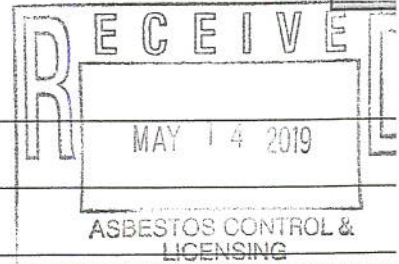


PAID

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



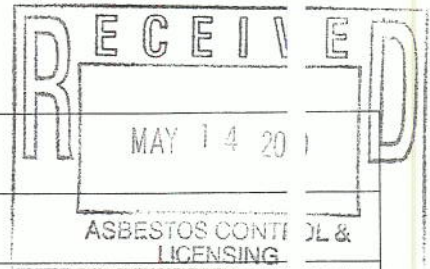
Date of Notification (1) 05/01/2019 CHECK #0211		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 80 OAKWOOD COURT							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code FANWOOD, NJ 07023							
		Name of Contact JOSEPH NAGY	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 80 OAKWOOD COURT		<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) FANWOOD, NJ 07023		Square Feet 50X100	# of Floors 2FL						
County (6) UNION		County Code (7) (STATE USE ONLY)	Bldg. Age 50 YEAR						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING INC						
Street Address		Street Address 24 CHURCH ST							
City, State, Zip Code		City, State, Zip Code ELMWOOD PARK, NJ 07407							
Project Manager for Monitoring Firm		Telephone No. 201 873 9418	License No. 01301						
Start Date (10) 05/28/2019	Scheduled Completion Date (11) 05/29/2019	Name of OSHA Monitor ALL SOLUTIONS CONTRACTING INC							
Occupancy Status During Abatement (Check Only One)		Street Address 24 CHURCH ST							
<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: START 7:30 AM TO 3:30 PM		City, State, Zip Code ELMWOOD PARK, NJ 07407							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
basement			X	FLOOR TILE	165 SF	X			
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill GRAND CENTRAL					
City, State PEN ARGYL, PA 18072			Disposal Date TDB	City, State PEN ARGYL PA, 18072					
Completed by LUIS ARCILA		Title PRESIDENT	Signature 	Date 05/09/2019					



CK 5691

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



Date of Notification (1) <b>05 / 08 / 19</b>			Name of Building Owner/Operator (2) <b>Mansfield Township School District</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>200 Mansfield Road East</b>					
				City, State, Zip Code <b>Columbus, NJ 08022</b>					
			Name of Contact <b>Frank Knaak</b>		Telephone Number <b>609-298-2037 x 2600</b>				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>John Hydock Elementary School</b>				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>19 Locust Avenue</b>									
City (5) <b>Columbus</b>				Square Feet <b>25,000</b>	# of Floors <b>2</b>				
				Bldg. Age <b>68</b>					
County (6) <b>Burlington</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>School</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental, Inc.</b>		ASCM No. <b>00003</b>		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>					
Street Address <b>1253 North Church Street</b>				Street Address <b>623 Cutler Avenue</b>					
City, State, Zip Code <b>Moorestown, NJ 08057</b>				City, State, Zip Code <b>Maple Shade, NJ 08052</b>					
Project Manager for Monitoring Firm <b>Jlm Guilardi</b>		Telephone No. <b>609-314-1683</b>		Telephone No. <b>856-755-0099</b>	License No. <b>00842</b>				
Start Date (10) <b>06 / 24 / 19</b>		Scheduled Completion Date (11) <b>06 / 27 / 19</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address <b>200 Route 130 North</b>					
				City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
Room No. 14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	864 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Freehold, NJ</b>				Disposal Date <b>06/27/2019</b>	City, State <b>Morrisville, PA</b>				
Completed By (Print or Type) <b>Christina Lynch</b>		Title <b>Vice President of Operations</b>			Signature 		Date <b>5/8/19</b>		



05/09/2019 10:54AM 2013297440

BEST REMOVAL INC

CIC5080  
PAGE 02/04

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

RECEIVED  
DOJ - 10 DAY  
MAY 14 2019  
ASBESTOS CONTROL  
LICENSING  
RECEIVED

Date of Notification (1) 5/9/19		Name of Building Owner/Operator (2) MR ROBERT PAPE	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOJ <input type="checkbox"/> DCH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Consultation	Street Address [REDACTED]	City, State, Zip Code RAHWAY NJ 07065
		Name of Contact MR. R. PAPE	Telephone Number [REDACTED]
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MR ROBERT PAPE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Daycare Center (Other than K-12) <input type="checkbox"/> Other (e.g. private & commercial buildings, houses, etc.)	
Street Address [REDACTED]		Square Feet 1800	# of Floors 2
City (5) RAHWAY		Bldg. Age 1940	
County (6) UNION		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) ONLY RESIDENCE
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc
Street Address		Street Address 450 South River St	
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	Licence No. 00388
Start Date (10) 5/10/19	Scheduled Completion Date (11) 5/11/19	Name of OSHA Monitor Omega Environmental	
Emergency 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: SHUTDOWN ELABORATE		Street Address 280 Huyler St	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 25 SF or less <input type="checkbox"/> 140 SF or less <input type="checkbox"/> 250 SF or less		City, State, Zip Code S. Hackensack, N.J. 07606	
Is Location Normally Used Regularly by Maintenance/ Custodial Staff (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (e.g., thermal system insulation, surfacing, VAT, or other miscellaneous)	
Location of Asbestos-Containing Material (ACM) TO BE REMOVED (13) BASEMENT		Amount (Specify SF or LF) 25 LF	
BASEMENT		36 SF	
Name of Registered Waste Handler Best Removal Inc		Waste ID No. 17109	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL
City, State Hackensack, N.J. 07601		Disposal Date 5/13/19	City, State NEWBURGH, PA. 17240
Completed by J. MAIORANO		Estimator J. MAIORANO	Date 5/9/19

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

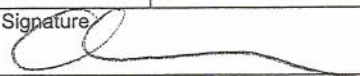


\* Emergency PAID \*

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

CK 7366

Print Form

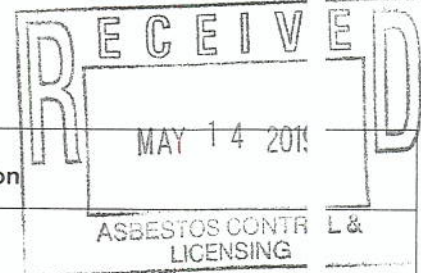
Date of Notification (1) 5/10/19		Name of Building Owner/Operator (2) Borough Of Mt Ephraim		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 14 2019 ASBESTOS CONTROL LICENSING </div>				
Agencies Notified		Street Address 121 S. Black Horse Pike						
<input checked="" 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 type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Mt Ephraim NJ 08059				
		Name of Contact Terry		Telephone Number 856-546-0016				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Mt Ephraim Clubhouse				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 33 Linden Avenue				Square Feet 1000				
City (5) Mt Ephraim NJ 08059				# of Floors 2				
County (6) Camden				Bldg. Age 35+				
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.				
Street Address		Street Address PO Box 329		City, State, Zip Code West Berlin NJ 08091				
City, State, Zip Code		Telephone No. 856-753-9800		License No. 00727				
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Same				
Start Date (10) 5/13/19		Scheduled Completion Date (11) 5/16/19		Street Address				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code				
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure
	Yes	No	N/A			Removal	Repair	
2nd Floor			x	Floor Tile & mastic	175 SF	x		
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 4		Name of Registered Landfill G.R.O.W.S.		
City, State Elm NJ		Disposal Date 5/16/19		City, State Morrisville PA 19067				
Completed by Anthony T Perna		Title President		Signature 		Date 5/10/19		



CK 5702

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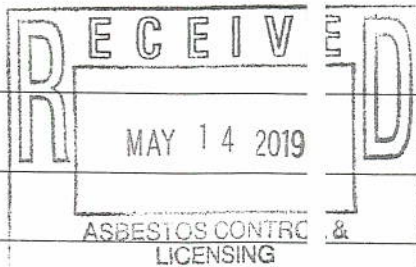
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 05 / 09 / 19		Name of Building Owner/Operator (2) Spring Lake Heights Board of Education							
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 1110 Highway 71 City, State, Zip Code Spring Lake Heights, NJ 07762							
		Name of Contact John W. Spalthoff	Telephone Number 732-449-6149 x 200						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Spring Lake Heights Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1110 Highway 71		Square Feet 65,000	# of Floors 2						
City (5) Spring Lake Heights		Bldg. Area 45							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.	ASCM No. 00003	Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 1253 North Church Street		Street Address 623 Cutler Avenue							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Mike Stocku	Telephone No. 856-840-8800	Telephone No. 856-755-0099	License No. 00842						
Start Date (10) 06 / 19 / 19	Scheduled Completion Date (11) 07 / 05 / 19	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
Music Room No. 126	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art Room No. 129	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	1,250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	1,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science Room No. 131	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Counter Top/Sink	265 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill						
City, State Freehold, NJ		Disposal Date 07/05/2019	City, State Morrisville, PA						
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 	Date 5/9/19						



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



Date of Notification (1) <b>05 / 07 / 19</b>		Name of Building Owner/Operator (2) <b>Houlihan's Restaurants, Inc.</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>35 Main Street</b>	
		City, State, Zip Code <b>Millburn, NJ 07041</b>	
		Name of Contact <b>Pete Cosentino</b>	Telephone Number <b>973-886-1062</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>J. Gilbert's Restaurant (Former Charlie Brown's Restaurant)</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>35 Main Street</b>		Square Feet <b>65,000</b>	# of Floors <b>2</b>
City (5) <b>Millburn</b>		Bldg. Area <b>50</b>	
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Restaurant</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>IRIS Environmental Laboratories</b>		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>	
Street Address <b>2333 Route 22 West</b>		Street Address <b>623 Cutler Avenue</b>	
City, State, Zip Code <b>Union, NJ 07083</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>	
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>800-908-6679</b>	License No. <b>00842</b>
Start Date (10) <b>04 / 01 / 19</b>	Scheduled Completion Date (11) <b>05 / 31 / 19</b>	Name of OSHA Monitor <b>IRIS Environmental Laboratories</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address <b>2333 Route 22 West</b>	
		City, State, Zip Code <b>Union, NJ 07083</b>	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<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		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	160 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings Insulation	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Ground Level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	2,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Main Dining Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Glue Dots	4,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Freehold Cartage</b>	NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>Fairless Landfill</b>
City, State <b>Freehold, NJ</b>		Disposal Date <b>05/31/2019</b>	City, State <b>Morrisville, PA</b>
Completed By (Print or Type) <b>Christina Lynch</b>	Title <b>Vice President of Operations</b>	Signature 	Date <b>5/7/19</b>



CK#2615 PAID

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

CK# 2615

Date of Notification (1) May 9, 2019		Name of Building Owner/Operator (2) Leslie Hirsh						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Brunswick, NJ 08816						
		Name of Contact Leslie Hirsh	Telephone Number [REDACTED]					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet 2200 SF	# of Floors 2					
City (5) East Brunswick, NJ		Bldg. Age 50+						
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting					
Street Address n/a		Street Address 360 Palisade Ave.						
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026						
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-460-6026					
Start Date (10) 5/18/2019		Scheduled Completion Date (11) 5/21/2019	License No. 01255					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Harmony Contracting						
		Street Address 360 Palisade Ave						
		City, State, Zip Code Garfield, NJ 07026						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Basement			x	VAT	800 SF	x		
Name of Registered Waste Hauler Harmony Contracting		NJDEP Waste Hauler ID No. 33058	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville PA 19067				
Completed by E. Cirovic		Title Secretary	Signature E. Cirovic			Date 5/9/19		



CK4548

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

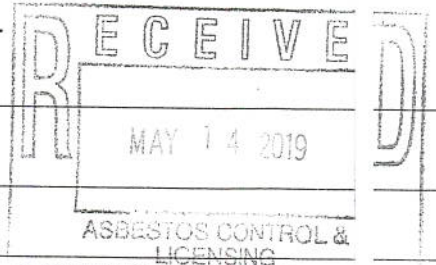
VIA U.S. MAIL  
CH# 454

Date of Notification (1) 5/6/19		Name of Building Owner/Operator (2) GIALLOISI COSTON	
Agencies Notified	Type Notification	Street Address 427 South Ave W.	City, State, Zip Code WESTFIELD N.J. 07090
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Mr ROBERT	Telephone Number 732 238 7500
Name of Facility Where Abatement is Taking Place (3) [REDACTED]			
Street Address [REDACTED]		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, home etc.)	
City (5) CRANFORD NJ		Square Feet 2,500	# of Floors 2
County (6)		Bldg. Age 90	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) HOUSE	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) NOVATECH	
City, State, Zip Code		Street Address P.O. Box 814	
Project Manager for Monitoring Firm		City, State, Zip Code Old Bridge NJ 08857	
Telephone No.		Telephone No. 732 238 7500	
Start Date (10) 5/15/19		License No. 00806	
Scheduled Completion Date (11) 6/15/19		Name of OSHA Monitor NOVATECH	
Occupancy Status During Abatement (Check Only One)		Street Address P.O. Box 814	
<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 Old Bridge NJ 08857	
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) 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		SIDING	4800 SF X
Name of Registered Waste Hauler NOVATECH		NJDEP Waste Hauler ID No. 12501	Cubic Yards of Waste 5
City, State Old Bridge NJ 08857		Disposal Date 6/17/19	Name of Registered Landfill G.R.O.W.S.
City, State HARRISVILLE PA.		Date 5/6/19	
Completed by CARLOS ALMEIDA		Title PRESIDENT	
Signature [Signature]		Date 5/6/19	



