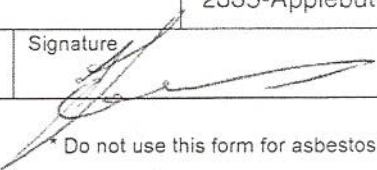
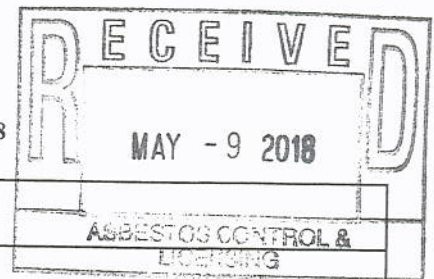


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

04/26/18 0348

Date of Notification (1) 4/26/18		Name of Building Owner/Operator (2) Country Classics at Frenchtown LLC/CCST Builders		RECEIVED MAY - 9 2018 NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 36-Brower Lane City, State, Zip Code Hillsborough, NJ 08844 Name of Contact Gary DiGiovanni Telephone Number 908-359-3276				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 1- 8th Street			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 1-8th Street								
City (5) Frenchtown			Square Feet	# of Floors 1	Bldg. Age 50+			
County (6) Hunterdon		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Dinago Environment, LLC.					
Street Address			Street Address 339-Lafayette Street					
City, State, Zip Code			City, State, Zip Code Newark, NJ 07105					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-491-0877	License No. 01240				
Start Date (10) 5/8/18		Scheduled Completion Date (11) 8/7/18		Name of OSHA Monitor				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address					
			City, State, Zip Code					
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input 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
All buildings		X	Roof materials/Flashing	9500sf	X			
Building 4 to 6		X	Floor tile	650sq	X			
All buildings		X	Transite	9800sf	X			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Landfill				
City, State Po Box 5670, Newark, NJ			Disposal Date	City, State 2335-Applebutter Rd. Bethlehem, PA.				
Completed by Carlos Gomes		Title President	Signature 		Date 4/26/18			

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 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 12:120) Check # 1328

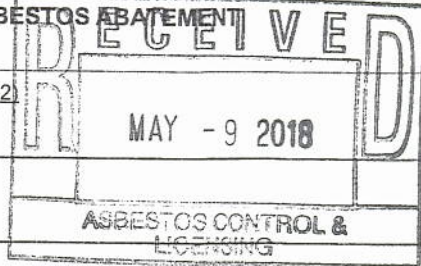


Date of Notification (1) 5/7/18		Name of Building Owner/Operator (2) LEROY NEVIUS	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	STREET ADDRESS [REDACTED] City, State, Zip Code TRENTON, NJ 08618 Name of Contact DAVID D'ANDREA	
	Telephone Number		
	FACILITY INFORMATION		
	Name of Facility Where Abatement is Taking Place (3) PRIVATE 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)
	Street Address [REDACTED]		Square Feet
City (5) TRENTON, NJ		County Code (7) (STATE USE ONLY)	
County MERCER		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.
Street Address		Street Address 15 BLACK FOREST ROAD	
City, State, Zip Code		City, State, Zip Code Hamilton, NJ 08691	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-890-7110	License No. 00676
Start Date (10) 5/8/2018	Scheduled Completion Date (11) 5/8/2018	Name of OSHA Monitor MECS	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> EXTERIOR		Street Address P.O. BOX 341 City, State, Zip Code CROSSWICKS, NJ 08515	
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 (*) & Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
DEBRIS FIELD		<input checked="" type="checkbox"/>	ROOF FLASHING
Name of Registered Waste Hauler J. VINCH		NJDEP Waste Hauler ID No. NJ-09590	Cubic Yards of Waste 5 YDS
City, State TRENTON, NJ		Name of Registered Landfill GROWS	
Completed By DAVID D'ANDREA		Title PRESIDENT	Disposal Date 5/8/2018
		Signature <i>[Signature]</i>	City, State MORRISVILLE, PA.
			Date 5/7/2018

