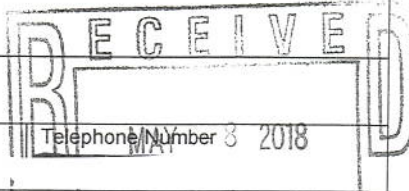
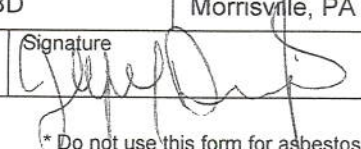


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 1008

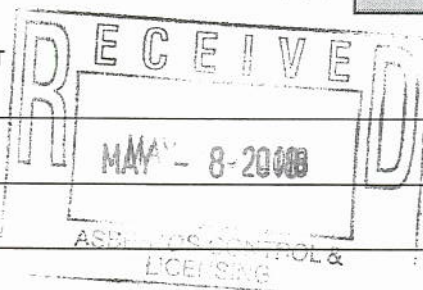
Date of Notification (1) 05/02/2018		Name of Building Owner/Operator (2) Edward Wallace							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cranford, NJ 07016							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Edward Wallace							
<div style="text-align: right;">  </div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		<div style="display: flex; justify-content: space-between;"> <div>Square Feet 1500</div> <div># of Floors 2</div> <div>Bldg. Age 1924</div> </div>							
City (5) Cranford		Current Use (Prior if being demolished)							
County (6) Union	County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Danvic Contracting LLC						
Street Address		Street Address 240 South 5th Street							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ, 07206							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		908-906-4123	01355						
Start Date (10) 05/11/2018	Scheduled Completion Date (11) 05/18/2018	Name of OSHA Monitor Iris Environmental Laboratories							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Other Occupied</u>		City, State, Zip Code Union, NJ, 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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	77 LF	X			
Basement			X	Floor Tile	475 SF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Hills Landfill					
City, State Elizabeth, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature 			Date 05/02/2018			

CK 2135

Print Form

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




Date of Notification (1) 05/02/2018		Name of Building Owner/Operator (2) Residence							
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 Bayonne, NJ 07002							
		Name of Contact Erica Gibson	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Bayonne		Square Feet	# of Floors 3						
			Bldg. Age 65						
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services						
Street Address PO Box 354		Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	License No. 01316						
Start Date (10) 05/14/2018	Scheduled Completion Date (11) 05/18/2018	Name of OSHA Monitor A. Seine Lighthouse Solutions							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 354							
<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 South Orange, NJ 07079							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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		9x9 asbestos tiles	270 SF	X			
Basement		X		pipe wrap	130 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill					
City, State East Orange, NJ			Disposal Date	City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager	Signature 	Date 05/02/2018					

CK 1078

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

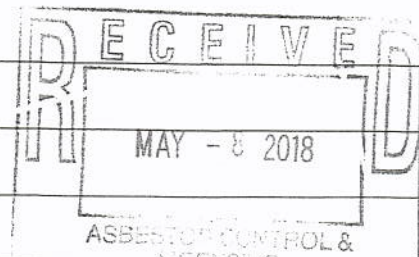
Date of Notification (1) 4/30/2018		Name of Building Owner/Operator (2) Hook Realty LLC		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED MAY - 8 2018 NEW JERSEY DEPARTMENT OF ENVIRONMENTAL & NATURE CONSERVATION </div>					
Agencies Notified	Type Notification	Street Address 122 Mawhinney Ave							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input 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 Hawthorne, NJ 07506							
		Name of Contact Hook Realty LLC							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hook Realty LLC Residential				Type of Facility (4)					
Street Address 122 Mawhinney Ave				<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) Hawthorne				Square Feet	# of Floors				
County (6) Passaic		County Code (7) (STATE USE ONLY) _____		Bldg. Age					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) MKD Property Maintenance LLC					
Street Address				Street Address 105 Van Riper Ave					
City, State, Zip Code				City, State, Zip Code Clifton, NJ 07011					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-899-9008	License No. 01336				
Start Date (10) 5/12/2018		Scheduled Completion Date (11) 6/20/2018		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	33 LF	X			
Name of Registered Waste Hauler TBD		NJDEP Waste Hauler ID No. TBD		Cubic Yards of Waste 1YD	Name of Registered Landfill Keystone Sanitary Landfill				
City, State				Disposal Date	City, State Dunmore, PA 18512				
Completed by Darko Raloski		Title Project Manager		Signature 		Date 4/30/2018			

OK 1187

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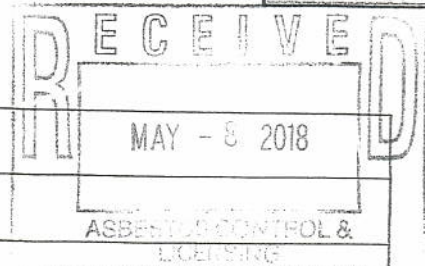
Print Form

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



Date of Notification (1) 05/03/2018		Name of Building Owner/Operator (2) HEKEMIAN & CO, INC.							
Agencies Notified	Type Notification	Street Address PO. BOX. 667							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HACKENSACK NJ. 07602							
		Name of Contact JAMES MASON	Telephone Number 201 - 487 - 1500						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		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 40,000	# of Floors 18						
City (5) HACKENSACK NJ.07602		Bldg. Age 98							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.						
Street Address		Street Address 1126 - 51 ST.							
City, State, Zip Code		City, State, Zip Code NORTH BERGEN NJ. 07047							
Project Manager for Monitoring Firm		Telephone No. 201- 776 - 0642	License No. 01300						
Start Date (10) 05/04/2018	Scheduled Completion Date (11) 05/06/2018	Name of OSHA Monitor EMSL ANALITYCAL, INC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 307W. 38 ST.							
		City, State, Zip Code NEW YORK NY.							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BOILER ROOM		X		Pipe Fittings ACM Insulation	32 SF.	X			
BOILER ROOM		X		TWO WATER TANKS	52 SF.	X			
Name of Registered Waste Hauler TRI STATE ASSOC		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.					
City, State BRONX NY.		Disposal Date TBD		City, State WAYNESBURG OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER		Signature 		Date 05/03/2018			