# NOTIFICATION OF ASBESTOS ABATEMENT

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



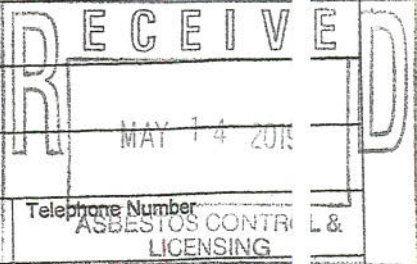
Date of Notification (1) 5 / 9 / 19		Name of Building Owner/Operator (2) Estate of Maria Petti						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Nutley NJ 07110 Name of Contact Francis Petti Mastrolia Telephone Number						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Same		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 Same		Square Feet 2298						
City (5)		# of Floors 2	Bldg. Age 59					
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) A.E.S.L.	ASCM No. 0021	Name of Abatement Contractor (9) CPR Environmental Service						
Street Address 2200 Patterson Plank Rd. Unit 7		Street Address 8421 Hegerman St						
City, State, Zip Code North Bergen NJ 07047		City, State, Zip Code Phila PA 19136						
Project Manager for Monitoring Firm Carmelo Altamonte	Telephone No. 201 864-6583	Telephone No. 215 333-5117	License No. 01328					
Start Date (10) 5 / 10 / 19	Scheduled Completion Date (11) 5 / 11 / 19	Name of OSHA Monitor A.E.S.L.						
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 Same City, State, Zip Code Same						
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	377SF	<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"/>
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32787	Cubic Yards of Waste	Name of Registered Landfill Waste Management				
City, State Elizabeth NJ		Disposal Date	City, State Tullytown PA					
Completed By (Print or Type) Anthony Jones	Title Project Manager	Signature Anthony Jones	Date 5.9.19					



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

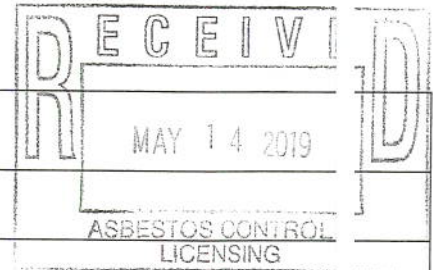
Ck# 2607



Date of Notification (1) 4/26/19		Name of Building Owner/Operator (2) Anup Bandari				
Agencies Notified <input 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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				
Street Address [REDACTED]		City, State, Zip Code Fairfield, NJ 07004				
Name of Contact Anup Bandari		Telephone Number [REDACTED]				
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address [REDACTED]		Square Feet 2000	# of Floors 2			
City (5) Succasunna		Bldg. Age 50+				
County (6) Morris		County Code (7) (STATE USE ONLY)				
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a				
Street Address n/a		Name of Abatement Contractor (9) Harmony Contracting Inc				
City, State, Zip Code n/a		Street Address 360 Palisade Ave				
Project Manager for Monitoring Firm n/a		City, State, Zip Code Garfield, NJ 07026				
Telephone No. n/a		Telephone No. 973460.6026	License No. 01255			
Start Date (10) 4/29/19		Scheduled Completion Date (11) 5/2/19				
Name of OSHA Monitor Harmony Contracting Inc		Street Address 360 Palisade Ave				
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 Other - Describe: <u>Scheduled for Demo</u>		City, State, Zip Code Garfield, NJ 07026				
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) <b>TO BE ABATED</b> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure
				Removal	Repair	
Exterior	Yes No N/A	Transite Shingles	1200 SF	x		
Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033085	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill		
City, State Garfield, NJ		Disposal Date TBD	City, State Morrisville, PA			
Completed by E. Girovic		Title Secretary	Signature E. Girovic		Date 4/26/19	



CK 28113 **PAID** State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



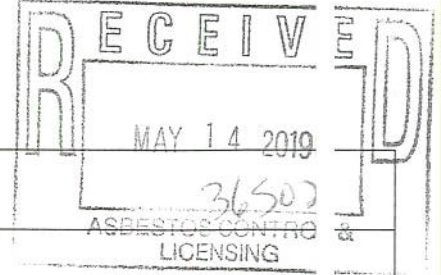
Date of Notification (1) <b>5 / 10 / 19</b>			Name of Building Owner/Operator (2) <b>Rowan University</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>201 Mullica Hill Road</b>				
				City, State, Zip Code <b>Glassboro NJ. 08028</b>				
			Name of Contact <b>Tom Gallia</b>		Telephone Number <b>856-256-4154</b>			
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Mullica Hall</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)				
Street Address <b>201 Mullica Hill Road</b>								
City (5) <b>Glassboro</b>				Square Feet <b>80,500</b>	# of Floors <b>3</b>			
				Bldg. Ag <b>+/- 70</b>				
County (6) <b>Gloucester</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Vacant</b>				
Name of Monitoring Firm Hired by Building Owner (8) <b>Pars Environmental Services</b>		ASCM No.		Name of Abatement Contractor (9) <b>USA Environmental Management, Inc.</b>				
Street Address <b>500 Horizon Drive #540</b>		Street Address <b>8436 Enterprise Avenue</b>						
City, State, Zip Code <b>Hamilton Township NJ. 08691</b>		City, State, Zip Code <b>Philadelphia, PA 19153</b>						
Project Manager for Monitoring Firm <b>Rafael Torres</b>		Telephone No. <b>609-890-7277</b>		Telephone No. <b>215-365-5810</b>	License No. <b>1156</b>			
Start Date (10) <b>5 / 20 / 19</b>		Scheduled Completion Date (11) <b>5 / 30 / 19</b>		Name of OSHA Monitor <b>USA Environmental Management, Inc</b>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00 AM-11:00PM</b> / ____ PM- ____ AM				Street Address <b>8436 Enterprise Avenue</b>				
				City, State, Zip Code <b>Philadelphia, PA 19153</b>				
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement		Type
	Yes	No	N/A			Removal	Repair	
<b>Room 119</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor Tile &amp; Mastic Non-Friable</b>	<b>330 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport</b>		NJDEP Waste Hauler ID No.		Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>Minerva Landfill</b>			
City, State <b>New Castle De.</b>				Disposal Date <b>6/14/19</b>	City, State <b>Waynesburg Pa.</b>			
Completed By (Print or Type) <b>Kevin Meldrum</b>		Title <b>Project Manager</b>		Signature <i>Kevin Meldrum</i>		Date <b>5-10-19</b>		



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

OK 36502

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Date of Notification (1) 05 / 08 / 19		Name of Building Owner/Operator (2) Department of Military & Vet Affairs	
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 101 Eggerts Crossing Road	
		City, State, Zip Code Lawrenceville, NJ 08648	
		Name of Contact William McBride	Telephone Number 609-530-7136

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Sea Girt National Guard Training Center Bldg. 7		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 1 Camp Drive		Square Feet 30,000 sf	# of Floors 2
City (5) Sea Girt		Bldg. Age 60	
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Guard Training Center	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address 1253 North Church Street		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm Mike Stocku	Telephone No. 856-840-8800	Telephone No. 732-349-9932	License No. 00624
Start Date (10) 05 / 20 / 19	Scheduled Completion Date (11) 05 / 24 / 19	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)

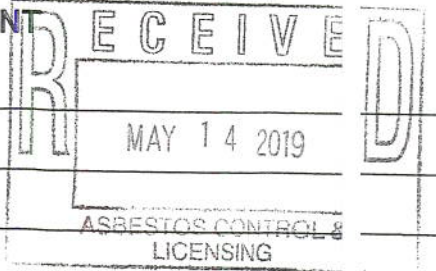
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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	Enclosure	
Room 108	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile & mastic	225 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 135	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile & mastic	400 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 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 05/24/19		City, State Tullytown, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 5/8/19	



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



Date of Notification (1) <b>2/22/2019</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>	
Agencies Notified	Type Notification	Street Address <b>386 Millburn Avenue</b>	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Millburn, NJ 07041</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended-#1-4/9/19	Name of Contact <b>Johnny De Los Santos</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number <b>347-886-6711</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

Name of Facility Where Abatement is Taking Place (3) <b>Verizon - Millburn Central Office</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, et )	
Street Address <b>386 Millburn Avenue</b>				Square Feet <b>20000</b>	# of Floors <b>3</b>
City (5) <b>Millburn</b>		County (6) <b>Essex</b>	County Code (7)	Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT, INC.</b>				ASCM No.	
Street Address <b>8436 ENTERPRISE AVE</b>				Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>	
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>				Street Address <b>1123 BEAVER STREET</b>	
Project Manager for Monitoring Firm <b>MARK JENKINS</b>				City, State & Zip Code <b>BRISTOL, PA 19007</b>	
Telephone Number <b>215-365-5810</b>				Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>
Scheduled Start Date (10) <b>4/3/2019</b>		Scheduled Completion Date (11) <b>4/16/2019</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <b>5:00 PM - 1:30 AM</b> <input checked="" type="checkbox"/> Facility Occupied During Abatement				Street Address <b>1123 BEAVER STREET</b>	
				City, State & Zip Code <b>BRISTOL, PA 19007</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure
	Yes	No	N/A			Removal	Repair	
Basement HSB/Store room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/Mastic	195 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/Mastic	220 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Air Dryer Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/Mastic	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Ventilating Equip. Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/Mastic	532 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"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>11</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>
City, State <b>YARDLEY, PA</b>	Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH</b>	
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>	Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro</i>	Date <b>4/9/2019</b>



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

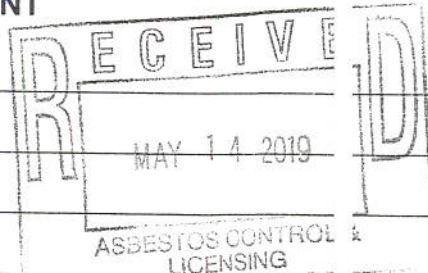
Chk #352

Date of Notification (1) <b>2/22/2019</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED  MAY 14 2019  ASBESTOS UNIT  Telephone Number  <b>347-886-67</b> </div>				
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation				Street Address <b>386 Millburn Avenue</b>		
						City, State & Zip Code <b>Millburn, NJ 07041</b>		
						Name of Contact <b>Johnny De Los Santos</b>		
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Verizon - Millburn Central Office</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address <b>386 Millburn Avenue</b>				Square Feet <b>20000</b>				
City (5) <b>Millburn</b>		County (6) <b>Essex</b>		# of Floors <b>3</b>				
		County Code (7)		Bldg. Age				
Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT, INC.</b>				Current Use (Prior if being demolished) <b>COMMUNICATIONS</b>				
Street Address <b>8436 ENTERPRISE AVE</b>		ASCM No.		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>				
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>				Street Address <b>1123 BEAVER STREET</b>				
Project Manager for Monitoring Firm <b>MARK JENKINS</b>		Telephone Number <b>215-365-5810</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>				
Scheduled Start Date (10) <b>4/3/2019</b>		Scheduled Completion Date (11) <b>4/16/2019</b>		Telephone Number <b>215-788-6040</b>				
				License Number <b>00509</b>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <b>5:00 PM - 1:30 AM</b> <input checked="" type="checkbox"/> Facility Occupied During Abatement				Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>				
				Street Address <b>1123 BEAVER STREET</b>				
				City, State & Zip Code <b>BRISTOL, PA 19007</b>				
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure				
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure				
				<input type="checkbox"/> Glove Bag Procedures				
				<input type="checkbox"/> Non-Exempted and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
						Removal	Repair	
Basement HSB/Store room		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/Mastic	195 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		220 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Basement Air Dryer Room		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Basement Ventilating Equip. Room		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		532 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"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste <b>11</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>			
City, State <b>YARDLEY, PA</b>				Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH</b>			
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title <b>Estimator</b>		Signature <i>Patrick T. DeCaro</i>		Date <b>2/22/2019</b>		



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

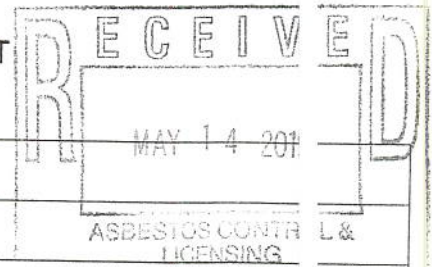
NO CKPg.1



Date of Notification (1) <b>2/22/2019</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended-#3-5/9/19 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>386 Millburn Avenue</b> City, State & Zip Code <b>Millburn, NJ 07041</b> Name of Contact <b>Johnny De Los Santos</b> Telephone Number <b>347-886-674</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Verizon - Millburn Central Office</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>386 Millburn Avenue</b>		Square Feet <b>20000</b>	# of Floors <b>3</b>
City (5) <b>Millburn</b>	County (6) <b>Essex</b>	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) <b>COMMUNICATIONS</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT, INC.</b>		ASCM No.	
Street Address <b>8436 ENTERPRISE AVE</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>	
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>		Street Address <b>1123 BEAVER STREET</b>	
Project Manager for Monitoring Firm <b>MARK JENKINS</b>		Telephone Number <b>215-365-5810</b>	License Number <b>00509</b>
Scheduled Start Date (10) <b>4/22/2019</b>	Scheduled Completion Date (11) <b>5/9/2019</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <b>5:00 PM - 1:30 AM</b> <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 BEAVER STREET</b>	
		City, State & Zip Code <b>BRISTOL, PA 19007</b>	
Scope of Work (Check all that apply)			
<input 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 <input type="checkbox"/> Non-Exempted and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) 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)
Basement HSB/Store room	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Vat/Mastic	195 SF
Basement Boiler Room	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Vat/Mastic	220 SF
Basement Air Dryer Room	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Vat/Mastic	250 SF
Basement Ventilating Equip. Room	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Vat/Mastic	532 SF
Basement Office	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Vat/Mastic	150 SF
Basement AC Mechanical Room	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Vat/Mastic	225 SF
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>26</b>
City, State <b>YARDLEY, PA</b>		Name of Registered Landfill <b>MINERVA LANDFILL</b>	
Disposal Date <b>TBD</b>		City, State <b>WAYNESBURG, OH</b>	
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro</i>
		Date <b>5/9/2019</b>	