ASB-41

* Do not use this form for asbestos licensure exempted activities

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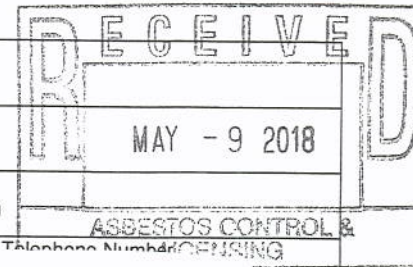
Date of Notification (1) 04/12/2018		Name of Building Owner/Operator (2) Ark Management Corp.	
Agencies Notified () EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA	Type of Notification (X) Initial Notification () Amended Amendment # _____ (X) Emergency (including justification) () Cancellation	Street Address 2035 Kennedy Blvd.	
		City, State, Zip Code North Bergen, NJ 07047	
		Name of Contact Mark Edgar	Tel. Number (315)212-9351
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Gothic Towers		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 50 Glenwood Avenue		Sq. Feet: 80,000 # of Floors 10 Bldg. Age 80	
City (5) Jersey City	County (6) Hudson	County Code (7) (State Use Only)	Current Use (if being demolished):
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No. N/A	Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.
Street Address N/A		Street Address 3300 Hudson Avenue	
City, State, Zip Code N/A		City, State, Zip Code Union City, NJ 07087	
Project Manager for Monitoring Firm N/A	Telephone Number	Telephone Number (201)325-0055	License Number 01124
Scheduled Start Date (10) 04/13/2018	Scheduled Completion Date (11) 05/15/2018	Name of OSHA Monitor ISES, Inc.	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: basement is not occupied.		Street Address 3300 Hudson Avenue, Union City, NJ 07087	
Source of Work (Check all that apply) () Demolition (X) Renovation () Minor Project (< 25 SF or < 10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure () Small Project (>25 <160 SF or >10 <260 LF ACM) (X) Glove-bag Procedure or Wrap and Cut Procedure (X) Large Project (>160 SF or > 260 LF ACM) () 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) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	Amount (Specify SF or LF)
Basement gym/laundry	X	Pipe TSI	~ 100 LF
Basement hallway	X	Pipe TSI	~ 250 LF
Name of Reg. Waste Hauler Atlas Disposal Options, Inc.	NJDEP Waste Hauler ID # 50452	Cubic Yards of Waste 15	Name of Reg. Landfill Grand Central Sanitation 1963 Pen Argyl Road
City, State 311 East Blackwell Street, Dover, NJ 07801	Disp. Date 05/15/2018	City, State Pen Argyl, PA 18072	
Completed by (Print or Type) David Camacho	Title Project Supervisor	Signature 	Date 04/12/2018

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

Print Form

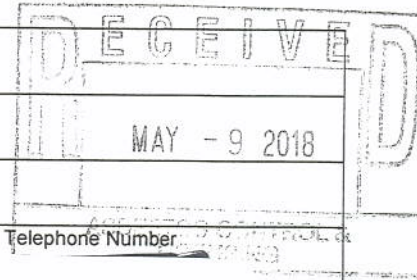
Check # 25571



Date of Notification (1) 5/8/2018		Name of Building Owner/Operator (2) Fisch							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bradley Beach, NJ 07720							
		Name of Contact Joyce Fisch							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Bradley Beach, NJ 07720		Square Feet 2000	# of Floors 2						
		Bldg. Age 80+/-							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	Telephone No. 609 259-9688						
		License No. 00493							
Start Date (10) 5/22/2018	Scheduled Completion Date (11) 5/30/2018	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 am to 4 pm		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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		Thermal Pipe Insulation	90 lf	X			
Crawl space		X		Thermal Pipe Insulation	140 lf	X			
Basement		X		VAT	150 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 5/30/2018	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager	Signature [Signature]	Date 5/8/18					

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

Check # 25570



Date of Notification (1) 5/8/2018		Name of Building Owner/Operator (2) Kreiswirth	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union, NJ 07083	
		Name of Contact Howard Kreiswirth	Telephone Number [REDACTED]

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Union, NJ 07083	Square Feet 1600	# of Floors 2	Bldg. Age 75+/-
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	
Street Address PO Box 341		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.	
City, State, Zip Code Chesterfield, NJ 08515		Street Address PO Box 322	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	Telephone No. 609 259-9688
Start Date (10) 5/21/2018		Scheduled Completion Date (11) 5/25/2018	License No. 00493
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor MECS	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 341	
		City, State, Zip Code Chesterfield, NJ 08515	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Thermal Pipe Insulation	80 lf	X			

Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill	
City, State Allentown, NJ			Disposal Date 5/30/2018	City, State Morrisville, PA	
Completed by Mahlon E. Stevens		Title Project Manager	Signature [Signature]	Date 5/8/18	