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



Date of Notification (1) 05/03/2018		Name of Building Owner/Operator (2) HEKEMIAN & CO, INC.	
Agencies Notified	Type Notification	Street Address PO. BOX. 667	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HACKENSACK NJ. 07602	
		Name of Contact JAMES MASON	Telephone Number 201 - 487 - 1500

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PRIVATE		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 40,000	# of Floors 18
City (5) HACKENSACK NJ.07602		Bldg. Age 98	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.	
Street Address		Street Address 1126 - 51 ST.		
City, State, Zip Code		City, State, Zip Code NORTH BERGEN NJ. 07047		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201- 776 - 0642	License No. 01300
Start Date (10) 05/04/2018	Scheduled Completion Date (11) 05/06/2018	Name of OSHA Monitor EMSL ANALITYCAL, INC		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 307W. 38 ST.		
		City, State, Zip Code NEW YORK NY.		

Scope of Work (Check All That Apply)				
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥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 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
BOILER ROOM		X		Pipe Fittings ACM Insulation	32 SF.	X			
BOILER ROOM		X		TWO WATER TANKS	52 SF.	X			

Name of Registered Waste Hauler TRI STATE ASSOC		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.	
City, State BRONX NY.		Disposal Date TBD		City, State WAYNESBURG OHIO	
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 	Date 05/03/2018	

no OK.

Date of Notification (1) 05/02/18		Name of Building Owner/Operator (2) North Hunterdon - Voorhees R.H.S.D.	
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 type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 1445 Rt. 31 S.		City, State, Zip Code Annandale, NJ 08801	
Name of Contact Joseph Bilotti, Facilities Director		Telephone Number 908-713-4177	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) North Hunterdon Regional High School - Storage Bldg.		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 1445 Rt. 31 S.		Square Feet 5000	# of Floors 1
City (5) Annandale, NJ 08801		County (6) Hunterdon	County Code (7) (STATE USE ONLY) 0004
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates.		Name of Abatement Contractor (9) Four Strong Builders, Inc.	
Street Address 3 Crosswicks St.		Street Address 180 Sargeant Avenue	
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Clifton, NJ 07013-1935	
Project Manager for Monitoring Firm Michael Hoodak, EPA Project Designer		Telephone Number 609-298-5520	License Number 00807
Scheduled Start Date (10) 05/11/18		Sched. Completion Date (11) 05/15/18	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:			
Name of OSHA Monitor Four Strong Builders, Inc.		Street Address 180 Sargeant Avenue	
City, State, Zip Code Clifton, NJ 07013		City, State, Zip Code Clifton, NJ 07013	

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) 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	E	M	O	V
Storage Field Building Basement	X	Water Tank Insulation	90 SF	X				

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 Penn Artyl, PA 18072	
Completed By (Print or Type) Bilyana Kulakovska	Title Office Administrator	Signature 	Date 5/2/18

6577 - NJ

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

Amended Friable Notification
 Check #: 7176

Date of Notification (1)
 05/02/18

Name of Building Owner/Operator (2)

North Hunterdon - Voorhees R.H.S.D.

Agencies Notified Type Notification

☒ EPA

☒ DEP

☒ DOL

☒ DOH

☐ DCA

☐ Initial Notification

☒ Amended Notification

☐ Cancellation

Street Address

1445 Rt. 31 S.

City, State, Zip Code

Annandale, NJ 08801

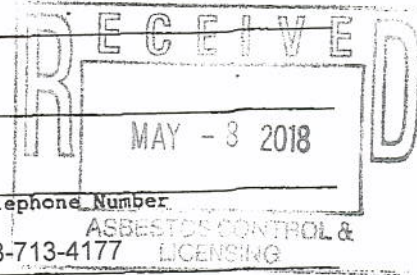
Name of Contact

Joseph Bilotti, Facilities Director

Telephone Number

908-713-4177

ASBESTOS CONTROL & LICENSING



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

North Hunterdon Regional High School - Storage Bldg.

Street Address

1445 Rt. 31 S.

City (5)

Annandale, NJ 08801

County (6)

Hunterdon

County Code (7)
 (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

Briggs Associates.

Street Address

3 Crosswicks St.

City, State, Zip Code

Bordentown, NJ 08505

Project Manager for Monitoring Firm Telephone Number

Michael Hoodak, EPA Project Designer 609-298-5520

Scheduled Start Date (10) Sched. Completion Date (11)

05/11/18
 Month / Day / Year

05/15/18
 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:

☐ Other - Describe:

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

5000

1

50

Current Use (Prior if being demolished)

Storage Building

Name of Abatement Contractor (9)

Four Strong Builders, Inc.

Street Address

180 Sargeant Avenue

City, State, Zip Code

Clifton, NJ 07013-1935

Telephone Number

973-614-0377

License Number

00807

Name of OSHA Monitor

Four Strong Builders, Inc.

Street Address

180 Sargeant Avenue

City, State, Zip Code

Clifton, NJ 07013

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) 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	E	N	E	
Storage Field Building Basement	X	Water Tank Insulation	90 SF	X				

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

4509

Cubic Yards of Waste

Name of Registered Landfill

Grand Central Sanitary Landfill

Newark Carting, Co.