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



Date of Notification (1) <b>2/22/19</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended-#3-5/9/19 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>386 Millburn Avenue</b>
			City, State & Zip Code <b>Millburn, NJ 07041</b>
			Name of Contact <b>Johnny De Los Santos</b>
			Telephone Number <b>347-886-6744</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Millburn Central Office</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>386 Millburn Avenue</b>			Square Feet <b>20000</b>		
City (5) <b>Millburn</b>			County (6) <b>Essex</b>		County Code (7)
Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT, INC.</b>			ASCM No.		
Street Address <b>8436 ENTERPRISE AVE</b>			Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>		
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>			Street Address <b>1123 BEAVER STREET</b>		
Project Manager for Monitoring Firm <b>MARK JENKINS</b>			Telephone Number <b>215-365-5810</b>		License Number <b>00509</b>
Scheduled Start Date (10) <b>4/22/2019</b>		Scheduled Completion Date (11) <b>5/9/2019</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>5:00 PM – 1:30 AM</b> <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 BEAVER STREET</b>		
			City, State & Zip Code <b>BRISTOL, PA 19007</b>		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement		Type	
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
<b>Basement Battery/Diesel Area</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Vat/Mastic</b>	<b>2,795 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>26</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>YARDLEY, PA</b>		Disposal Date <b>TBD</b>		City, State <b>WAYNESBURG, OH 44688</b>	
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro</i>		Date <b>5/9/2019</b>



# NOTIFICATION OF ASBESTOS ABATEMENT

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

*Pg. 1*  
**NOCK**

*chk #*

Date of Notification (1) <b>2/22/2019</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  MAY 14 2019 </div>	
Agencies Notified	Type Notification	Street Address <b>386 Millburn Avenue</b>			
<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 checked="" type="checkbox"/> Amended-# <b>2-4/18/19</b> <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Millburn, NJ 07041</b>			
		Name of Contact <b>Johnny De Los Santos</b>		ASBESTOS Telephone Number <b>347-886-6711</b>	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>Verizon - Millburn Central Office</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, e .)		
Street Address <b>386 Millburn Avenue</b>			Square Feet <b>20000</b>	# of Floors <b>3</b>	Bldg. Age
City (5) <b>Millburn</b>	County (6) <b>Essex</b>	County Code (7)	Current Use (Prior if being demolished) <b>COMMUNICATIONS</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT, INC.</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>		
Street Address <b>8436 ENTERPRISE AVE</b>		Street Address <b>1123 BEAVER STREET</b>			
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>			
Project Manager for Monitoring Firm <b>MARK JENKINS</b>		Telephone Number <b>215-365-5810</b>	Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>	
Scheduled Start Date (10) <b>4/22/2019</b>	Scheduled Completion Date (11) <b>5/10/2019</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <b>5:00 PM - 1:30 AM</b> <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 BEAVER STREET</b>		
			City, State & Zip Code <b>BRISTOL, PA 19007</b>		

Scope of Work (Check all that apply)

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

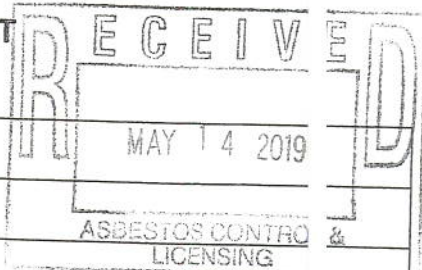
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure
	Yes	No	N/A			Removal	Repair	
Basement HSB/Store room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/Mastic	195 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/Mastic	220 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Air Dryer Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/Mastic	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Ventilating Equip. Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/Mastic	532 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/Mastic	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement AC Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/Mastic	225 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>26</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>
City, State <b>YARDLEY, PA</b>	Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH</b>	
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>	Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro/jm</i>	Date <b>4/18/2019</b>



Pg. 2

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



Date of Notification (1) <b>2/22/19</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>	
Agencies Notified	Type Notification	Street Address <b>386 Millburn Avenue</b>	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Millburn, NJ 07041</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended <b>2-4/18/19</b>	Name of Contact <b>Johnny De Los Santos</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number <b>347-886-67</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Millburn Central Office</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, et )		
Street Address <b>386 Millburn Avenue</b>			Square Feet <b>20000</b>		
City (5) <b>Millburn</b>	County (6) <b>Essex</b>	County Code (7)	# of Floors <b>3</b>	Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT, INC.</b>			Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>		
Street Address <b>8436 ENTERPRISE AVE</b>			Street Address <b>1123 BEAVER STREET</b>		
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>			City, State & Zip Code <b>BRISTOL, PA 19007</b>		
Project Manager for Monitoring Firm <b>MARK JENKINS</b>			Telephone Number <b>215-365-5810</b>		
Telephone Number <b>215-788-6040</b>			License Number <b>00509</b>		
Scheduled Start Date (10) <b>4/22/2019</b>		Scheduled Completion Date (11) <b>5/10/2019</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>5:00 PM – 1:30 AM</b> <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 BEAVER STREET</b>		
			City, State & Zip Code <b>BRISTOL, PA 19007</b>		

## Scope of Work (Check all that apply)

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

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	Enclosure
<b>Basement Battery/Diesel Area</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Vat/Mastic</b>	<b>2,795 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

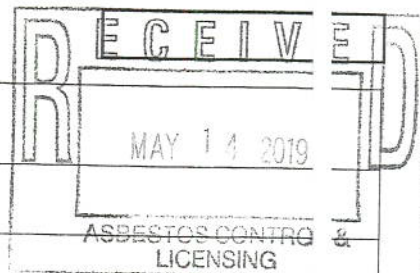
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>26</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>YARDLEY, PA</b>		Disposal Date <b>TBD</b>		City, State <b>WAYNESBURG, OH 44688</b>	
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro</i>		Date <b>4/18/2019</b>



Check#3342

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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 / 10 / 19		Name of Building Owner/Operator (2) Yvonne Steinberg	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Glen Rock, NJ 07452	
Name of Contact Yvonne Steinberg		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) Glen Rock, NJ 07452		# of Floors	
County (6) Bergen		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No.	
Street Address		Name of Abatement Contractor (9) Gr Tech LLC	
City, State, Zip Code		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470	
Telephone No.		License No. 01127	
Start Date (10) 05 / 20 / 19		Scheduled Completion Date (11) 05 / 21 / 19	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SIF or LF)	
Basement		Pipe insulation	
		170 LF	
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	
City, State Wayne, NJ 07470		Cubic Yards of Waste TBD	
Completed By (Print or Type) N.Jevtic		Name of Registered Landfill T.R.R.F. Inc	
Title Owner		Disposal Date TBD	
Signature N.Jevtic		City, State Tullytown, PA	
Date 05/10/19			

ASB-41

MAY 11


\* 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 and 12:120)

Check 18854

Date of Notification (1) 5/10/19		Name of Building Owner/Operator (2) Kathleen Coyle							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Springfield, NJ 07081							
		Name of Contact Kathleen	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, home, etc.)							
Street Address [REDACTED]		Square Feet 1900	# of Floors 2						
City (5) Springfield		Bldg. Age 68							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 5/20/19	Scheduled Completion Date (11) 5/30/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>garage</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
garage			x	duct insulation	20 SF	x			
Name of Registered Waste Hauler ABS Environmental Services, LLC		NJDEP Waste Hauler ID No. 104248	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Glenwood NJ			Disposal Date TBD	City, State Easton, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 5/10/19			

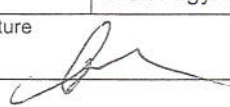


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Print Form

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

Check 18852

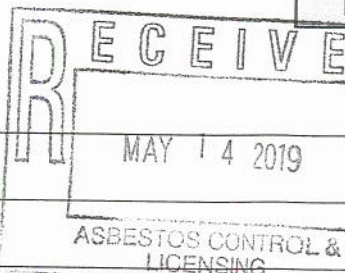
Date of Notification (1) 5/9/19		Name of Building Owner/Operator (2) Erwin Argonza		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 14 2019 CONTROL &amp; LICENSING </div>				
Agencies Notified		Type Notification				Street Address		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Union, NJ 07083 Name of Contact Erwin		
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) home				Type of Facility (4)				
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes etc.)				
City (5) Union				Square Feet 1500	# of Floors 2			
County (6) Union				County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home			
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC				
Street Address			Street Address PO Box 483, 4 E Gate Drive					
City, State, Zip Code			City, State, Zip Code Glenwood, NJ 07418					
Project Manager for Monitoring Firm			Telephone No.	Telephone No. 973-764-2276	License No. 703			
Start Date (10) 5/18/19		Scheduled Completion Date (11) 5/25/19		Name of OSHA Monitor				
Occupancy Status During Abatement (Check Only One)				Street Address				
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: basement				City, State, Zip Code				
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <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
basement			x	pipe insulation	100 LF	x		
Name of Registered Waste Hauler Newark Carting			NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark, NJ			Disposal Date TBD		City, State Pen Argyl PA			
Completed by A. Scott Higgins			Title President		Signature 		Date 5/9/19	



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

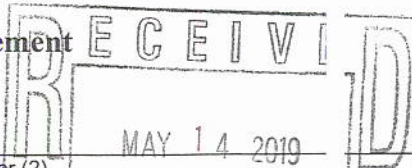


Date of Notification (1) 5-10-19		Name of Building Owner/Operator (2) RICK RODRIGUEZ						
Agencies Notified	Type Notification	Street Address						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code AVALON NJ 08202 Name of Contact RICK RODRIGUEZ Telephone Number 						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4)						
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, home etc.)						
City (5) AVALON		Square Feet 2000	# of Floors 2					
County (6)		Bldg. Age N/A						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENTIAL						
Name of Monitoring Firm Hired by Building Owner (8) ATLAS ENV INSPECTIONS		Name of Abatement Contractor (9) FRYMAR CONSTRUCTION						
Street Address PO BOX 11645		Street Address PO BOX 11587						
City, State, Zip Code PHILA PA 19116		City, State, Zip Code PHILA PA 19116						
Project Manager for Monitoring Firm BRIAN S		Telephone No. 267-784-4693	Telephone No. 267-784-4694					
Start Date (10) 5-28-19		License No. 01276						
Scheduled Completion Date (11) 5-29-19		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"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
LIVING ROOM				FLOOR TILE	600 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler FRYMAR CONSTRUCTION		NJDEP Waste Hauler ID No. 0036759	Cubic Yards of Waste 1	Name of Registered Landfill WESTERN BERKS				
City, State PHILA PA		Disposal Date 5-29-19		City, State BIRDSBORO PA				
Completed by GFRANIM DUA		Title V. PRES		Signature [Signature]		Date 5-10-19		



# State of New Jersey - Notification of Asbestos Abatement

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



CK 3238 PAID

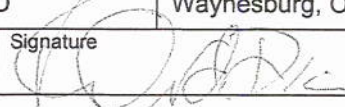
Date of Notification (1) <b>May 6, 2019</b>		Name of Building Owner/Operator (2) <b>Selina Dellorto</b>	
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address [REDACTED] City, State, Zip Code <b>Pompton Lakes NJ</b> Name of Contact Selina Dellorto Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Garage</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: 400    Unknown    # of Floors: 1    Bldg. Age: 60    years	
Street Address [REDACTED]		Current Use (prior if being demolished):	
City (5) <b>Pompton Lakes NJ</b>	County (6) <b>Passaic</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>EnviroVision Consultants inc.</b>		ASCM No. <b>00079</b>	
Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>Fairlawn, NJ 07410</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Project Manager for Monitoring Firm <b>Fred Larson</b>	Telephone Number <b>973-636-9145</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>May 17, 2019</b>	Scheduled Completion Date (11) <b>May 18, 2019</b>	Name of OSHA Monitor <b>EMSL inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe:		Street Address <b>1056 Stelton Road</b> City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$		Renovation <input checked="" type="checkbox"/> Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Garage Roof</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES    NO <input checked="" type="checkbox"/> NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>Transite Shingles</b>	Amount (Specify SF or LF) <b>400 sf</b> Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>2</b>	Name of Registered Landfill <b>Meadowfill Landfill</b>
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> NJ DEP # 12561		Disposal Date <b>May 18, 2019</b>	City, State Route 2, Box 6 Bridgeport, WI 304-842-2784
Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>			
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Marin Graure</i>	Date <b>May 6, 2019</b>

GAC # 2018-665

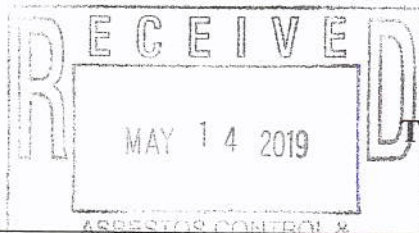


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

CHECK # 25017/25072/25087/25180/5992/5995/25567/25624/031086/6014/26215/ 6220

Date of Notification (1) 05-06-19		Name of Building Owner/Operator (2) Riverside Square LTD. c/o Simon Property Group						
Agencies Notified	Type Notification	Street Address PO Box 6120						
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 11 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Indianapolis, IN 46206						
		Name of Contact Sam Fattah	Telephone Number 317-640-2272					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3)  Street Address One Riverside Square		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Hackensack		Square Feet 859111	# of Floors 2					
County (6) Bergen		Bldg. Age 32 yrs.						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial						
Name of Monitoring Firm Hired by Building Owner (8) TRC Solutions, Inc.		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.					
Street Address 1430 Broadway, 10th Floor		Street Address 200 Broad Street						
City, State, Zip Code New York, NY 10018		City, State, Zip Code Carlstadt, NJ 07072						
Project Manager for Monitoring Firm Arnel Javal		Telephone No. (212) 221-7822	Telephone No. 201-939-6565					
License No. 00756								
Start Date (10) (2)03-13-18	Scheduled Completion Date (11) (10)09-30-19	Name of OSHA Monitor Even-Air 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 10-59 Jackson Avenue						
		City, State, Zip Code Long Island City, NY 11101						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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			Enclosure
	Yes	No			N/A	Removal	Repair	
Basement: Restroom			x	Caulking	4SF	x		
1st Floor: Restroom			x	Caulking	12SF	x		
Roof: Entrance Canopy Roof			x	Flashing	360SF	x		
1st & 2nd Floors			x	Wall Tar	6,220SF	x		
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY / Bronx, NY			Disposal Date TBD	City, State Waynesburg, OH 44688				
Completed by Richard Doran		Title Project Manager	Signature 	Date 05-06-19				





