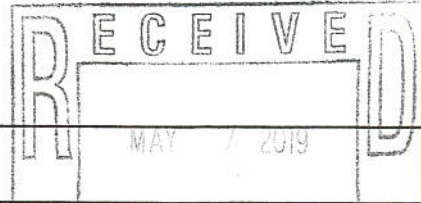


Date of Notification (1) <b>3 / 22 / 19</b>		Name of Building Owner/Operator (2) <b>Linden Municipal Garage</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1901 Lower Road</b>	
		City, State, Zip Code <b>Linden, NJ 07036</b>	
		Name of Contact <b>Robert Newman</b>	Telephone Number <b>917-567-8224</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Linden Municipal Garage</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>1901 Lower Road</b>		Square Feet <b>25000</b>	# of Floors <b>1</b>
City (5) <b>Linden</b>		Bldg. Age <b>+50</b>	
County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Garage</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>
Street Address <b>120 North 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>Dominick Dercole</b>		Telephone No. <b>609-392-4200</b>	Telephone No. <b>215-788-6040</b>
Start Date (10) <b>4 / 3 / 19</b>		Scheduled Completion Date (11) <b>4 / 15 / 19</b>	License No. <b>00509</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: <b>7:00AM-3:30PM</b> PM- AM		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC</b>	
		Street Address <b>1123 BEAVER STREET</b>	
		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ if <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ if			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Entrance Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> VAT/Mastic
Office Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> VAT/Mastic
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Flue Patch
	<input type="checkbox"/>	<input type="checkbox"/>	
Amount (Specify SF or LF)		Abatement Type	
100 SF		Removal	Repair
36 SF		Encapsulate	Enclosure
5 SF			
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>
City, State <b>YARDLEY, PA</b>		Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH</b>
Completed By (Print or Type) <b>Dillan DeCaro</b>	Title <b>Estimator</b>	Signature <i>Dillan DeCaro</i>	Date <b>3-22-19</b>



D&amp;S Proj. #: 19-91

PAID


 Date of Notification (1)  
 05/10/19

Name of Building Owner/Operator (2)

Carol &amp; John Vonachen

Street Address

City, State, Zip Code

Clifton, NJ 07013

Name of Contact

Carol &amp; John Vonachen

Telephone Number

ASBESTOS CONTROL &amp; LICENSING

Agencies Notified	Type Notification
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended
<input checked="" type="checkbox"/> DOL	Amendment #:
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Residential

Street Address

City (5)

County (6)

County Code (7)  
(State use only)

Clifton, NJ 07013

Passaic

Type of Facility (4)

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

Square Feet  
1,200# of Floors  
02Bldg. Age  
60Current Use (Prior if being demolished)  
Residential

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

N/A

ASCM No.

Name of Abatement Contractor (9)  
D & S RESTORATION, INC.

Street Address

20 California Ave.

City, State, Zip Code

Paterson, NJ 07503

Telephone Number

973-345-8020

License Number

01169

Name of OSHA Monitor

D &amp; S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

05/13/19

Sched. Completion Date (11)

05/20/19

Occupancy Status During Abatement (Check only one)

- ☐ Facility closed/vacated during entire period of abatement.  
☐ Abatement performed outside of normal facility hours-  
 Describe: \_\_\_\_\_  
☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

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

- ☐ Full Containment w/negative pressure  
☒ Mini-enclosure  
☒ Glovebag procedure  
☐ Non-Exempted (\*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)

Is location normally used solely by maintenance/custodial staff (12)

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

R	R	E	E
m	e	n	n
o	p	c	c
v	a	a	a
e	i	p	p
	r		

Basement &amp; Crawl Space

PIPE INSULATION

18 ft

Basement

Pipe to be cleaned

70 lf

Basement

Plaster above furnace

2 sf

Registered Waste Hauler  
D & S RESTORATION, INC.NJDEP Hauler ID#  
13506Cubic Yards of Waste  
1 ydName of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERYCity, State  
PATERSON, NJ 07503

Disposal Date

City, State  
TULLYTOWN, PACompleted by (Print or Type)  
BOGDAN JOLDZICTitle  
PRESIDENT

Signature

Joh Joldzic

Date  
05/01/19

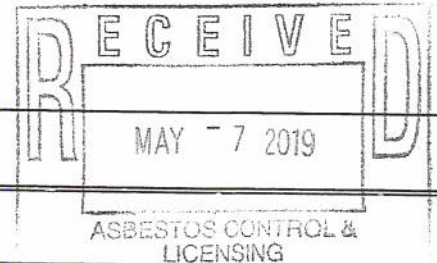


State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 19-88

CK4403

PAID



Date of Notification (1) 10/15/10 11/11/19		Name of Building Owner/Operator (2) Katherine Rozowski	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Jersey City, NJ 07302	
		Name of Contact Katherine Rozowski	Telephone Number