City, State

Newark, NJ

Disposal Date City, State

Pen Argyl, PA 18072

Completed By (Print or Type)

Title

Signature

Date

Bilyana Kulakovska

Office Administrator

5/2/18

ASB-41
 JUN 95

G4667

CK2864

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

PAID

Date of Notification (1) 05-01-2018		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 – Science 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 2	Bldg. Age 57
City (5) Lawrenceville, NJ	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Campus Building		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates		ASCM No.	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	Telephone Number 609-977-6159	License Number 01185	
Scheduled Start Date (10) 05-13-2018	Scheduled Completion Date (11) 6-22-2018		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 1st Shift Describe: 8:00am to 6:30pm Week Day & Weekends <input 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 checked="" type="checkbox"/> Glove Bag Procedures/Cut & Wrap
		<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	Encapsulat	Enclosure
Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	30 Each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Joint Compound	1,500	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall Caulk	400 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler 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 05-01-2018

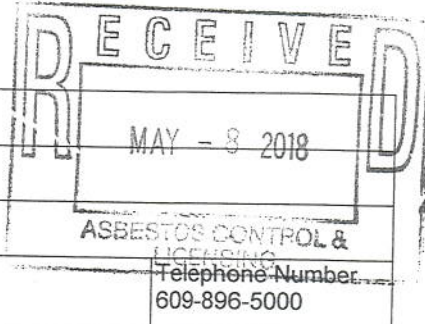
CK2861

PAID

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

Date of Notification (1) 05-04-2018		Name of Building Owner / Operator (2) Rider University		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY - 8 2018 ASBESTOS 609-896-5000 </div>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <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	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Rider University – Science 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			
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		City, State & Zip Code Trenton, NJ 08619			
Scheduled Start Date (10) 05-14-2018		Scheduled Completion Date (11) 6-22-2018		License Number 609-977-6159			
Name of OSHA Monitor J&S Environmental Laboratories, Inc.				Current Use (Prior if being demolished) Campus Building			
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 1st Shift Describe: 8:00am to 6:30pm Week Day & Weekends <input type="checkbox"/> Facility Occupied During Abatement				Street Address 2333 Route 22 West			
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures/Cut & Wrap <input type="checkbox"/> Non-Exempted and Non-Friable Procedure				City, State & Zip Code Union, NJ 07083			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)			
Rooms 332/333		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Drywall Joint Compound			
Rooms 340/341		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Drywall Joint Compound			
Rooms 340/341		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Residual Floor Mastic			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218		Cubic Yards of Waste TBD			
City, State Trenton, NJ				Name of Registered Landfill Grows Landfill			
Completed By (Print or Type) Mr. Brian J. Haney		Title President		Disposal Date TBD			
				City, State Morrisville, PA			
				Signature 			
				Date 05-04-2018			

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



Date of Notification (1) 05-01-2018		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							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rider University – Science 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 2						
City (5) Lawrenceville, NJ	County (6) Mercer	Bldg. Age 57							
Current Use (Prior if being demolished) Campus Building									
Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates		ASCM No.	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) 05-13-2018	Scheduled Completion Date (11) 6-22-2018	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 1st Shift Describe: 8:00am to 6:30pm Week Day & Weekends <input 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"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures/Cut & Wrap <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	30 Each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Joint Compound	1,500	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall Caulk	400 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 05-01-2018			

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

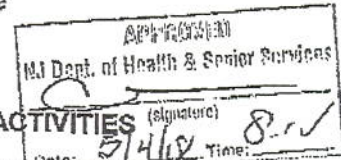


Date of Notification (1) 05-04-2018		Name of Building Owner / Operator (2) Rider University							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" 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 – Science Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2083 Lawrenceville Road		Square Feet 25,000							
City (5) Lawrenceville, NJ	County (6) Mercer	County Code (7)	# of Floors 3						
			Bldg. Age 57						
Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates		ASCM No.	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 Haddon Heights, NJ 08035			City, State & Zip Code Trenton, NJ 08619						
Project Manager for Monitoring Firm Mr. Brian Clark		Telephone Number 856-547-0505	Telephone Number 609-977-6159						
Scheduled Start Date (10) 05-11-2018		Scheduled Completion Date (11) 6-22-2018	License Number 01185						
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 1st Shift Describe: 8:00am to 6:30pm Week Day & Weekends <input checked="" type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor J&S Environmental Laboratories, Inc.							
		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 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"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glove Bag Procedures/Cut & Wrap <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance 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
Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Door Caulk	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cove Base	500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Laboratory Table tops	15 Each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Laboratory Hoods	7 Each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Walk Caulk	400 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 05-04-2018			