**Title Of Project: One Riverside Square  
Additional Materials / Floors**

**Pg. 2**

ASBESTOS CONTROL &

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement (Specify: Removal, Repair, Encapsulation or Enclosure)	Abatement Type
(3) Ground: Room 191A	N/A	Floor Tile/Mastic	460SF	Removal	Removal
(3) Ground: Room 194B	N/A	ACM Mastic on Beam	80LF	Removal	Removal
(4) Ground: Pottery Barn Store	N/A	Wall Mastic	2,000SF	Removal	Removal
(4) Ground: Vera Bradley Store	N/A	Wall Mastic	2,500SF	Removal	Removal
(5) 2 <sup>nd</sup> Floor: L'occitane Store	N/A	Wall Mastic	1,400SF	Removal	Removal
(6) 2 <sup>nd</sup> Level: Column B10 & AB	N/A	Wall Mastic	150SF	Removal	Removal
(7) Ground: Bloomingdale's Parapet	N/A	Mastic	30SF	Removal	Removal
(7) Ground: Beam above Cupcake Store	N/A	Mastic	20SF	Removal	Removal
(8) Ground: Utility Trench	N/A	Pipe Insulation	30LF	Removal	Removal
(9) Ground: Adjacent to Bloomingdale's	N/A	Exterior Wall Mastic	10SF	Removal	Removal
(10) Ground: PBK Wall	N/A	Mastic	20SF	Removal	Removal
(11) Ground: PBK Wall	N/A	Floor Mastic	160SF	Removal	Removal

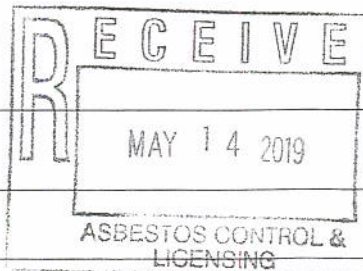


Check #

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PAID

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

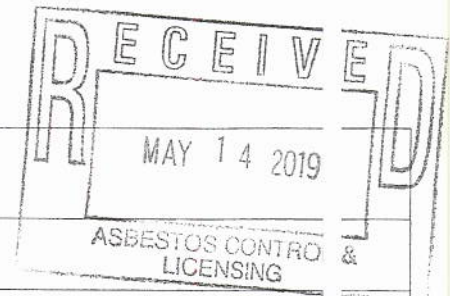


Date of Notification (1) 05 / 02 / 19		Name of Building Owner/Operator (2) Chick-fil-A, Inc.						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5200 Buffington Road City, State, Zip Code Atlanta, GA 30349 Name of Contact Dwight Wirick as agent Telephone Number 717-652-3602						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Former Horizon Diner		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 726 Route 17		Square Feet 4,500						
City (5) Ramsey		# of Floors 1						
County (6) Bergen		Bldg. Age 68 + yr						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Former Diner						
Name of Monitoring Firm Hired by Building Owner (8) Maser Consulting P.A.		ASCM No. N/A						
Street Address 410 Eagleview Boulevard, Suite 104		Name of Abatement Contractor (9) MAK-B Pro, Inc.						
City, State, Zip Code Exton, PA 19341		Street Address 104 Market Street						
Project Manager for Monitoring Firm Bharat Patel		City, State, Zip Code Garfield, NJ 07026						
Telephone No. 610-254-9140		Telephone No. 973-931-3293						
License No. 01365								
Start Date (10) 05 / 09 / 19		Scheduled Completion Date (11) 5 / 30 / 19						
Name of OSHA Monitor Same as above								
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						
		City, State, Zip Code						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof sealant/tar/membrane	6,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 11222		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S., Inc.			
City, State Newark, NJ		Disposal Date May 2019		City, State Morrisville, PA				
Completed By (Print or Type) Kiril Nestorov		Title Project Manager		Signature 		Date 5-2-19		



Check #  
1046

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



Date of Notification (1) 04 / 25 / 19		Name of Building Owner/Operator (2) Chick-fil-A, Inc.						
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 5200 Buffington Road City, State, Zip Code Atlanta, GA 30349						
		Name of Contact Dwight Wirick as agent	Telephone Number 717-652-3602					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Former Horizon Diner		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 726 Route 17		Square Feet 4,500	# of Floors 1					
City (5) Ramsey		Bldg. Age 68 + y						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Former Diner						
Name of Monitoring Firm Hired by Building Owner (8) Maser Consulting P.A.	ASCM No. N/A	Name of Abatement Contractor (9) MAK-B Pro, Inc.						
Street Address 410 Eagleview Boulevard, Suite 104		Street Address 104 Market Street						
City, State, Zip Code Exton, PA 19341		City, State, Zip Code Garfield, NJ 07026						
Project Manager for Monitoring Firm Bharat Patel	Telephone No. 610-254-9140	Telephone No. 973-931-3293	License No. 01365					
Start Date (10) 05 / 06 / 19	Scheduled Completion Date (11) 5 / 30 / 19	Name of OSHA Monitor Same as above						
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						
		City, State, Zip Code						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof sealant/tar/membrane	6,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 11222	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S., Inc.				
City, State Newark, NJ		Disposal Date May 2019		City, State Morrisville, PA				
Completed By (Print or Type) Kiril Nestorov	Title Project Manager	Signature <i>Kiril Nestorov</i>			Date 4-25-19			



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

CHECK# 1644

RECEIVED  
MAY 14 2019

Date of Notification (1) 05/02/2019		Name of Building Owner/Operator (2) EQUITY NATIONAL BANK					
Agencies Notified	Type Notification	Street Address PROPERTY TAX DEPT. PO BOX 167					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code WINSTON SALEM NC					
		Name of Contact ANTHONY CAMASTA	Telephone Number 610-217-2349				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) BB&T BANK		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 800 ROUTE 130		Square Feet 7150	# of Floors 1				
City (5) RIVERTON		Bldg. Age 50+					
County (6) BURLINGTON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) BANK					
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES II C.				
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN					
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062					
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202	Telephone No. 610-304-4676				
Start Date (10) 05/17/2019		Scheduled Completion Date (11) 05/27/2019	License No. 01145				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor EMSL					
		Street Address 200 RT. 130 NORTH					
		City, State, Zip Code CINNAMINSON NJ 08077					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <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		Enclosure
	Yes	No			N/A	Removal	
MEN'S ROOM			X	CEILING SCRAPE	80 SF	X	
LADIES ROOM			X	CEILING SCRAPE	80 SF	X	
HALLWAY			X	CEILING SCRAPE	24 SF	X	
OFFICE			X	CEILING SCRAPE	100 SF	X	
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 6	Name of Registered Landfill MINERVA LANDFILL			
City, State MULLICA HILL NJ			Disposal Date 05/29/2019	City, State WAYNESBURG, OH			
Completed by RON SWANSON		Title GENERAL MANAGER	Signature <i>Ron Swanson</i>	Date 05/02/2019			

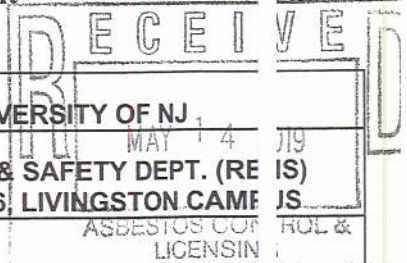


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## State of New Jersey - Notification of Asbestos Abatement

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

Check # 3240



GAC Project # 060-19

Date of Notification (1) <b>May 7, 2019</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>COLLEGE AVENUE CAMPUS</b>		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>	
City (5) <b>NEW BRUNSWICK</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
County (6) <b>MIDDLESEX</b>		County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	
Street Address <b>3 TERRI LANE</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		Telephone Number <b>609-386-8800</b>	
Telephone Number <b>609-386-8800</b>		License Number <b>00840</b>	
Scheduled Start Date (10) <b>05/17/19</b>		Scheduled Completion Date (11) <b>05/18/19</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: Schedule: 5PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED)		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $>3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>350 Corridor</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>	Amount (Specify SF or LF) <b>60 SF</b>
Abatement Type Remove Repair Enclose <input checked="" type="checkbox"/> Remove		Abatement Type Remove Repair Enclose <input checked="" type="checkbox"/> Remove	
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>	NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>5 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Laurel Mill</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>05/18/2019</b>	City, State <b>100 New Fc Mill Rd. Morrisville, Pa 19067 215-736-171</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>May 7, 2019</b>



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

Check # 3139

GAC Project # 060-19

RECEIVED

<b>Date of Notification (1)</b> <b>May 7, 2019</b>		<b>Name of Building Owner/Operator (2)</b> <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		<b>Notification Type</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
<b>Street Address</b> <b>LIVINGSTON CAMPUS</b>		<b>Street Address</b> <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>	
<b>City (5)</b> <b>PISCATAWAY</b>		<b>City, State, Zip Code</b> <b>PISCATAWAY, NJ 08854</b>	
<b>County (6)</b> <b>MIDDLESEX</b>		<b>County Code (7)</b> (State Use Only)	
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> <b>ATC</b>		<b>ASCM No.</b> <b>00098</b>	
<b>Street Address</b> <b>3 TERRI LANE</b>		<b>Name of Contractor (9)</b> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
<b>City, State, Zip Code</b> <b>BURLINGTON, NJ 08016</b>		<b>Street Address</b> <b>511 MAIN STREET</b>	
<b>Project Manager for Monitoring Firm</b> <b>BRIAN R. KEARNEY</b>		<b>Telephone Number</b> <b>609-386-8800</b>	
<b>Scheduled Start Date (10)</b> <b>05/17/2019</b>		<b>Scheduled Completion Date (11)</b> <b>05/20/19</b>	
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5PM - 5AM (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		<b>Type of Facility (4)</b> <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.) <b>Sq. Feet: N/A # of Floors: 6 Bldg. Age: 60+ years</b> <b>Current Use (prior if being demolished): ACADEMIC</b>	
<b>Scope of Work (Check all that apply)</b> <input checked="" type="checkbox"/> $\geq 3$ sf or $>3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		<b>Name of OSHA Monitor</b> <b>ENVIROVISION, INC.</b>	
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b> <b>402,404</b>		<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES NO NA <input checked="" type="checkbox"/> YES	
<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b> <b>TSI</b>		<b>Amount (Specify SF or LF)</b> <b>&lt;9 LF</b>	
<b>Abatement Type</b> Remove Repair Enclose <input checked="" type="checkbox"/> Remove		<b>Abatement Type</b> Remove Repair Enclose <input checked="" type="checkbox"/> Remove	
<b>Name of Reg. Waste Hauler</b> <b>See Hauler Below #1 &amp; 2</b>		<b>NJDEP Waste Hauler ID #</b> <b>See Below</b>	
<b>Cubic Yards of Waste:</b> <b>5 CY</b>		<b>Name of Registered Landfill</b> <b>G.R.O.W.S. North Lan fill</b>	
<b>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> <b>NJDEP # 12561</b>		<b>Disposal Date</b> <b>05/20/2019</b>	
<b>Hauler #2) Newark Carting, Inc., Newark, NJ 04509</b> <b>NJ DEP # 4509</b>		<b>City, State</b> <b>100 New For Mill Rd. Morrisvi, Pa 19067 215-736-1700</b>	
<b>Completed by (Print or Type)</b> <b>RAYMOND C. PEDALINO</b>		<b>Title</b> <b>SENIOR PROJECT MANAGER</b>	
<b>Signature</b> <i>Raymond C. Pedalino</i>		<b>Date</b> <b>May 7, 2019</b>	

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

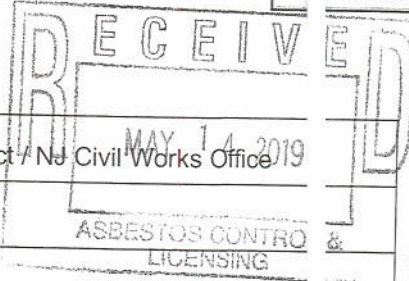


PAID

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

Check # 3214

Print Form

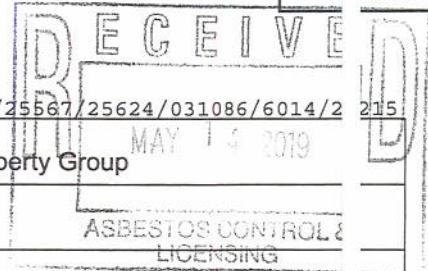


Date of Notification (1) 5/1/2019		Name of Building Owner/Operator (2) US Army Corps of Engineers/ NY District / No Civil Works Office						
Agencies Notified	Type Notification	Street Address 225 S Lincoln Avenue						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Middlesex, NJ 08846						
		Name of Contact Mr. Paul Kara, Admin Constracting Office	Telephone Number (732) 667-7274					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4)						
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Middlesex		Square Feet 2500	# of Floors 2					
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age 60					
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC					
Street Address		Street Address 1385 Valley Road, Suite K						
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. (973) 928-5040					
Start Date (10) 5/14/2019		Scheduled Completion Date (11) 6/14/2019	License No. 00874					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Sky Contracting, LLC						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 1385 Valley Road, Suite K						
		City, State, Zip Code Wayne, New Jersey 07470						
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 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			Enclosure
	Yes	No			N/A	Removal	Repair	
Basement		X	Pipe Insulation & Fittings	20 LF	x			
Exterior		X	Transite	1,200 SF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprises, LLC				
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio				
Completed by Predrag Sarcev		Title Vice President		Signature			Date 5/1/2019	