FACILITY INFORMATION

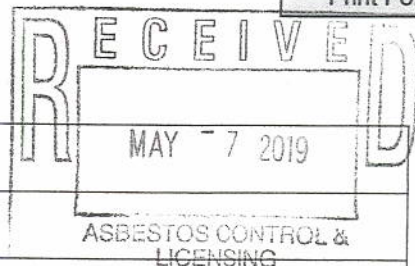
Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age 1,400 02 60		
City (5) Millburn	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 05/13/19		Sched. Completion Date (11) 05/20/19	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
Basement		<input checked="" type="checkbox"/>		PIPE INSULATION	103 ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature <i>Bob Joldzic</i>	Date 05/01/19



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

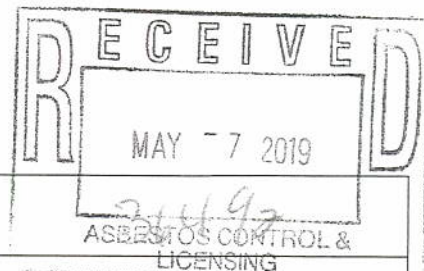


Date of Notification (1) 5/2/19		Name of Building Owner/Operator (2) Dina Ferguson							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mt Ephraim, NJ 08059							
		Name of Contact Dina Ferguson	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Fire-damaged garage		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) Mt Ephraim		Bldg. Age							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Garage							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Ricco Construction Corp							
Street Address		Street Address 282 Creek Road							
City, State, Zip Code		City, State, Zip Code Bellmawr, NJ 08031							
Project Manager for Monitoring Firm		Telephone No. 856.931.3366	License No. 01339						
Start Date (10) 5/13/19	Scheduled Completion Date (11) 6/7/19	Name of OSHA Monitor Andrew Ricco							
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 282 Creek Road							
		City, State, Zip Code Bellmawr, NJ 08031							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Transite Siding	400SF	X			
Name of Registered Waste Hauler Ricco Construction Corp		NJDEP Waste Hauler ID No. 28909	Cubic Yards of Waste	Name of Registered Landfill Salem County					
City, State Bellmawr, NJ			Disposal Date TBD	City, State Alloway, NJ					
Completed by Andrew Ricco		Title Owner	Signature 	Date 5/2/19					



# NOTIFICATION OF ASBESTOS ABATEMENT

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



Date of Notification (1) <b>05 / 02 / 19</b>		Name of Building Owner/Operator (2) <b>Hennessy Realty</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>P O Box 692</b> City, State, Zip Code <b>Cranbury, NJ 08512</b>							
		Name of Contact <b>Teresa Fallon</b>	Telephone Number <b>609-716-7777 x 113</b>						
<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 type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>Spring Lake</b>		Square Feet <b>2000</b>	# of Floors <b>2</b> Bldg. Age <b>50</b>						
County (6) <b>Spring Lake</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>Guardian Contracting, Inc.</b>		ASCM No.							
Street Address <b>1889 Rte. 9, Unit 61</b>		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>							
City, State, Zip Code <b>Toms River, New Jersey 08755</b>		Street Address <b>1889 Route 9, Unit 61</b>							
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <b>05 / 13 / 19</b>	Scheduled Completion Date (11) <b>05 / 20 / 19</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address <b>1056 Stelton</b> City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility</b> (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>1<sup>st</sup> &amp; 2<sup>nd</sup> floors</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>joint compound</b>	<b>4,850 sf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>25</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>			Disposal Date <b>05/20/19</b>	City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 		Date <b>5/2/19</b>			



PAID

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

Date of Notification (1)

5/1/2019

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☒ Initial Notification  
☐ Amended Notification  
☐ EMERGENCY  
☐ Cancellation

Name of Building Owner/Operator (2)

Andrew Bertone

Street Address

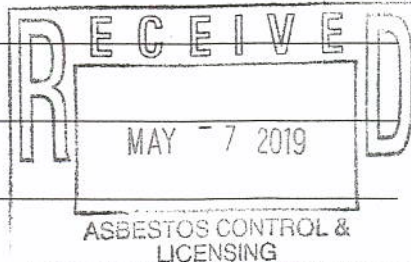
City, State, Zip Code

Rutherford, NJ, 07076

Name of Contact

Andrew Bertone

Telephone Number



## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Andrew Bertone

Street Address

City

Rutherford

County

Bergen

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

05 13 19

Month Day Year

Sched. Completion Date (11)