May 4 2018 08:21am

P001/001

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

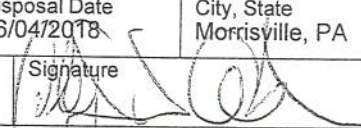


NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

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

I. NOTIFICATION INFORMATION			
Date of Notification: <u>05 / 03 / 2018</u>			
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> Emergency (must include justification)			
Type of Work: <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation			
II. BUILDING INFORMATION			
Name of Building Owner/Operator: <u>Christina Logiudice</u>			
Street Address: <u>[REDACTED]</u>		City: <u>Woodbury Heights</u>	State: <u>NJ</u> Zip: <u>08097</u>
Name of Contact: <u>Christina Logiudice</u>		Telephone No.: <u>[REDACTED]</u>	
III. FACILITY INFORMATION			
Name of Facility Where Work Activity is to Take Place: <u>Logiudice Residence</u>			
Describe Facility Use: <u>Residence</u>			
Street Address: <u>[REDACTED]</u>		City: <u>Woodbury Heights</u>	State: <u>NJ</u> Zip: <u>08097</u>
County Name: <u>Gloucester</u>		County Code (State Use Only): _____	
Scheduled Start Date: <u>05 / 04 / 2018</u>		Scheduled Completion Date: <u>05 / 07 / 2018</u>	
Occupancy Status During Activity (check only one):			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Activity			
<input type="checkbox"/> Activity Performed Outside Normal Facility Hours—Describe: _____			
<input type="checkbox"/> Other—Describe: _____			
Scope of Work (check all that apply):			
<input checked="" type="checkbox"/> Floor Tile	Square Footage: <u>614 SF</u>	Percentage Asbestos: <u> </u> %	
<input checked="" type="checkbox"/> Mastic	Square Footage: <u>614 SF</u>	Percentage Asbestos: <u> </u> %	
IV. CONTRACTOR INFORMATION			
Company Name: <u>Shade Environmental, LLC</u>		Telephone No.: <u>856-755-0099</u>	
Street Address: <u>623 Cutler Avenue</u>		City: <u>Maple Shade</u>	State: <u>NJ</u> Zip: <u>08052</u>
New Jersey Asbestos License Number (if applicable): <u>00842</u>			
Monitoring Firm (if applicable): <u>Mgmt. & Enviro. Consulting Services</u>		Telephone No.: <u>609-298-4070</u>	
V. SIGNATURE			
Completed By (type or print legibly): <u>Christina Lynch</u>		Title: <u>Vice President of Operations</u>	
Signature: <u>[Signature]</u>		Date: <u>May 3, 2018</u>	

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

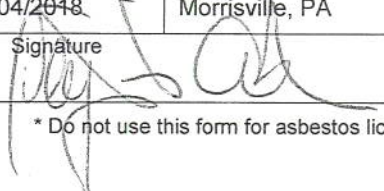
Date of Notification (1) 05/04/2018		Name of Building Owner/Operator (2) New Jersey Department of Children and Families		Check No. 1055	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <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 50 East State Street City, State, Zip Code Trenton, New Jersey 08625 Name of Contact Ronald Wybraniec Telephone Number 609-583-3164	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) NJDCF Morris Campus			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 15 Jean Street			Square Feet 10,000 # of Floors 2 Bldg. Age 50+		
City (5) Morristown, New Jersey 07960			Current Use (Prior if being demolished) Educational Facility		
County (6) Morris		County Code (7) (STATE USE ONLY)		Name of Abatement Contractor (9) Lilich Corporation	
Name of Monitoring Firm Hired by Building Owner (8) The Whitman Companies			ASCM No.		
Street Address 7 Pleasant Hill Drive			Street Address 606 McBride Ave		
City, State, Zip Code Cranbury, New Jersey 08572			City, State, Zip Code Woodland Park, New Jersey		
Project Manager for Monitoring Firm Kevin Lovely		Telephone No 732-390-5858		License No. 01104	
Start Date (10) 05/29/2018		Scheduled Completion Date (11) 06/04/2018		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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Exterior Windows/Doors			X	Caulking/Glazing	2500 LF
Name of Registered Waste Hauler Lilich Corporation			NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 15	Name of Registered Landfill Fairless Landfill
City, State Woodland Park, New Jersey			Disposal Date 06/04/2018		City, State Morrisville, PA
Completed by Adriana Olejarova		Title President		Signature 	Date 05/04/2018

PAID

RECEIVED
Telephone Number
908-397-7702
MAY 8 2018
ASSETS CONTROL & LICENSING
Other than K-12)

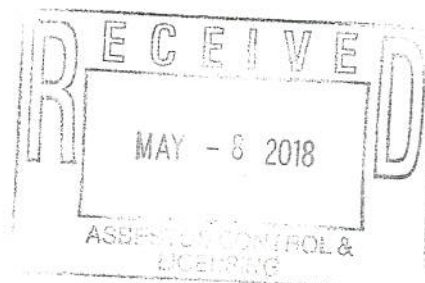
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
MAY - 8 2018
Telephone Number
732-571-3424
ASSISTANT CONTROL &
LICENSING

Apt6A-Entranceway		X	Built-up Flooring	14 SF	X			
Apt6B-Livingroom		X	Joint Compound & Associated Sheetrock	Trim + 120 SF	X			
Apt7A-Entranceway/Bathroom/Bedroom		X	Joint Compound & Associated Sheetrock	Time + 126 SF	X			
Apt7A-Entranceway		X	Built-up Flooring	14 SF	X			
Apt7B-Bathroom/Bedroom		X	Joint Compound & Associated Sheetrock	Trim + 120 SF	X			
Apt8A-Entranceway/Bathroom/Bedroom		X	Joint Compound & Associated Sheetrock	336 SF	X			
Apt8A-Entranceway		X	Built-up Flooring	14 SF	X			
Apt8B-Bathroom/Bedroom		X	Joint Compound & Associated Sheetrock	70 SF	X			
Apt9A-Entranceway/Bathroom/Bedroom		X	Joint Compound & Associated Sheetrock	76 SF	X			
Apt9A-Entranceway		X	Built-up Flooring	14 SF	X			
Apt9B-Entrance Stairway/Bedroom		X	Joint Compound & Associated Sheetrock	22 SF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill			
Lilich Corporation		18724		20	Fairless Landfill			
City, State				Disposal Date	City, State			
Woodland Park, New Jersey				06/04/2018	Morrisville, PA			
Completed by		Title		Signature		Date		
Adriana Olejarova		President				05/04/2018		