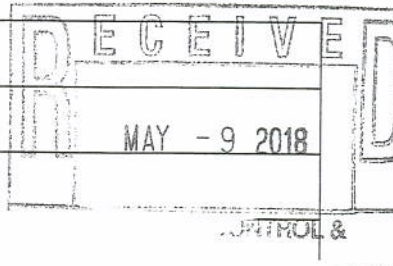
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Print Form

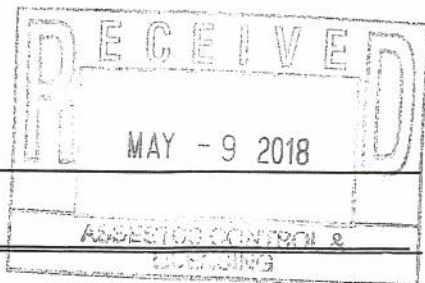
Check # 25586

Date of Notification (1) 5/8/2018		Name of Building Owner/Operator (2) Nichols							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton, NJ 08540							
		Name of Contact Owen Nichols							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 3000	# of Floors 2						
City (5) Princeton, NJ 08540		Bldg. Age 90+/-							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.							
Street Address PO Box 341		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
City, State, Zip Code Chesterfield, NJ 08515		Street Address PO Box 322							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	Telephone No. 609 259-9688						
Start Date (10) 5/21/2018		License No. 00493							
Scheduled Completion Date (11) 5/25/2018		Name of OSHA Monitor MECS							
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 checked="" type="checkbox"/> Other - Describe: 8 am - 4 pm		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Thermal Pipe Insulation	80 lf	X			
Crawl spaces (2)	X			Thermal Pipe Insulation	120 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 5/25/2018	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager	Signature [Signature]			Date 5/8/18			



D&S Proj. #: 18-100

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:26 and 12:120)



Date of Notification (1)
0 15 / 10 14 / 1 18

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA
 Type Notification
☒ Initial
☐ Amended
 Amendment #: _____
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)

janet lynch

Street Address

City, State, Zip Code

roseland, nj 07068

Name of Contact

janet lynch

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

janet lynch

Street Address

City (5)

roseland

County (6)

essex

County Code (7)
(State use only)

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

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

ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

05/14/18

Sched. Completion Date (11)

05/30/18

Occupancy Status During Abatement (Check only one)

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

Scope of Work (check all that apply)

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

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	60 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement above furnace		<input checked="" type="checkbox"/>		plaster lath	45 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID#
13506

Cubic Yards of Waste
2 yds.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
05/15/18

City, State
TULLYTOWN, PA

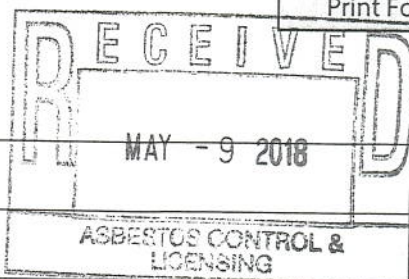
Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

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) 05/03/2018		Name of Building Owner/Operator (2) Frenklin Township Public Schools							
Agencies Notified	Type Notification	Street Address 1755 Amwell Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Somerset NJ 08873							
		Name of Contact James Strimple	Telephone Number (732) 302-4200						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Elizabeth Avenue School		Type of Facility (4)							
Street Address 363 Elizabeth 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) Somerset NJ 08873		Square Feet 90,000	# of Floors 2						
County (6) Somerset		Bldg. Age 30 years							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Public School							
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants		ASCM No. 0057	Name of Abatement Contractor (9) Savic Construction Corp						
Street Address PO Box 385		Street Address 205 Route 46 Suite 15							
City, State, Zip Code Oceanville, NJ, 08231-0385		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	License No. 01034						
Start Date (10) 05/26/2018	Scheduled Completion Date (11) 05/28/2018	Name of OSHA Monitor Savic Construction Corp							
Occupancy Status During Abatement (Check Only One)		Street Address 205 Route 46 Suite 15							
<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 Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Nurses Office		X		Pipe & Fitting Insulation	74 LF	x		x	
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Newark NJ		Disposal Date 07/28/2018		City, State Morrisville, PA					
Completed by Milos Savic		Title Project Manager	Signature <i>Milos Savic</i>			Date 05/03/2018			