05 15 19

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours - Describe: OffHours Descript
☐ Other - Describe: Other Occupancy Descript

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

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

☐ Renovation  
☐ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☒ Glovebag Procedure

☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <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			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	150 LF	X			

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.  
17040

Cubic Yards of Waste 1.5

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

05/16/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Date

5/1/2019

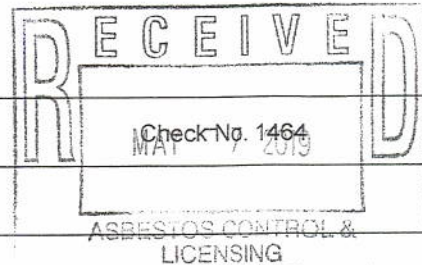
159 West Newell Ave



CK 1464

PAID

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



Date of Notification (1) 05/02/2019		Name of Building Owner/Operator (2) Southbridge Park, Inc.							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1500 Palisades Avenue  City, State, Zip Code Fort Lee, New Jersey 07024  Name of Contact Kenny Barry						
			Telephone Number 201-947-3331						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) The Plaza		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 1500 Palisades Avenue									
City (5) Fort Lee, New Jersey 07024		Square Feet 120,000	# of Floors 5						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Condo Bldg						
Name of Monitoring Firm Hired by Building Owner (8) Whitman		ASCM No. _____	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 7 Pleasant Hill Road		Street Address 246 Union Boulevard							
City, State, Zip Code Cranbury, New Jersey 08512		City, State, Zip Code Totowa, New Jersey 07512							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	Telephone No. 973-225-8400						
License No. 01104									
Start Date (10) 05/20/2019	Scheduled Completion Date (11) 05/24/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 2333 Route 22 West  City, State, Zip Code Union, NJ 07083						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <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) Yes    No    N/A			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF of LF)	Abatement Type			
	Removal	Repair	Encapsulate			Enclosure			
2nd Floor Northern Corridor		X		Acoustical Ceiling Plaster	400 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill					
City, State Totowa, New Jersey			Disposal Date 05/24/2019	City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President	Signature 			Date 05/02/2019			



ASB-41 (R-06-08)

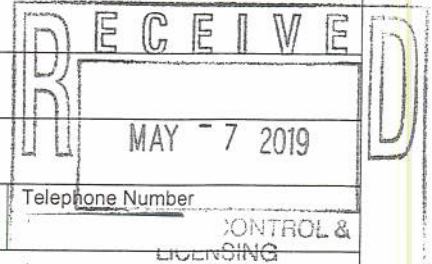
Do not use this form for asbestos licensure exempted activities.



PAID

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

Check 18829



Date of Notification (1) 5/1/19		Name of Building Owner/Operator (2) Elizabeth May Boak							
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 Morristown, NJ 07960							
		Name of Contact Elizabeth	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1900	# of Floors 2						
City (5) Morristown		Bldg. Age 78							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 5/11/19	Scheduled Completion Date (11) 5/20/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: basement		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input 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)  basement	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)  40 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
			x	pipe insulation		x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ			Disposal Date TBD	City, State Pen Argyl PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 5/1/19			



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

Date of Notification (1)

5/2/2019

Name of Building Owner/Operator (2)

Michael Marcos

Agencies Notified

Type Notification

Street Address

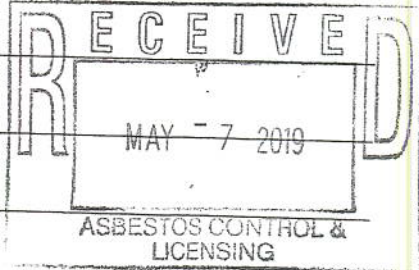
City, State, Zip Code

Oradell, NJ, 07649

Name of Contact

Michael Marcos

Telephone Number



## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Michael Marcos

Type of Facility (4)

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

Street Address

Square Feet # of Floors Bldg. Age

City

County

County Code (7)  
(STATE USE ONLY)

Oradell

Bergen

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

Street Address

86 Christopher St.

City, State, Zip Code

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Name of OSHA Monitor

N/A

Scheduled Start Date (10)

Sched. Completion Date (11)

06 17 19

06 19 19

Month Day Year

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement

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

☐ Other - Describe: «Other Occupancy Descript»