ASB-41 (R-06-08)

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



05/03/2018 10:05 2012620321

AMAC

PAGE 02/03

PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 17:27 and 17:28)

Date of Notification (1) 5/3/18		Name of Building Owner/Operator (2) MYRNA BECKER							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LEONIA NJ 07605							
		Name of Contact MYRNA							
<p align="center">FACILITY INFORMATION</p>									
Name of Facility Where Abatement is Taking Place (3) BECKER		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) LEONIA		Square Feet 160	# of Floors 2 Bldg. Age 64						
County (6) Bellevue	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) 165							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address			A. Mac Contracting Inc.						
City, State, Zip Code		Street Address 185 Vreeland Ave							
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, N.J.							
Telephone No.		Telephone No. 201-262-5841	Licence No. 00188						
Start Date (10) 5/2/18	Scheduled Completion Date (11) 5/4/18	Name of DSHA Monitor Omega Environmental Services Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler Street							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Hackensack, N.J. 07606							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> 20 sq ft or less if 180 sq ft or less if		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Enclosed and Non-Frigid Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Basement			X	ECBans	80 CF	X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, N.J. 07105		Disposal Date 5/3/18	City, State Argyl, PA 08072						
Completed by R. McDonald		Title President	Signature R. McDonald	Date 5/3/18					

ASB-41 (R-06-08)

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

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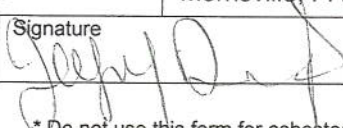
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)**

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Date of Notification 5/1/18		Name of Building Owner / Operator (2) College of St. Elizabeth		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY - 3 2018 ASBESTOS CONTROL LICENSING </div>	
Agencies Notified	Type of Notification	Street Address 2 Convent Road			
<input checked="" type="checkbox"/> EPA	Emergency Notification	City, State & Zip Code Morristown, NJ 07960			
<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Initial Notification	Name of Contact James Gerrish			
<input checked="" type="checkbox"/> DOL	Amended Notification			Telephone Number 973-290-4479	
<input checked="" type="checkbox"/> DOH	Cancellation				
DCA					
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Octagon Auditorium			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 2 Convent Road			Square Feet 5,000	# of Floors 2	Bldg. Age 70+
City (5) Morristown	County (6) Morris	County Code (7)	Current Use (Prior if being demolished) Auditorium		
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services		ASCM No. N/A	Name of Abatement Contractor (9) Global Abatement Services, LLC		
Street Address 1805 Atlantic Avenue		Street Address 443 Schoolhouse Road			
City, State & Zip Code Manasquan, NJ 08736		City, State & Zip Code Monroe Township, NJ 08831			
Project Manager for Monitoring Firm Jason Hooper		Telephone Number 732-223-2225	Telephone Number 732-605-9062	License Number 00714	
Scheduled Start Date (10) 5/15/18	Scheduled Completion Date (11) 6/15/18		Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:			Street Address 443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831		
Scope of Work (Check all that apply)					
Demolition		<input checked="" type="checkbox"/> Renovation		Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> Large Project		Quantity is ≥ 3 SF or ≥ 3 LF ACM		Mini-Enclosure	
<input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM				Glovebag	
				<input checked="" type="checkbox"/> Other: Non-friable	
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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)	
Auditorium	N/A	VAT/mastic	3,250SF	Removal	
MER	N/A	Duct mastic/vibration collars	1,000SF/8SF	Removal	
Basement MER	N/A	Door caulk	85 LF	Removal	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 40	Name of Registered Landfill Cumberland County	
City, State Freehold, NJ		Disposal Date 6/15/18		City, State Newburg, PA	
Completed By (Print or Type) Dominick Tringali	Title Manager	Signature <i>Dominick Tringali</i>		Date 5/1/18	

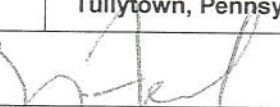
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 05/02/2018		Name of Building Owner/Operator (2) David Brown							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code North Arlington, NJ 07031							
		Name of Contact David Brown							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) North Arlington		Square Feet 2208	# of Floors 2						
		Bldg. Age 1940							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Danvic Contracting LLC						
Street Address		Street Address 240 South 5th Street							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206							
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355						
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor Iris Environmental Laboratories							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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	250 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste 2 Cu Yd	Name of Registered Landfill Fairless Hills Landfill					
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature 	Date 05/02/2018					

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

Date of Notification (1) 05 / 04 / 18		Name of Building Owner/Operator (2) William Garron		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED MAY - 8 2018 ASBESTOS CONTROL & </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div>			
		City, State, Zip Code Medford, NJ 08055				Name of Contact William Garron			
						Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div>									
City (5) Ventnor				Square Feet 1000 sf	# of Floors 1				
				Bldg. Age 70					
County (6) Atlantic		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.					
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-349-9932	License No. 00624				
Start Date (10) 05 / 14 / 18		Scheduled Completion Date (11) 05 / 14 / 18		Name of OSHA Monitor E.M.S.L. Analytical					
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 1056 Stelton					
				City, State, Zip Code Piscataway, New Jersey 08854					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1100 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 05/14/18		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 5/4/18			

CK#5092

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

Print Form

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MAY - 8 2018

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>5/5/18</u>		Name of Building Owner/Operator (2) <u>Dixson Property</u>	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[Redacted] City, State, Zip Code <u>Mansquan, New Jersey 07737</u> Name of Contact <u>Mike</u>	Telephone Number _____