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

CHECK # 25017/25072/25087/25180/5992/5995/25567/25624/031086/6014/2015



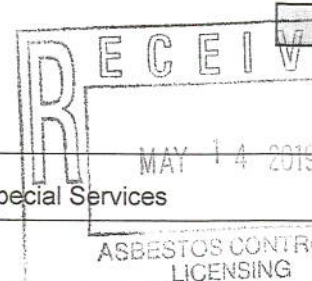
Date of Notification (1) 05-03-19		Name of Building Owner/Operator (2) Riverside Square LTD. c/o Simon Property Group						
Agencies Notified	Type Notification	Street Address PO Box 6120						
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 10 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Indianapolis, IN 46206						
		Name of Contact Sam Fattah	Telephone Number 317-640-2272					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3)  Street Address One Riverside Square		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Hackensack		Square Feet 859111	# of Floors 2					
County (6) Bergen		Bldg. Age 32 yrs.						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial						
Name of Monitoring Firm Hired by Building Owner (8) TRC Solutions, Inc.		ASCM No.						
Street Address 1430 Broadway, 10th Floor		Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
City, State, Zip Code New York, NY 10018		Street Address 200 Broad Street						
Project Manager for Monitoring Firm Arnel Javal		Telephone No. (212) 221-7822	City, State, Zip Code Carlstadt, NJ 07072					
Start Date (10) (2)03-13-18	Scheduled Completion Date (11) (10)09-30-19	Telephone No. 201-939-6565	License No. 00756					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Even-Air Inc.						
		Street Address 10-59 Jackson Avenue						
		City, State, Zip Code Long Island City, NY 11101						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No			N/A	Removal	Repair	
Basement: Restroom			x	Caulking	4SF	x		
1st Floor: Restroom			x	Caulking	12SF	x		
Roof: Entrance Canopy Roof			x	Flashing	360SF	x		
1st & 2nd Floors			x	Wall Tar	6,220SF	x		
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY / Bronx, NY			Disposal Date TBD	City, State Waynesburg, OH 44688				
Completed by Richard Doran		Title Project Manager	Signature 		Date 05-03-19			



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



Date of Notification (1) 04/29/2019		Name of Building Owner/Operator (2) Bergen County Technical Schools & Special Services							
Agencies Notified	Type Notification	Street Address 327 East Ridgewood Ave							
<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 Paramus NJ 07652							
		Name of Contact Jodice Thomas	Telephone Number 201-343-6000						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Bergen County Academy 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 304 Valley Boulevard		Square Feet	# of Floors						
City (5) Woodridge NJ 07075		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Technical School							
Name of Monitoring Firm hired by Building Owner (8) TTI Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) DYV Enterprises LLC						
Street Address 1253 N Church St		Street Address 28 Lisa Lane							
City, State, Zip Code Moorestown NJ 08057		City, State, Zip Code Lincoln Park							
Project Manager for Monitoring Firm Michael R Stocku		Telephone No. 8568408800	Telephone No. 973-942-6924						
		License No. 01129							
Start Date (10) 05/03/2019	Scheduled Completion Date (11) 05/05/19	Name of OSHA Monitor Marcelo Avila							
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 254 Cumberland Ave							
		City, State, Zip Code Paterson NJ 07502							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Other	
Mary Ann's office			x	VAT & Mastic	200 SF	x			
Name of Registered Waste Hauler DYV Enterprises LLC		NJDEP Waste Hauler ID No. 0034140	Cubic Yards of Waste 10 cy	Name of Registered Landfill Newark Carting Inc					
City, State Lincoln Park NJ		Disposal Date 05/12/2019		City, State Newark NJ 07105					
Completed by Dorian Carpio		Title Manager	Signature 			Date 04/29/2019			

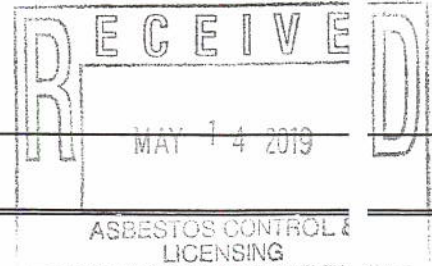


State of NJ

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

D&amp;S Proj. #: 19-92

PAID

Date of Notification (1)  
10/5/10/12/1/19

Name of Building Owner/Operator (2)

Edward Murry

Street Address

City, State, Zip Code

North Arlington, NJ 07031

Name of Contact

Edward Murry

Telephone Number

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☐ Initial☐ Amended

Amendment #:

☒ Emergency  
(including justification)☐ Cancellation

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Residential

Street Address

City (5)

North Arlington, NJ 07031

County (6)

Bergen

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

1,200

# of Floors

02

Bldg. Age

6

Current Use (Prior if being demolished)

Residential

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

N/A

ASCM No.

Name of Abatement Contractor (9)

D &amp; S RESTORATION, INC.

Street Address

20 California Ave.

City, State, Zip Code

Paterson, NJ 07503

Telephone Number

973-345-8020

License Number

01169

Name of OSHA Monitor

D &amp; S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

05/03/19

Sched. Completion Date (11)

05/10/19

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-

Describe:

☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

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

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

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

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Remove

Repair

Encap

Encl

Basement

☐☒☐

PIPE INSULATION

12 ft

☒☐☐☐Registered Waste Hauler  
D & S RESTORATION, INC.NJDEP Hauler ID#  
13506Cubic Yards of Waste  
1/4 ydName of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERYCity, State  
PATERSON, NJ 07503

Disposal Date

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

Signature

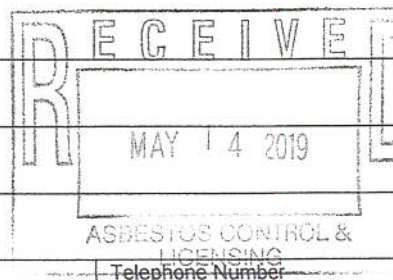
Bogdan Joldzic

Date  
05/02/19



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



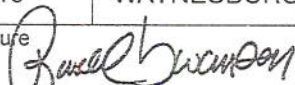
Date of Notification (1) 05/01/2019 CHECK #0205		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address 758 JEFFERSON AVE							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CLIFFSIDE PARK NJ, 07010							
		Name of Contact BESIM GJOKAJ							
Telephone Number _____									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 758 JEFFERSON 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, home, etc.)							
City (5) CLIFFSIDE PARK NJ, 07010		Square Feet 50X100	# of Floors 2FL						
County (6) BERGEN		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50 YEARS						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		ALL SOLUTIONS CONTRACTING INC							
City, State, Zip Code		24 CHURCH ST							
Project Manager for Monitoring Firm		City, State, Zip Code ELMWOOD PARK, NJ 07407							
Telephone No.		Telephone No. 201 873 9418	License No. 01301						
Start Date (10) 05/02/2019	Scheduled Completion Date (11) 05/03/2019	Name of OSHA Monitor ALL SOLUTIONS CONTRACTING INC							
Occupancy Status During Abatement (Check Only One)		Street Address 24 CHURCH ST							
<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: START 7:30 AM TO 3:30 PM		City, State, Zip Code ELMWOOD PARK, NJ 07407							
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			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
ATTIC			X	VERMICULITE	45 SF	X			
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill GRAND CENTRAL					
City, State PEN ARGYL, PA 18072			Disposal Date TDB	City, State PEN ARGYL, PA, 18072					
Completed by LUIS ARCILA		Title PRESIDENT	Signature 			Date 05/01/2019			



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IN CONJUNCTION WITH ANNUAL  
NOTIFICATION CHECK 1768State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

CHECK# 1776

Date of Notification (1) 05/06/2019		Name of Building Owner/Operator (2) MAPLEWOOD III LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 14 2019 AIR QUALITY CONTROL &amp; LICENSING </div>				
Agencies Notified	Type Notification	Street Address 2000 MAPLEWOOD DRIVE						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code MAPLE SHADE NJ 08052  Name of Contact LAURIE BALLARD  Telephone Number 856-482-6680						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PARK CROSSING APARTMENT HOMES			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 2000 MAPLEWOOD DRIVE			Square Feet 800	# of Floors 1	Bldg. Age 50+			
City (5) MAPLE SHADE		County (6) CAMDEN		County Code (7) (STATE USE ONLY)				
Current Use (Prior if being demolished) RESIDENTIAL APARTMENTS		Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.						
ASCM No.		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN						
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062						
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202		Telephone No. 610-304-4676	License No. 01145			
Start Date (10) 05/07/2019		Scheduled Completion Date (11) 05/08/2019		Name of OSHA Monitor EMSL				
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: UNITS VACANT DURING ABATEMENT				Street Address 200 RT. 130 NORTH				
				City, State, Zip Code CINNAMINSON NJ 08077				
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) <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		Enclosure
	Yes	No	N/A			Removal	Repair	
2A WHITE BIRCH CT.			X	JOINT COMPOUND	6 SF	X		
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895		Cubic Yards of Waste 3	Name of Registered Landfill MINERVA LANDFILL			
City, State MULLICA HILL NJ		Disposal Date 05/08/2019		City, State WAYNESBURG, OH				
Completed by RON SWANSON		Title GENERAL MANAGER		Signature 		Date 05/06/2019		



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

RECEIVED  
MAY 14 2019  
ASBESTOS CONTROL & LICENSING

CK 076220199

Date of Notification (1)  
05/06/2019

Name of Building Owner/Operator (2)  
Diane Pollak

Agencies Notified  
☒ EPA  
☒ DEP  
☒ DOL  
☒ DOH  
☐ DCA

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

Street Address  
[REDACTED]

City, State, Zip Code  
Maplewood, NJ 07040

Name of Contact  
Diane Pollak

Telephone Number

**FACILITY INFORMATION**

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

Street Address  
[REDACTED]

City (5)  
Maplewood

County (6)  
Essex

County Code (7)  
(STATE USE ONLY)

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

Square Feet  
N/A

# of Floors  
N/A

Bldg. Age  
N/A

Current Use (Prior if being demolished)  
House

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

ASCM No.

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

Street Address  
[REDACTED]

Street Address  
11 Rosengren Avenue

City, State, Zip Code  
[REDACTED]

City, State, Zip Code  
Totowa, NJ

Project Manager for Monitoring Firm  
[REDACTED]

Telephone No.  
[REDACTED]

Telephone No.  
973-345-8685

License No.  
01311

Start Date (10)  
05/20/2019

Scheduled Completion Date (11)  
05/21/2019

Name of OSHA Monitor  
D&S Abatement, Inc.

Occupancy Status During Abatement (Check Only One)  
☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☒ Other - Describe: occupied

Street Address  
11 Rosengren Avenue

City, State, Zip Code  
Totowa, NJ 07512

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

Location of Asbestos-Containing Material (ACM) <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			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulation	
Basement		X		Pipe Insulation	80 LF	X			

Name of Registered Waste Hauler  
D&S Abatement, Inc.

NJDEP Waste Hauler ID No.  
20996

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
Fairlass Landfill

City, State  
Totowa, NJ

Disposal Date  
TBD

City, State  
Morrisville, PA

Completed by  
Ned Joksimovic

Title  
Project Manager

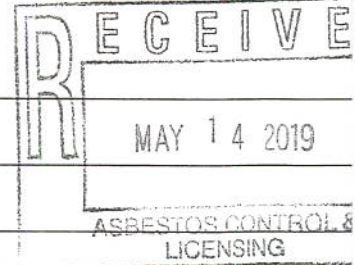
Signature  
[Signature]

Date  
05/06/2019



PAID

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



Date of Notification (1) 05/06/2019		Name of Building Owner/Operator (2) Robert Golden							
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 Sewaren, NJ 07077							
		Name of Contact Robert Golden	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Woodbridge		Square Feet N/A	# of Floors N/A						
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 05/16/2019	Scheduled Completion Date (11) 05/17/2019	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Totowa, NJ 07512							
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) 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			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
2nd floor		X		VAT	600 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature [Signature]			Date 05/06/2019		



CK2101

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



Date of Notification (1) 05/06/2019		Name of Building Owner/Operator (2) Philip Labib							
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 Demarest, NJ 07627							
		Name of Contact Philip Labib	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Demarest		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 05/18/2019	Scheduled Completion Date (11) 05/19/2019	Name of OSHA Monitor D&S Abatement, 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 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	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			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
Exterior		X		Siding	2000 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairlass Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 			Date 05/06/2019		



CK5480 PAID

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

RECEIVED  
MAY 14 2019  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/2/19		Name of Building Owner/Operator (2) Erbe Builder Inc	
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 Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 4860 City, State, Zip Code Toms River NJ 08745 Name of Contact Pat Telephone Number 732-684-1998	
Name of Facility Where Abatement is Taking Place (3) Resident		FACILITY INFORMATION	
Street Address [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) Toms River		Square Feet # of Floors Bldg. Age	
County (6) Ocean		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)	
Street Address		Name of Abatement Contractor (9) Ami Joe Abatement Contractors LLC	
City, State, Zip Code		Street Address 1212 Burlington Ave City, State, Zip Code Delanco NJ 08025	
Project Manager for Monitoring Firm		Telephone No. 609-346-0916 License No. C1070	
Start Date (10) 5/12/19		Scheduled Completion Date (11) 6/12/19	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor	
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 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		Street Address City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Outside	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) Siding	Amount (Specify SF or LF) 2500 SF
Name of Registered Waste Hauler Ami Joe LLC City, State Delanco NJ		NJDEP Waste Hauler ID No. 2E847	Name of Registered Landfill WM of PA City, State Williamstown PA
Cubic Yards of Waste		Disposal Date TBD	Signature [Signature] Date 5/2/19
Completed by Joseph T Hill		Title V. President	