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

CHK # 3358

Date of Notification (1) 5 / 7 / 18		Name of Building Owner/Operator (2) The College of New Jersey		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY - 9 2018 NEW JERSEY DEPARTMENT OF ENVIRONMENTAL CONTROL & AEROSOL CONTROL </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2000 Pennington Rd.							
		City, State, Zip Code Ewing, NJ 08628							
		Name of Contact Amanda Radosti		Telephone Number 609-771-2881					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall				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 2000 Pennington Road									
City (5) Ewing				Square Feet	# of Floors				
County (6) Mercer				County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc				Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 28 Pennell Road				Street Address 1123 BEAVER STREET					
City, State, Zip Code Media, PA 19063				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Roy Mosicant		Telephone No. 610-891-0114		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) 5 / 21 / 18		Scheduled Completion Date (11) 6 / 29 / 18		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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 - Describe Time of Abatement: _____ AM-_____ PM/7:00PM-7:00AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 204	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	22 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roofing debris and batt insulation	22,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL				
City, State BRISTOL, PA 19007				Disposal Date	City, State FAIRLESS HILLS, PA 19047				
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro / JS		Date 5-7-18			

ASB-41
MAY 11 6518041

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

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

chk# 3359

Date of Notification (1) 5 / 7 / 18		Name of Building Owner/Operator (2) Cape Regional Medical Center		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED MAY - 9 2018 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 2 Stone Harbor Blvd			
		City, State, Zip Code Cape May Court House, NJ 08210				Name of Contact John Sloan			
						Telephone Number 609-463-2273			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Cape Regional Medical Center				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 2 Stone Harbor Blvd				Square Feet					
City (5) Cape May Court House				# of Floors					
County (6) Cape May				Bldg. Age					
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 400 Street Road		Street Address 1123 BEAVER STREET							
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mike Panepresso		Telephone No. 215-244-1300		License No. 00509					
Start Date (10) 5 / 21 / 18		Scheduled Completion Date (11) 5 / 23 / 18		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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 - Describe Time of Abatement: 11:00PM-7:00AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	235 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	235 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 3 Cu Yd	Name of Registered Landfill Minerva Landfill				
City, State NEW CASTLE, DE 19720		Disposal Date 5/23/18		City, State Waynesburg, OH 44688					
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature <i>Gino Pizzigoni</i>		Date 5-7-18			

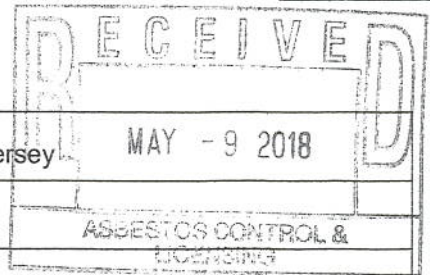
ASB-41
MAY 11 **GI18061**

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

CH5976

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

PAID



Date of Notification (1) 5/8/18		Name of Building Owner/Operator (2) Rutgers, The State University of New Jersey		MAY - 9 2018					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 74 Street 1603, Building 4116 City, State, Zip Code Piscataway, NJ 08854-8036 Name of Contact Michael Smith Telephone Number 848-445-2550					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Labor Education Center			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 50 Labor Center Way			Square Feet 12,000						
City (5) New Brunswick			# of Floors 1		Bldg. Age 50+				
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Labor Education Center					
Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services		ASCM No. _____		Name of Abatement Contractor (9) ecoservices, LLC					
Street Address 3 Terri Lane, Suite 4 - 5		Street Address 303 B National Road							
City, State, Zip Code Burlington, NJ		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Brian Kearney		Telephone No. 609-386-8800		Telephone No. 484-872-8884					
Start Date (10) 5/23/18		Scheduled Completion Date (11) 6/11/18		License No. 01161					
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: 4 pm - 12 am			Name of OSHA Monitor EMSL						
Street Address 200 Route 130			City, State, Zip Code Cinnaminson, NJ						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldg. 6109, Basement, Chase			X	Pipe fitting insulation*	110 LF	X			
Bldg. 6109, Floor 1			X	Pipe fitting insulation*	110 LF	X			
				*cut and wrap procedure					
Name of Registered Waste Hauler Waste Management of NJ		NJDEP Waste Hauler ID No. _____		Cubic Yards of Waste 20	Name of Registered Landfill GROWS Landfill				
City, State Trenton, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>		Date 5/8/18			