Name of Facility Where Abatement is Taking Place (3) <u>Dixson Property</u>		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) <u>Mansquan</u>	Square Feet <u>1500</u>	# of Floors <u>1</u>	Bldg. Age <u>50+</u>
County (6) <u>Morristown</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) <u>5/14/18</u>		Scheduled Completion Date (11) <u>5/21/18</u>	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>7am-7pm</u>		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

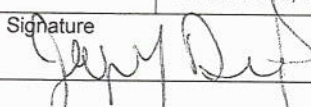
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			X	siding	1500 SF	X			
interior			X	paper	5 LF	X			
interior			X	clothes copper pipe	5 LF	X			

Name of Registered Waste Hauler <u>Ace Insulation Co Inc</u>		NJDEP Waste Hauler ID No. <u>12086</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>Chang</u>	
City, State <u>Colts Neck, NJ</u>		Disposal Date <u>5/21/18</u>		City, State <u>Eden, PA</u>	
Completed by <u>Breem Guire</u>	Title <u>Secretary/Treasurer</u>	Signature <u>[Signature]</u>	Date <u>5/5/18</u>		

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

Check # 1007

Date of Notification (1) 05/01/2018		Name of Building Owner/Operator (2) E & H Realty LLC.		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED MAY - 8 2018 CONTROL & REMEDIATION </div>					
Agencies Notified		Type Notification				Street Address			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Fanwood, NJ, 07023			
						Name of Contact Tony Santini			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Propoerty				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) Clark				Square Feet 3,999	# of Floors 2				
County (6) Union				County Code (7) (STATE USE ONLY) _____	Bldg. Age 1920				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Danvic Contracting LLC.					
Street Address				Street Address 240 S. 5th St.					
City, State, Zip Code				City, State, Zip Code Elizabeth, NJ, 07206					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 908-906-4123	License No. 01355				
Start Date (10) 05/10/2018		Scheduled Completion Date (11) 05/17/2018		Name of OSHA Monitor Iris Environmental Laboratories					
Occupancy Status During Abatement (Check Only One)				Street Address 2333 Route 22 West					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>				City, State, Zip Code Union, NJ, 07083					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	80 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574		Cubic Yards of Waste 2	Name of Registered Landfill Fairless Hills Landfill				
City, State Elizabeth, New Jersey				Disposal Date TBD	City, State Morrisville, PA				
Completed by Jeymy Donneys		Title Owner		Signature 		Date 05/01/2018			

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

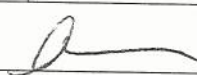
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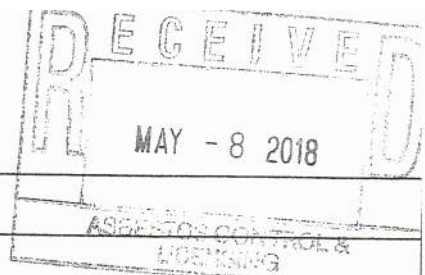
Date of Notification (1) 5/4/18		Name of Building Owner/Operator (2) Drew University	
Agencies Notified	Type Notification	Street Address 36 Madison Avenue	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Madison, NJ 07940	
		Name of Contact Mark Meher	Telephone Number 973-408-3309

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Drew University		Type of Facility (4)	
Street Address 36 Madison Avenue		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Madison	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) renovation	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc.		Name of Abatement Contractor (9) ABS Environmental Services, LLC	
Street Address PO Box 364		Street Address PO Box 483, 4 E Gate Drive	
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-839-2432	License No.
Start Date (10) 5/14/18	Scheduled Completion Date (11) 6/14/18	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Rooms 129 & 133			x	tan desk tops	44	x			
HVAC duct in hallway			x	black tar	30 SF	x			

Name of Registered Waste Hauler Tony's 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 Exton, PA	
Completed by A. Scott Higgins		Title President	Signature 		Date 5/4/18

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



Date of Notification (1) 5/4/18		Name of Building Owner/Operator (2) Bergen County Department of Public Works	
Agencies Notified	Type Notification	Street Address 1 Bergen County Plaza	
<input checked="" 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>1</u>	Telephone Number 201-336-6804	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input checked="" 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 checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address 10 Main St.		Square Feet 342,797	# of Floors 5
City (5) Hackensack		Bldg. Age 1957	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Courthouse	
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services, Inc		ASCM No. 00120	Name of Abatement Contractor (9) Unicorn Contracting Corp.
Street Address 280 Huyler Street		Street Address 32 Willow Way	
City, State, Zip Code South Hackensack, NJ, 07606		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm Alex Palets	Telephone No. 201-481-6209	Telephone No. 973-333-9176	License No. 01331
Start Date (10) 5/7/18	Scheduled Completion Date (11) 10/20/2018	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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>08:00pm - 04:30am</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)		<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 lf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
--------------------------------------	--	--	--	---	---

Location of Asbestos-Containing Material (ACM) <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
Please See Attached									

Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 20+ 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 5/4/18

RECEIVED
MAY - 8 2018
ASBESTOS CONTROL & LICENSING

[illegible]

Date of Notification (1) 05/01/18		Name of Building Owner/Operator (2) North Hunterdon - Voorhees R.H.S.D.		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAY -8 2018 ASBESTOS CONTROL & REMEDIATION </div>
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		
Street Address 1445 Rt. 31 S.		City, State, Zip Code Annandale, NJ 08801		
Name of Contact Joseph Bilotti, Facilities Director		Telephone Number 908-713-4177		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) North Hunterdon Regional High School - Field Bldg.			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 1445 Rt. 31 S.			Square Feet 5000		
City (5) Annandale, NJ 08801			# of Floors 1		
County (6) Hunterdon			Bldg. Age 50		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) School Building		
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates.			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
ASCM No. 0004			Street Address 180 Sargeant Avenue		
City, State, Zip Code Bordentown, NJ 08505			City, State, Zip Code Clifton, NJ 07013-1935		
Project Manager for Monitoring Firm Michael Hoodak, EPA Project Designer			Telephone Number 973-614-0377		
Telephone Number 609-298-5520			License Number 00807		
Scheduled Start Date (10) 05/11/18			Name of OSHA Monitor Four Strong Builders, Inc.		
Sched. Completion Date (11) 05/15/18			Street Address 180 Sargeant Avenue		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:			City, State, Zip Code Clifton, NJ 07013		