CK 5480 PAID

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

RECEIVED  
MAY 14 2019

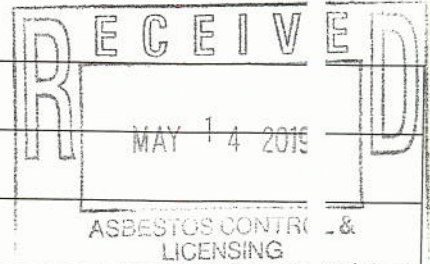
Date of Notification (1) 5/2/19		Name of Building Owner/Operator (2) Joy Field EXCavating	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Egg Harbor Township NJ 08234	
Name of Facility Where Abatement is Taking Place (3) Resident		Name of Contact Josh	
Telephone Number 609 233 8365		FACILITY INFORMATION	
Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		Square Feet # of Floors Bldg. Age	
County (6) Cape May		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Ami Ice Abatement Demolition LLC	
City, State, Zip Code		Street Address 1212 Burlington Ave	
Project Manager for Monitoring Firm		City, State, Zip Code Delanco NJ 08015	
Telephone No.		Telephone No. 609-346-6916	
Start Date (10) 5/11/18		License No. C1070	
Scheduled Completion Date (11) 6/11/18		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	
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		City, State, Zip Code	
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) Outside	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) Siding	Amount (Specify SF or LF) 2200
		Abatement Type Removal Repair Encapsulation Enclosure	
Name of Registered Waste Hauler WJE LLC		NJDEP Waste Hauler ID No. 20547	Cubic Yards of Waste
State NJ		Name of Registered Landfill WM of PA	
Disposal Date TBD		City, State Delanco NJ	
Signature Isabel T Hall		Title President	
Date 5/2/19			



CK1407

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



Date of Notification (1) 4/30/2019		Name of Building Owner/Operator (2) Benjamin Hoffman						
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Skillman, NJ 08558						
		Name of Contact Benjamin Hoffman	Telephone Number					
<b>FACILITY INFORMATION</b>								
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	# of Floors					
City (5) North Arlington		Bldg. #						
County (6) Somerset	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) G S C Services Corp					
Street Address		Street Address 1465 Route 23 South, #111						
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470						
Project Manager for Monitoring Firm		Telephone No.	License No. 01253					
Start Date (10) 5/1/2019	Scheduled Completion Date (11) 5/2/2019	Name of OSHA Monitor EnviroVision Consultants						
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 20-21 Wagaraw Road						
		City, State, Zip Code Fair Lawn, NJ 07410						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> 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		Enclosure
	Yes	No	N/A			Removal	Repair	
Basement			X	glue dots on asbestos duct	30LF			
Name of Registered Waste Hauler G S C Services Corp		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste	Name of Registered Landfill TRRF				
City, State Wayne, NJ			Disposal Date	City, State Tullytown, PA				
Completed by Daniela Antic		Title Owner	Signature 		Date 4/30/2019			



CK1404

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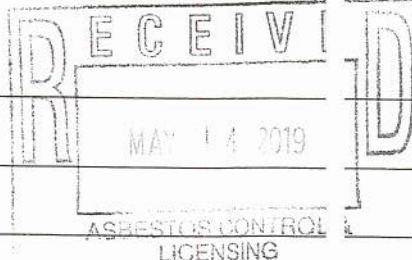
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 4/22/2019		Name of Building Owner/Operator (2) Karen Sanders							
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 checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code Somerset, NJ							
		Name of Contact Karen Sanders	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private		Type of Facility (4)							
Street Address		<input checked="" type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Somerset		Square Feet	# of Floors						
County (6) Somerset		County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address			G S C Services Corp						
City, State, Zip Code		Street Address							
		1465 Route 23 South, #111							
Project Manager for Monitoring Firm		City, State, Zip Code							
		Wayne, NJ 07470							
Telephone No.		Telephone No.	License No.						
		973-750-0752	01253						
Start Date (10) 4/22/2019	Scheduled Completion Date (11) 4/23/2019	Name of OSHA Monitor EnviroVision Consultants							
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:		20-21 Wagaraw Road							
		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"/> ≥150 sf or ≥250 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted ("") and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor			X	VAT	800SF	X			
Name of Registered Waste Hauler G S C Services Corp		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste	Name of Registered Landfill TRRF					
City, State Wayne, NJ		Disposal Date		City, State Tullytown, PA					
Completed by Daniela Anlic		Title Owner	Signature			Date 4/22/2019			



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



Date of Notification (1) 5/6/2019		Name of Building Owner/Operator (2) Private						
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 Allendale, NJ 07401						
		Name of Contact Jim & Donna Mulanaphy	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Private		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) Allendale		Square Feet	# of Floors					
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)						
Street Address		Street Address						
City, State, Zip Code		City, State, Zip Code						
Project Manager for Monitoring Firm		Telephone No.	License No.					
Start Date (10) 5/16/2019	Scheduled Completion Date (11) 5/19/2019	Name of OSHA Monitor EnviroVision Consultants						
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:		20-21 Wagaraw Road						
Scope of Work (Check All That Apply)		City, State, Zip Code						
<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) <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		Enclosure
	Yes	No	N/A			Removal	Repair	
Attic			X	Vermiculite	700SF	X		
Name of Registered Waste Hauler G S C Services Corp		NJDEP Waste Hauler ID No. 0036309	Cubic Yards of Waste	Name of Registered Landfill TRRF				
City, State Wayne, NJ		Disposal Date		City, State Tullytown, PA				
Completed by Daniela Antic		Title Owner	Signature 			Date 5/6/2019		



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

B & G proj. #: 2019-108  
PAID  
2019-108  
2019-108

Date of Notification (1)  
05/10/19

Name of Building Owner/Operator (2)  
Sara Smith

Street Address  
[REDACTED]

City, State, Zip Code  
Maplewood, NJ 07040

Name of Contact  
Sara Smith

Telephone Number  
[REDACTED]

Agencies Notified  
☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification  
☒ Initial  
☐ Amendment  
☐ Cancellation

Check 102794Y  
LICENSING  
TV  
WAIVER APPROVED

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
Sara Smith

Street Address  
[REDACTED]

City (6)  
Maplewood

County (8)  
Essex

County Code (7)  
(State use only)

Type of Facility (4)  
☐ School (K - 12)  
☐ Subchapter 6 (Other than K-12)  
☒ Other (Private/Commercial Bldg./Homes, etc.)

Square Feet  
[REDACTED]

# of Floors  
[REDACTED]

Bldg. Age  
[REDACTED]

Current Use (Prior if being demolished)  
residential

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

ASCM No.  
[REDACTED]

Name of Abatement Contractor (9)  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Telephone Number  
(973)896-8869

License Number  
00378

Project Manager for Monitoring Firm  
[REDACTED]

Phone Number  
[REDACTED]

Scheduled Start Date (10)  
05/09/2019

Sched. Completion Date (11)  
05/10/2019

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:

Scopes of Work (check all that apply)  
☐ Demolition  
☒ Renovation  
☒ >3 sf or >3 lf  
☐ >180 sf or >260 lf

☒ wrap & cut  
☐ Full Containment w/negative pressure  
☐ Mini-enclosure  
☐ Glovebag procedure  
☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Enclosure
	Yes	No	N/A					
2nd floor bathroom			X	duct (wrap & cut)	12 sf	X		

Registered Waste Hauler  
B & G Restoration, Inc.

NJDEP Hauler ID#  
19563

Cubic Yards of Waste  
1

Name of Registered Landfill  
Grand Central Landfill

City, State  
Lincoln Park, NJ

Disposal Date  
05/10/2019

City, State  
Pen Argyl, PA

Completed by (Print or Type)  
Gordana Luna

Title  
Secretary/Treasurer

Signature  
Gordana Luna

Date  
06/07/2019



B &amp; G proj. #: 2019-106

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

\*\*\* EMERGENCY \*\*\*

Check # 9279

Date of Notification (1) 05/10/19		Name of Building Owner/Operator (2) Sara Smith	
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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Maplewood, NJ 07040	
Name of Contact Sara Smith		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Sara Smith			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Maplewood	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address			Street Address 105 Ryerson Road	
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 05/09/2019	Sched. Completion Date (11) 05/10/2019		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road	
			City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)				<input checked="" type="checkbox"/> wrap & cut <input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure	
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf				<input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-friable procedure	

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Encap	Encl
	Yes	No	N/A					
2nd floor bathroom			X	duct (wrap & cut)	12 sf	X		

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 05/10/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 05/07/2019

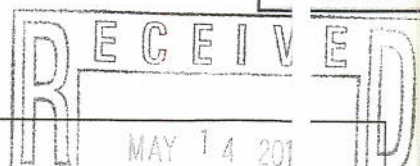


OK # 24902

PAID

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

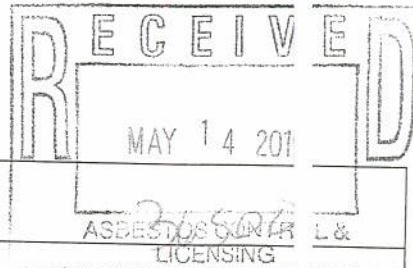
Print Form



Date of Notification (1) 4/1/19		Name of Building Owner/Operator (2) B&S Partners					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 1517					
		City, State, Zip Code Vineland NJ 08362					
		Name of Contact Jason Iverson	Telephone Number 856-794-4509				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) 1601 Atlantic Avenue - Boiler Room		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, houses, etc.)					
Street Address 1601 Atlantic Avenue		Square Feet 7900	# of Floors 7				
City (5) Atlantic City		Bldg. Age 45+					
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office Building					
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc		ASCM No.	Name of Abatement Contractor (9) Diamond Huntbach Construction Corp.				
Street Address P. O. Box 365		Street Address 500 E Luzerne Street, Unit D					
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Philadelphia, PA 19124					
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 215-739-8166				
License No. 00646							
Start Date (10) 5/8/19	Scheduled Completion Date (11) 5/24/19	Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Open and under full containment Boiler Room		Street Address					
		City, State, Zip Code					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
		<input 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		Enclosure
	Yes	No			N/A	Removal	
Boiler Room	X			Boiler packing	10 SF	X	
Name of Registered Waste Hauler Waste Management of NJ		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 15	Name of Registered Landfill ATUA			
City, State Woodbine, NJ 08270		Disposal Date as needed		City, State Egg Harbor Township, NJ			
Completed by Wayne Huntbach		Title Project Manager	Signature 	Date 5/7/19			



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



**CK 310500 PAID**  
Date of Notification (1)  
05 / 07 / 19

Name of Building Owner/Operator (2)  
**Accurate Builders**

Agencies Notified  
☒ EPA  
☒ DOLWD  
☒ DOH  
☐ DCA  
(NJAC 5:23-8)

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

Street Address  
**742 Ocean Avenue**

City, State, Zip Code  
**Lakewood, NJ 08701**

Name of Contact  
**Yahuda**

Telephone Number  
**908-875-5200**

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
**Residence**

Street Address  
[REDACTED]

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

City (5)  
**Lakewood**

Square Feet  
**3000 sf**

# of Floors  
**2**

Bldg. A  
**65**

County (6)  
**Ocean**

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)  
**Residence**

Name of Monitoring Firm Hired by Building Owner (8)  
**Guardian Contracting, Inc.**

ASCM No.

Name of Abatement Contractor (9)  
**Guardian Contracting, Inc.**

Street Address  
**1889 Route 9, Unit 61**

Street Address  
**1889 Route 9, Unit 61**

City, State, Zip Code  
**Toms River, NJ 08755**

City, State, Zip Code  
**Toms River, New Jersey 08755**

Project Manager for Monitoring Firm  
**Nicholas Fernicola**

Telephone No.  
**732-349-9932**

Telephone No.  
**732-349-9932**

License No.  
**00624**

Start Date (10)  
05 / 17 / 19

Scheduled Completion Date (11)  
05 / 22 / 19

Name of OSHA Monitor  
**E.M.S.L. Analytical**

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

Street Address  
**1056 Stelton**

City, State, Zip Code  
**Piscataway, New Jersey 08854**

Scope of Work (Check all that apply)

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

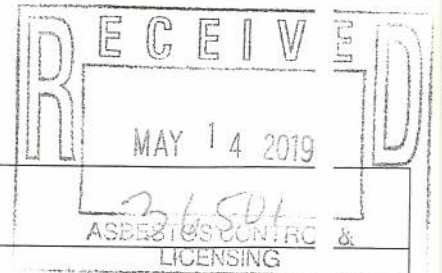
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement		Type
	Yes	No	N/A			Removal	Repair	
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	3000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
laundry room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile	150 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>	Disposal Date <b>05/22/19</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>5/17/19</b>



CK 3650 PAID

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



Date of Notification (1) <b>05 / 07 / 19</b>			Name of Building Owner/Operator (2) <b>Accurate Builders</b>				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>742 Ocean Avenue</b>			
				City, State, Zip Code <b>Lakewood, NJ 08701</b>			
			Name of Contact <b>Yahuda</b>		Telephone Number <b>908-875-5200</b>		
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings homes, etc.)			
Street Address [REDACTED]							
City (5) <b>Lakewood</b>				Square Feet <b>2500 sf</b>	# of Floors <b>2</b>		
				Bldg. Ag <b>65</b>			
County (6) <b>Ocean</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Residence</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>		ASCM No.		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>			
Street Address <b>1889 Route 9, Unit 61</b>				Street Address <b>1889 Route 9, Unit 61</b>			
City, State, Zip Code <b>Toms River, NJ 08755</b>				City, State, Zip Code <b>Toms River, New Jersey 08755</b>			
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>		Telephone No. <b>732-349-9932</b>		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>		
Start Date (10) <b>05 / 17 / 19</b>		Scheduled Completion Date (11) <b>05 / 22 / 19</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address <b>1056 Stelton</b>			
				City, State, Zip Code <b>Piscataway, New Jersey 08854</b>			
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	2500 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>
kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos duct insulation	20 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>		
City, State <b>Toms River, New Jersey</b>				Disposal Date <b>05/22/19</b>	City, State <b>Tullytown, Pennsylvania</b>		
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 		Date <b>5/2/19</b>	