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf

☐ >160 sf or >260 lf

☒ Renovation

☐ Demolition

☐ Full Containment with Negative Pressure

☒ Mini-Enclosure

☒ Glovebag Procedure

☐ Non-Friable Procedure

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

Is  
Location  
Normally  
Used  
Solely  
By Main-  
tenance/  
Custodial  
Staff (12)

Yes No N/A

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

Amount  
(Specify  
SF or  
LF)

Abatement Type

R	R	E	E
E	E	N	N
M	P	C	C
O	A	A	C
V	P	P	L
A	S	S	S
L	U	U	U
	L	L	R
			E

Attic

X

Vermiculite

20 SF

X

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste  
Hauler ID No.  
17040Cubic Yards  
of Waste 1.0

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date  
06/20/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

Date

5/2/2019

40 Lake Ave.



MAY - 7 2019

CH # 1244

OK 1244 PAID

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

DOL - 10 DAY

LICENSING

MAY 7 2019

MAILED APPROVED

Telephone Number

Date of Notification (1)  
04/30/19

Agencies Notified

☐ EPA  
☒ DEP  
☒ DOL  
☒ DOH  
☒ DCA

Type Notification

☒ Initial  
☐ Amended  
☒ Amendment #  
☒ Emergency (including  
 justification)  
☐ Cancellation
Name of Building Owner/Operator (2)  
Jose Sanchez

Street Address

City, State, Zip Code  
Hackensack, NJ 07601Name of Contact  
Phil ElginName of Facility Where Abatement is Taking Place (3)  
Sanchez

Street Address

City (3)  
HackensackCounty (3)  
BergenCounty Code (7)  
(STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)  
☐ Subchapter B (Other than K-12)  
☒ Other (i.e. private & commercial buildings, homes,  
 etc.)
Square Feet  
1200# of Floors  
2Bldg. Age  
50Current Use (Prior if being demolished)  
Res

Name of Monitoring Firm Hired by Building Owner (5)

ALCM No.

Name of Abatement Contractor (6)  
A. Mac Contracting Inc.Street Address  
165 Vreeland AveCity, State, Zip Code  
Midland Park, NJ 07432Telephone No.  
201-202-5541License No.  
00156Start Date (10)  
05/01/19Scheduled Completion Date (11)  
05/10/19

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
 Other - Describe:
Name of OSHA Monitor  
Omega Environmental Services, IncStreet Address  
280 Huyler StreetCity, State, Zip Code  
Hackensack, NJ 07606

Scope of Work (Check All That Apply)

☒ 23 sf or 23 ft  
☐ ≥160 sf or ≥260 ft

☐ Renovation  
☐ Demolition

☒ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☒ Glovebag Procedure  
☐ Non-Exempted ("") and Non-Frangible Procedures
Location of  
Asbestos-Containing Material (ACM)Is Location  
Normally  
Accessed?Description of  
Material (e.g., WWT, or  
other miscellaneous)Abatement  
Type

Yes No N/A

Basement

Pipe

130 LF

X

Name of Registered Waste Hauler

Newark, NJ 07102

NJDEP Waste  
Hauler ID No.  
04508Volume/Weight  
of Waste

Name of Registered Landfill

Grand Central Landfill

City, State  
Newark, NJ 07102Disposal Date  
04/30/19

City, State

Signature of  
Responsible Person

President

Signature

Date

11/12/2019

NJDEP (10-05-08)

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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 12:129)

MAY 7 2019

DOL - 10 DAY

CE 1245

Date of Notification (1) 05/01/19		Name of Building Owner/Operator (2) Heather Cooke		ASBESTOS CONTROL & LICENSING					
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> PCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Leonardo, NJ 07737  Name of Contact Heather					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Cooke			Type of Facility (4)						
Street Address			<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Leonardo			Square Feet 1800	# of Floors 2	Bldg. Age 56				
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Res						
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, NJ 07432							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-262-5841	License No. 00166					
Start Date (10) 05/01/19		Scheduled Completion Date (11) 05/10/19		Name of OSHA Monitor Omega Environmental Services Inc.					
Occupancy Status During Abatement (Check Only One)			Street Address 280 Huyler Street						
<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 Hackensack, NJ 07606						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> 23 sf or 23 ft <input checked="" type="checkbox"/> 2160 sf or 2280 ft		<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-Frangible Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulation	Enclosure
Basement			X	VAT	249 SF	X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ 07105		Disposal Date 05/01/19 on		City, State Peru, PA 08072					
Completed by R. McDonald		Title President	Signature <i>R. McDonald</i>	Date 05/01/19					