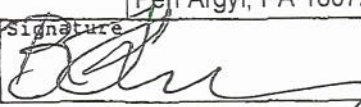
Scope of Work (Check all that apply)

☐ 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) 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 E M O V A L	R E P A I R	E N C A P S U L E	E N C I S U R E
Field Building Basement	<input checked="" type="checkbox"/>	Water Tank Insulation	90 SF	<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 Pen Argyl, PA 18072			
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator		Signature 		Date 5/1/18	

6577 - NJ

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

Initial Friable Notification
 Check #: 7176

Date of Notification (1) 05/01/18		Name of Building Owner/Operator (2) North Hunterdon - Voorhees R.H.S.D.		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAY - 8 2018 ASBESTOS CONTROL & LOGGING </div>
Agencies Notified		Street Address 1445 Rt. 31 S.		
Type Notification		City, State, Zip Code Annandale, NJ 08801		
<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		Name of Contact Joseph Bilotti, Facilities Director Telephone Number 908-713-4177		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) North Hunterdon Regional High School - Field Bldg.			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 1445 Rt. 31 S.			Square Feet 5000 # of Floors 1 Bldg. Age 50		
City (5) Annandale, NJ 08801		County (6) Hunterdon	County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates.			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
Street Address 3 Crosswicks St.			Street Address 180 Sargeant Avenue		
City, State, Zip Code Bordentown, NJ 08505			City, State, Zip Code Clifton, NJ 07013-1935		
Project Manager for Monitoring Firm Michael Hoodak, EPA Project Designer		Telephone Number 609-298-5520	Telephone Number 973-614-0377		License Number 00807
Scheduled Start Date (10) 05/11/18		Sched. Completion Date (11) 05/15/18		Name of OSHA Monitor Four Strong Builders, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:					
Street Address 180 Sargeant Avenue					
City, State, Zip Code Clifton, NJ 07013					

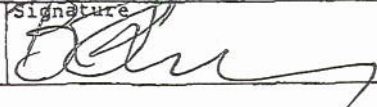
Scope of Work (Check all that apply)

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

☒ Renovation

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Friable Procedure

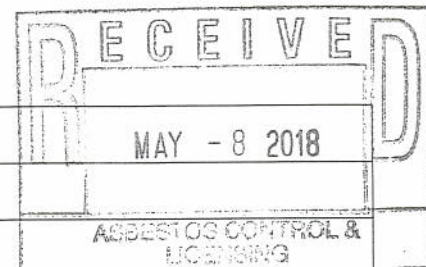
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				R E M O V A L	R E P A I R	E N C A P S U L E	E N C A P S U R E	E N C A P S U R E
Field Building Basement	X	Water Tank Insulation	90 SF	X				

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 Pen Argyl, PA 18072	
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator		Signature 	
ASB-41 JUN 95				Date 5/1/18	

G4667

CK1231

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 17:27 N.J.A.C. 17:26-2.12)



Date of Notification (1): 5/04/2018		Name of Building Owner/Operator (2) Terese Capriglione	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: [REDACTED]	
	City, State, Zip Code: West Orange, NJ 07052		
	Name of Contact: Mrs. Terese Capriglione		Telephone Number: [REDACTED]

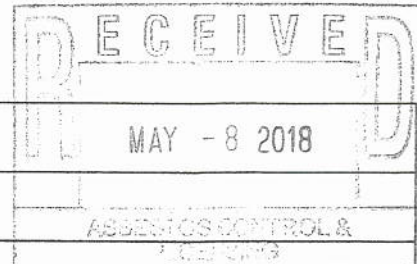
FACILITY INFORMATION

Name of Facility [REDACTED]		Type of Facility (4): <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City/ (5) West Orange	County (6): Essex	County Code (7): 07052	Square Feet: _____ # of Floors: _____ Bldg. Age _____ Current Use: House
Name of Monitoring Firm Hired by Building Owner: McGriff Air Assessment, Inc.		ASCM No.:	Name of Abatement Contractor (9): Apex Development, Inc.
Street Address: 2031 Hughes Avenue		Street Address: 358 Broadway	
City, State, Zip Code: Bronx, NJ 10457		City, State, Zip Code: Newark, NJ 07104	
Project Manager for Monitoring Firm: Monique McGriff		Telephone No.: 971-805-8590	Telephone No.: (973) 350-0101 License No.: 01215
Start Date (10): 5/07/18	Scheduled Completion Date (11): 5/11/18		Name of OSHA Monitor: Metro Analytical Laboratories
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: _____ <input type="checkbox"/> Other Describe: _____		Street Address: 255 West 36th Street, Suite 203 City, State, Zip Code: New York, New York, 10018	
Scope of Work (Check all that apply): <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
BASEMENT		X		FLOOR TILES	500 SF	*			*

Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING	NJDEP Waste Hauler ID No.: 19551	Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC. INC.
City, State: Bronx, NY 10474	Disposal Date:	City, State: Waynesburg, OH 44688	
Completed By: <i>Chinyelu Oraegbunam</i>	Title: Vice President	Signature: <i>Chinyelu Oraegbunam</i>	Date: 5/4/2018