CK#4820

PAID

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

RECEIVED  
MAY 14 2019

Date of Notification (1) <b>5-7-19</b>		Name of Building Owner/Operator (2) <b>TRANSFORMATION ENT.</b>				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>601 W. CLARKSLANDMIG RD</b>				
		City, State, Zip Code <b>EGG HARBOR N.J. 0828</b>				
		Name of Contact <b>TOM</b>	Telephone Number <b>609-965-748</b>			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address [REDACTED]		Square Feet <b>1500</b>	# of Floors <b>1</b>			
City (5) <b>VENTNOR</b>		Bldg. # <b>50</b>				
County (6) <b>ATLANTIC</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>VACANT</b>				
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>	ASCM No.	Name of Abatement Contractor (9) <b>KLEMCO INC.</b>				
Street Address		Street Address <b>369 S. SPRUCE AVE</b>				
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE N.J. 0802</b>				
Project Manager for Monitoring Firm		Telephone No. <b>856-779-0472</b>	License No. <b>#01371</b>			
Start Date (10) <b>5-17-19</b>	Scheduled Completion Date (11) <b>5-27-19</b>	Name of OSHA Monitor <b>N/A</b>				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address				
		City, State, Zip Code				
Scope of Work (Check all that apply)						
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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) 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		
				Removal	Repair	Encapsulation
<b>SIDING</b>	<b>X</b>	<b>TRANSITE</b>	<b>4000 SF</b>	<b>X</b>		
Name of Registered Waste Hauler <b>KLEMCO INC</b>		NJDEP Waste Hauler ID No. <b>15904</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>ACUA</b>		
City, State <b>MAPLE SHADE N.J.</b>		Disposal Date	City, State <b>PLEASANTVILLE N.J.</b>			
Completed By <b>MICHAEL KLEMM</b>	Title <b>SUPERVISOR</b>	Signature <i>[Signature]</i>	Date <b>5-7-19</b>			



CK # 4820

PAID

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

RECEIVED  
MAY 14 2019

Date of Notification (1) <u>5-7-19</u>		Name of Building Owner/Operator (2) <u>HALLIDAY &amp; LODGE</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>700 HAVENI AVE</u>	
		City, State, Zip Code <u>OCEAN CITY N.J. 08226</u>	
		Name of Contact <u>SAUE</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <u>1000</u>	# of Floors <u>1</u>
City (5) <u>OCEAN CITY</u>		Bldg. A <u>50</u>	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMCO INC.</u>	
Street Address _____		Street Address <u>369 S. SPRUXE AVE</u>	
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Project Manager for Monitoring Firm _____	Telephone No. _____	Telephone No. <u>856-779-0472</u>	License No. <u>01371</u>
Start Date (10) <u>5-17-19</u>	Scheduled Completion Date (11) <u>5-27-19</u>	Name of OSHA Monitor <u>N/A</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____	
		City, State, Zip Code _____	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>
			Amount (Specify SF or LF) <u>1500 SF</u>
			Abatement Type Removal Repair Encapsulate Enclosure <u>X</u>
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date _____	Name of Registered Landfill <u>C.M.C.M.U.A.</u>
Completed By <u>MICHAEL KLEMM</u>		Title <u>SUP.</u>	Signature <u>[Signature]</u>
			Date <u>5-7-19</u>

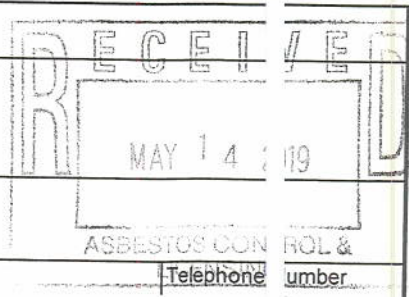


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**PAID**

Check # 1974

Date of Notification (1) <b>May 9, 2019</b>		Name of Building Owner / Operator (2) <b>Scott and Jennifer Wardell</b>	
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"/> Cancellation	<div style="background-color: black; width: 100px; height: 20px;"></div>	
		City, State & Zip Code <b>Berkeley Heights, NJ</b>	
		Name of Contact <b>Scott Wardell</b>	Telephone Number



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home etc.)	
City (5) <b>Berkeley Heights</b>		Square Feet <b>2,380</b>	# of Floors <b>2</b>
County (6) <b>Union</b>		Bldg. Age <b>60</b> years	
County Code (7) <b>USE ONLY</b>		Current Use (Prior if being demolished) <b>Residence</b>	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		<b>Synatech, Inc.</b>	
City, State & Zip Code		Street Address <b>829 Radio Road</b>	
Project Manager for Monitoring Firm		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Telephone Number		Telephone Number <b>609-296-6916</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>May 20, 2019</b>	Scheduled Completion Date (11) <b>June 27, 2019</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one)		Street Address <b>829 Radio Road</b>	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

Scope of Work (Check all that apply)

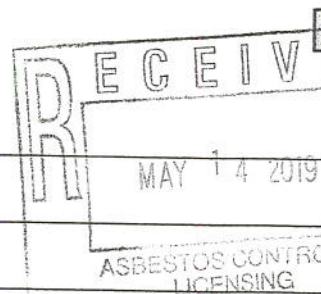
- |  |                                     |   |
|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure              |
| <input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance 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	Encapsulate	Enclosure
Kitchen		X		Mastic (on top of luan)	110 SF	X		

Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>Fairless Hills</b>
City, State <b>Little Egg Harbor, NJ</b>	Disposal Date <b>June 28, 2019</b>	City, State <b>Morrisville, PA</b>	
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>	Date <b>May 9, 2019</b>



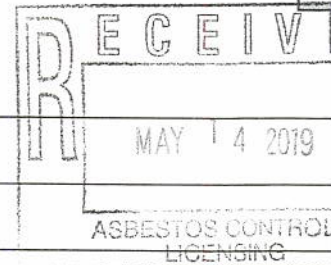
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 5/9/19		Name of Building Owner/Operator (2) Gary Bahr Private Home						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Barnegat NJ 08005						
		Name of Contact Joe	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Gary Bahr 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) Barnegat NJ 08005		Square Feet 1000+	# of Floors 1					
County (6) Ocean	County Code (7) (STATE USE ONLY)	Bldg. / 50+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc					
Street Address		Street Address PO Box 329						
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800					
Start Date (10) 5/20/19		Scheduled Completion Date (11) 5/24/19	License No. 00727					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf								
<input 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		Enclosure
	Yes	No	N/A			Removal	Repair	
basement			x	Pipe Insulation	200 LF	x		
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill Cape May County Landfill				
City, State Elm NJ		Disposal Date 5/24/19		City, State Woodbine NJ 08270				
Completed by Anthony T Perna		Title President	Signature 			Date 5/9/19		



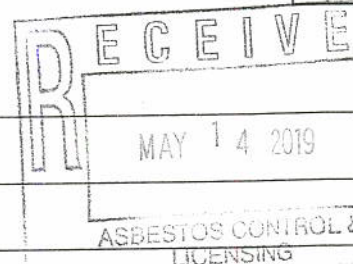
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 05/09/2019		Name of Building Owner/Operator (2) Radar Properties LLC						
Agencies Notified	Type Notification	Street Address One Radar Way						
<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 Tinton Falls, NJ 07724						
		Name of Contact Mike Salimbene	Telephone Number 908-413-4227					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Building 2535 Block 101.03 Lot 4		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 One Radar Way		Square Feet	# of Floors					
City (5) Tinton Falls		Bldg. Age						
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant Building						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Osiyo Inc					
Street Address		Street Address 292 Main Street, #261						
City, State, Zip Code		City, State, Zip Code Harleysville, PA 19438						
Project Manager for Monitoring Firm		Telephone No. 610-400-8711	License No. 01373					
Start Date (10) 05/20/2019	Scheduled Completion Date (11) 05/21/2019	Name of OSHA Monitor Schneider Laboratories Global Inc.						
Occupancy Status During Abatement (Check Only One)		Street Address 2512 West Cary Street						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Richmond, VA 23220						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <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		Enclosure
	Yes	No	N/A			Removal	Repair	
Building 2535		X		VAT w/mastic double layer	400SF	X		
Building 2535		X		Sink undercoating	4SF	X		
Building 2535		X		Window Glazing	6SF	X		
Building 2535		X		Roofing two layers	120SF	X		
Name of Registered Waste Hauler Century Waste Services LLC		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill			
City, State Elizabeth, NJ				Disposal Date	City, State Morrisville, PA			
Completed by Carol Bradford		Title President		Signature <i>Carol Bradford</i>	Date 05/09/2019			



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



Date of Notification (1) 5-8-2019		Name of Building Owner/Operator (2) Harbor View Condominiums							
Agencies Notified	Type Notification	Street Address 3315 Pleasant Avenue							
<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 type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union City, NJ 07087							
		Name of Contact Arthur Foyer	Telephone Number 201-947-1001						
<b>FACILITY INFORMATION</b>									
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 20000	# of Floors 6						
City (5) Union City, NJ 07087		Bldg. Age 75+							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 5-8-2019	Scheduled Completion Date (11) 5-8-2019	Name of OSHA Monitor Green Environmental Services, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 235 Virginia Avenue							
		City, State, Zip Code Jersey City, NJ 07304							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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			Enclosure
	Yes	No	N/A			Removal	Repair	Enclosure	
Basement		X		Pipe Insulation	20 LF	X			
Name of Registered Waste Hauler Green Environmental Services,		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Jersey City, NJ		Disposal Date 5-8-2019		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager		Signature <i>Liliana Serrano</i>				Date 5-8-2019	



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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) <u>5-8-19</u>		Name of Building Owner/Operator (2) <u>HARBAUGH DEVELOPERS</u>				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>318 GLASSBORO RD</u> City, State, Zip Code <u>WOODBURY HEIGHTS N.J 08012</u> Name of Contact <u>SAME</u> Telephone Number _____				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address [REDACTED]		Square Feet <u>1500</u>				
City (5) <u>AVALON</u>		# of Floors <u>2</u>				
County (6) <u>CAPE MAY</u>		Bldg. Age <u>50</u>				
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>VACANT</u>				
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____				
Street Address _____		Name of Abatement Contractor (9) <u>KLEMCO INC</u>				
City, State, Zip Code _____		Street Address <u>369 S. SPRUCE AVE</u>				
Project Manager for Monitoring Firm _____		City, State, Zip Code <u>MAPLE SHADE N.J 08012</u>				
Telephone No. _____		Telephone No. <u>856 779-0472</u>				
Start Date (10) <u>5-18-19</u>		License No. <u>01371</u>				
Scheduled Completion Date (11) <u>5-28-19</u>		Name of OSHA Monitor <u>N/A</u>				
Occupancy Status During Abatement (Check only one): <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____				
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		City, State, Zip Code _____				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>2500 SF</u>	Abatement Type		Enclosure
				Removal	Repair	
<u>SIDING</u>	<u>X</u>	<u>TRANSITE</u>	<u>2500 SF</u>	<u>X</u>		
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5 YDS</u>	Name of Registered Landfill <u>C. M. C. M. V. A</u>		
City, State <u>MAPLE SHADE N.J</u>		Disposal Date _____	City, State <u>WOODBURY N.J.</u>			
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUPER</u>	Signature <u>[Signature]</u>	Date <u>5-8-19</u>			



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

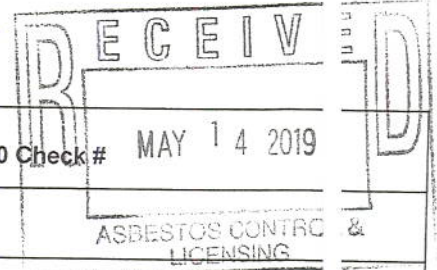
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MAY 14 2019

Date of Notification (1) <b>5-8-19</b>		Name of Building Owner/Operator (2) <b>PINELANDS CONSTRUCTION</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>300 7TH ST.</b>		City, State, Zip Code <b>SEA ISLE CITY N.J. 08243</b>	
Name of Contact <b>KRANIC</b>		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <b>1500</b>	# of Floors <b>1</b>
City (5) <b>SEA ISLE CITY</b>		Bldg. Age <b>50+</b>	
County (6) <b>CAPE MAY</b>		Current Use (Prior if being demolished) <b>VACANT</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		County Code (7) (STATE USE ONLY)	
Street Address		Name of Abatement Contractor (9) <b>KLEMMCO INC</b>	
City, State, Zip Code		Street Address <b>369 S. SPRUCE AVE</b>	
Project Manager for Monitoring Firm		City, State, Zip Code <b>MAPLE SHADE N.J. 08022</b>	
Telephone No.		Telephone No. <b>856-779-0472</b>	
Start Date (10) <b>5-18-19</b>		License No. <b>01371</b>	
Scheduled Completion Date (11) <b>5-28-19</b>		Name of OSHA Monitor <b>N/A</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code	
Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <b>SIDING</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <b>X</b>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>TIRAM SITE</b>	Amount (Specify SF or LF) <b>2250 SF</b>
Name of Registered Waste Hauler <b>KLEMMCO INC.</b>		Cubic Yards of Waste <b>17904</b>	Name of Registered Landfill <b>C.M.C.M.U.A.</b>
City, State <b>MAPLE SHADE N.J. 08052</b>		Disposal Date	City, State <b>WOODBINE N.J.</b>
Completed By <b>MICHAEL KLEMM</b>		Title <b>SUP.</b>	Signature <b>[Signature]</b>
			Date <b>5-8-19</b>

... licensure exempted activities.