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



Date of Notification (1) 05-03-18		Name of Building Owner/Operator (2) John Viteri Jr. Esq., LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3 University Plaza, Suite 207	
		City, State, Zip Code Hackensack, NJ 07601	
		Name of Contact John Viteri	Telephone Number (973) 865-7077

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Little Falls		Bldg. Age	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Name of Abatement Contractor (9) Delfa Contracting LLC.		Street Address 522 7th St.	
City, State, Zip Code Union City NJ 07087		Telephone No. 201 216-9603	
Project Manager for Monitoring Firm		License No. 01206	
Start Date (10) 05-07-18	Scheduled Completion Date (11) 05-10-18	Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 522 7th St.	
		City, State, Zip Code Union City NJ 07087	

Scope of Work (Check All That Apply)

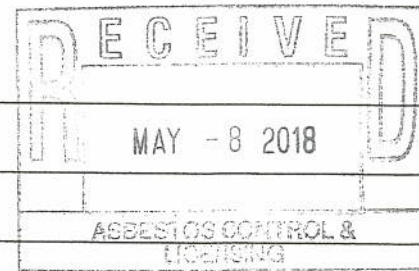
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input 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		Wall Plaster	350 SF	x			

Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility	
City, State Union City, NJ		Disposal Date 04-20-18	City, State Tullytown, PA		
Completed by Jaime Delgado	Title Proj. Manager.	Signature 	Date 04-06-18		

CH 1436

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



Date of Notification (1) 05-02-18		Name of Building Owner/Operator (2) Caravella Demolition		MAY - 8 2018 ASBESTOS CONTROL & LICENSING					
Agencies Notified	Type Notification	Street Address 40 Deforest Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Hanover NJ 07936		Telephone Number (973) 884-4900					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home			Type of Facility (4)						
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Paterson			Square Feet	# of Floors	Bldg. Age				
County (6) Passaic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Delfa Contracting LLC.					
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201 216-9603	License No. 01206				
Start Date (10) 05-04-18		Scheduled Completion Date (11) 05-10-18		Name of OSHA Monitor Delfa Contracting LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 522 7th St.					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Union City NJ 07087					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entire Property		x		Demolition Asbestos Debris		x			
Name of Registered Waste Hauler Caravella Demolition Inc		NJDEP Waste Hauler ID No. 35685		Cubic Yards of Waste 80	Name of Registered Landfill IESI				
City, State E. Hanover, NJ 07936				Disposal Date 05-04-18	City, State Bethlehem, PA				
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 05-02-18		

CH2134

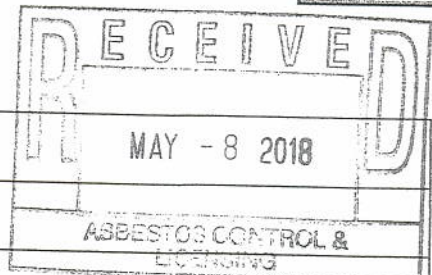
PAID
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to N.J.A.C. 8:60 and 12:120)

Print Form
<div style="font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold; margin-top: 5px;">MAY - 8 2018</div>
<div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 0.8em;">ASBESTOS CONTROL & LICENSING</div>

Date of Notification (1) 05/02/2018		Name of Building Owner/Operator (2) Residence	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; height: 1.2em; width: 100%;"></div>	
		City, State, Zip Code Roseland NJ 07068	
		Name of Contact Scott Meisinger	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <div style="background-color: black; height: 1.2em; width: 100%;"></div>		Square Feet 1,357	
City (5) Roseland		# of Floors 1	Bldg. Age 64
County (6) Essex		County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		Name of Abatement Contractor (9) Brinks Tank Services	
Street Address PO Box 354		Street Address 1256 Liberty Avenue	
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205	
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	
Start Date (10) 05/16/2018		Scheduled Completion Date (11) 05/21/2018	
Name of OSHA Monitor A. Seine Lighthouse Solutions		License No. 01316	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 354	
		City, State, Zip Code South Orange, NJ 07079	
Scope of Work (Check All That Apply)			
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-around;"> Yes No N/A </div>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
Basement	X		9x9 floor tile
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	
City, State East Orange, NJ		Disposal Date	
Completed by Alison Lamers		Title Office Manager	
Signature 		Date 05/02/2018	

CH 2512

PAID
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to N.J.A.C. 17:26 and 17:27)



Date of Notification (1) 05/04/18		Name of Building Owner/Operator (2) Perth Amboy Board of Education	
Agencies Notified	Type Notification	Street Address 178 Barracks St.	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Perth Amboy, NJ 08861	
		Name of Contact Nicholas Crupi	Telephone Number 732-376-6200

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Perth Amboy High School		Type of Facility (4)	
Street Address 300 Eagle Ave.		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Perth Amboy		Square Feet	# of Floors
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc.		ASCM No. 0057	Name of Abatement Contractor (9) Academy Construction Inc
Street Address PO Box 385		Street Address 205 Route 46 Suite 14	
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Totowa NJ 07512	
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 973 832 4244
Start Date (10) 05/17/18	Scheduled Completion Date (11) 06/07/18	License No. 01155	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same as above	
<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>Facility Occupied During Abatement</u>		Street Address	
		City, State, Zip Code	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Office/Conference Room			<input checked="" type="checkbox"/>	Popcorn ceiling	200 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Academy Construction Inc	NJDEP Waste Hauler ID No. 0034422	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill
City, State Totowa NJ		Disposal Date TBD	City, State Morrisville, PA
Completed by John Geleski	Title PM	Signature 	Date 05/04/18