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



Date of Notification (1) <u>5</u> / <u>3</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>PSE&amp;G /</b>		Job #1904-5470 Check # <b>MAY 14 2019</b>
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>4000 Hadley Road</b>		ASBESTOS CONTROL & LICENSING
		City, State, Zip Code <b>South Plainfield, NJ</b>		
		Name of Contact <b>Harry Tucker</b>	Telephone Number <b>609-337-0361</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G- Hunters Glen Substation</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial building homes, etc.)	
Street Address <b>68 Dey Road</b>		Square Feet	# of Floors
City (5) <b>Plainsboro, NJ</b>		Bldg. Age	
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Substation</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>
Street Address <b>PO Box 365</b>		Street Address <b>30 Maple Ave. PO Box 25</b>	
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Jim Proctor</b>	Telephone No. <b>609-704-8850</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>
Start Date (10) <u>5</u> / <u>13</u> / <u>19</u>	Scheduled Completion Date (11) <u>5</u> / <u>24</u> / <u>19</u>	Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>200 Route 130 North</b>	
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	

Scope of Work (Check all that apply)

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

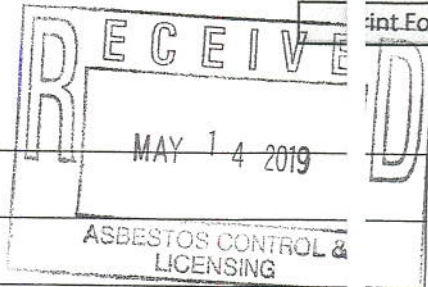
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement		Type
	Yes	No	N/A			Removal	Repair	
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheetrock	6,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tub/Shower Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall Mastic	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom #2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	7 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom Walls #2 & #3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall Mastic	52 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Veolia ES Technical Solutions LLC</b>		NJDEP Waste Hauler ID No. <b>NJD0806313</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Grows- Fairless Landfill</b>	
City, State <b>Flanders, NJ</b>		Disposal Date <b>5/24/19</b>	City, State <b>Morrisville, PA 19067</b>		
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature 	Date <b>5-3-19</b>		



CK 0204

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


Date of Notification (1) 4/29/2019 CHECK #0204		Name of Building Owner/Operator (2)						
Agencies Notified	Type Notification	Street Address 70 Potomac ave						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code PATERSON, NJ 07503						
		Name of Contact VIOLA HENSON	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)						
Street Address 70 Potomac 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) PATERSON, NJ 07503		Square Feet 50X100	# of Floors 1FL					
County (6) BERGEN		Bldg. Age 50 YEARS						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) OCCUPAID						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING INC						
Street Address		Street Address 24 CHURCH ST						
City, State, Zip Code		City, State, Zip Code ELMWOOD PARK, NJ 07407						
Project Manager for Monitoring Firm		Telephone No. 201 873 9418	License No. 01301					
Start Date (10) 04/29/2019	Scheduled Completion Date (11) 04/30/2019	Name of OSHA Monitor ALL SOLUTIONS CONTRACTING INC						
Occupancy Status During Abatement (Check Only One)		Street Address 24 CHURCH ST						
<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: START 4:30 AM TO 11:30 PM		City, State, Zip Code ELMWOOD PARK, NJ 07407						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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			Enclosure
	Yes	No			N/A	Removal	Repair	
BASEMENT			X	FLOOR TILE	350sf	X		
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill GRAND CENTRAL				
City, State PEN ARGYL, PA 18072		Disposal Date TDB		City, State PEN ARGYL, PA, 18072				
Completed by LUIS ARCILA		Title PRESIDENT	Signature 		Date 04/29/2019			



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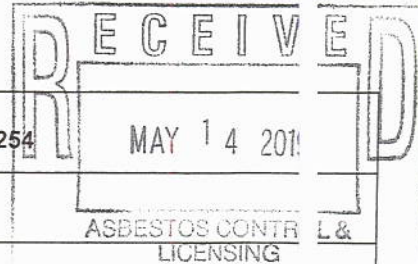
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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 5 / 3 / 19		Name of Building Owner/Operator (2) NJ Transit		/ Job #1902-5443 Check #11253				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address One Penn Plaza East City, State, Zip Code Newark, NJ 07105 Name of Contact Russell Samaroo				
				Telephone Number 973-491-7000				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Boyd Tower Raritan Station				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 building homes, etc.)				
Street Address 77 Thmpson Street				Square Feet				
City (5) Raritan, NJ 08869				# of Floors				
County (6) Passaic		County Code (7)(STATE USE ONLY)		Bldg. Age				
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No. 0003		Current Use (Prior if being demolished) Garage				
Street Address 1253 N. Church Street		Name of Abatement Contractor (9) AbateTech, Inc.						
City, State, Zip Code Moorestown, NJ 08057		Street Address 30 Maple Ave. PO Box 25						
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800		City, State, Zip Code Lumberton, NJ 08048				
Start Date (10) 4 / 30 / 19		Scheduled Completion Date (11) 5 / 10 / 19		License No. 00529				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Name of OSHA Monitor EMSL Analytical				
				Street Address 108 Haddon Ave.				
				City, State, Zip Code Westmont, NJ 08108				
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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	Enclosure
First Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	796 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	740 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fititngs	46 total	<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"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 4	Name of Registered Landfill FAIRLESS Landfill			
City, State Lumberton, NJ		Disposal Date 5/10/19		City, State Morrisville, PA				
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 5-3-19		



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

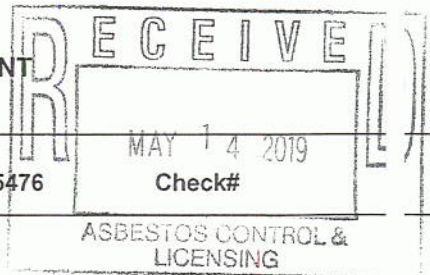


CK 11254 PAID

Date of Notification (1) 5 / 7 / 19		Name of Building Owner/Operator (2) NJ Transit / Job #1905-5477 Check #11254						
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address One Penn Plaza East City, State, Zip Code Newark, NJ 07105-2246 Name of Contact Gerald Obert Telephone Number 973-477-9931						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Hoboken Terminal		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 1 Hudson Place		Square Feet	# of Floors					
City (5) Hoboken, NJ		Bldg. Age						
County (6) Hudson	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Terminal						
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 464 Valley Brook Avenue #3A		Street Address 30 Maple Ave. PO Box 25						
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Lumberton, NJ 08048						
Project Manager for Monitoring Firm Jarred Panecki	Telephone No. 732-552-9615	Telephone No. 609-265-2107	License No. 00529					
Start Date (10) 5 / 8 / 19	Scheduled Completion Date (11) 5 / 9 / 19	Name of OSHA Monitor EMSL Analytical						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
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 type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Long Hall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Debris Clean Up	10 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"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill				
City, State Lumberton, NJ		Disposal Date 5/9/19		City, State Morrisville, PA				
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 			Date 5-7-19			



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



Date of Notification (1) <u>5</u> / <u>10</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>PSE&amp;G / Job #1905-5476</b>		MAY 14 2019 Check#	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>4000 Hadley Road</b> City, State, Zip Code <b>South Plainfield, NJ</b> Name of Contact <b>Jason Donahue</b> Telephone Number <b>908-442-9747</b>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G- Ironbound Substation</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>340 Chestnut Street</b>				Square Feet # of Floors Bldg. Age	
City (5) <b>Newark, NJ</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Substation</b>	
County (6) <b>Essex</b>		Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services</b>		ASCM No.	
Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		Street Address <b>PO Box 365</b>		City, State, Zip Code <b>Berlin, NJ 08009</b>	
Street Address <b>30 Maple Ave. PO Box 25</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>		License No. <b>00529</b>	
Project Manager for Monitoring Firm <b>James Proctor</b>		Telephone No. <b>609-704-8850</b>		Telephone No. <b>609-265-2107</b>	
Start Date (10) <u>5</u> / <u>13</u> / <u>19</u>		Scheduled Completion Date (11) <u>6</u> / <u>28</u> / <u>19</u>		Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
See Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Attached	See Attached
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler <b>Environmental Transport Group, INC.</b>		NJDEP Waste Hauler ID No. <b>000692061</b>		Cubic Yards of Waste <b>40</b>	
City, State <b>Flanders, NJ</b>		Disposal Date <b>6/28/19</b>		Name of Registered Landfill <b>Grows- Fairless Landfill</b>	
City, State <b>Morrisville, PA 19067</b>		Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>	
Signature 		Date <b>5-10-19</b>			



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

**PAID**

# 229

CK 229

Date of Notification (1)  
5-2-19

Name of Building Owner/Operator (2)  
TERRI WILLIAMS

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☒ DCA

Type Notification

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

Street Address  
[REDACTED]

City, State, Zip Code  
MORRISTOWN NJ

Name of Contact  
TERRI

Telephone Number  
[REDACTED]

RECEIVED  
MAY 14 2019  
ASBESTOS CONTROL & LICENSING

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
[REDACTED]

Street Address  
[REDACTED]

City (5)  
MORRISTOWN NJ

County (6)  
MORRIS

Type of Facility (4)

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

Square Feet  
1200

# of Floors  
1

Bldg. A  
+ 50

County Code (7)  
(STATE USE ONLY)

Current Use (Prior if being demolished)  
RESIDENTIAL

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

ASCM No.  
[REDACTED]

Name of Abatement Contractor (9)  
DINAGO CORP.

Street Address  
339-Lafayette St

City, State, Zip Code  
NEWARK NJ 07105

Project Manager for Monitoring Firm  
[REDACTED]

Telephone No.  
[REDACTED]

Telephone No.  
973-491-0877

License No.  
01240

Start Date (10)  
5-14-19

Scheduled Completion Date (11)  
5-13-19

Name of OSHA Monitor  
[REDACTED]

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other - Describe: [REDACTED]

Street Address  
[REDACTED]

City, State, Zip Code  
[REDACTED]

Scope of Work (Check All That Apply)

☐  $\geq 3$  sf or  $\geq 3$  lf  
☐  $\geq 160$  sf or  $\geq 260$  lf

☐ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) 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		Enclosure
	Yes	No	N/A			Removal	Repair	
BASEMENT		X		PIPE INSULATION	GOLF	X		

Name of Registered Waste Hauler  
NEWARK CARTING INC. 04509

NJDEP Waste Hauler ID No.  
[REDACTED]

Cubic Yards of Waste  
[REDACTED]

Name of Registered Landfill  
ISES BETHLEHEM LANDFILL

City, State  
PO BOX 5670, NEWARK NJ 07105

Disposal Date  
[REDACTED]

City, State  
2835-APPLE BUTTER RD.

Completed by  
CARLOS GOMEZ

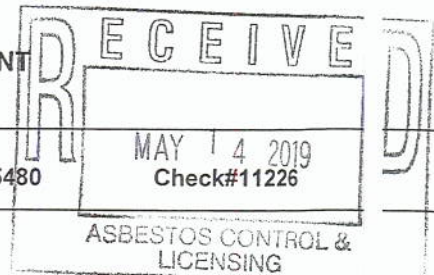
Title  
President

Signature  
[REDACTED]

Date  
5-2-19



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



Date of Notification (1) <b>5 / 10 / 19</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G / Job #1904-5480</b>	
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 <b>4000 Hadley Road</b> City, State, Zip Code <b>South Plainfield, NJ</b>	
		Name of Contact <b>Alex Layson</b>	Telephone Number <b>484-370-3196</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G- Runnemede Substation</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial building; homes, etc.)	
Street Address <b>892 E. Evesham Road</b>		Square Feet	
City (5) <b>Glendora</b>		# of Floors	Bldg. Ag
County (6) <b>Gloucester</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Substation</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>
Street Address <b>PO Box 365</b>		Street Address <b>30 Maple Ave. PO Box 25</b>	
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>James Proctor</b>		Telephone No. <b>609-704-8850</b>	License No. <b>00529</b>
Start Date (10) <b>5 / 20 / 19</b>	Scheduled Completion Date (11) <b>5 / 31 / 19</b>	Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	

Scope of Work (Check all that apply)

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

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

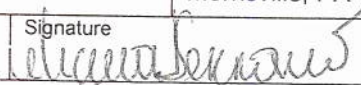
Name of Registered Waste Hauler <b>Environmental Transport Group, INC.</b>		NJDEP Waste Hauler ID No. <b>000692061</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Grows- Fairless Landfill</b>	
City, State <b>Flanders, NJ</b>		Disposal Date <b>5/31/19</b>	City, State <b>Morrisville, PA 19067</b>		
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature 	Date <b>5-10-19</b>		



CL 3085

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

<b>RECEIVED</b>	MAY 14 2019
	<b>ASBESTOS CONTRACTOR &amp; LICENSING</b>

Date of Notification (1) 5-7-2019		Name of Building Owner/Operator (2) Petrone Building Corp							
Agencies Notified	Type Notification	Street Address 70 Grand Avenue, Suite 102							
<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 North Arlington, NJ 07661							
		Name of Contact Mark Petrone	Telephone Number 1201-390-6442						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 77-85 Ridge Road		Square Feet 2500	# of Floors 1						
City (5) North Arlington NJ		Bldg. Age 70+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Green Environmental Services, LLC 07304							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-333-8855						
Start Date (10) 5-17-2019		Scheduled Completion Date (11) 5-18-2019	License No. 01174						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Green Environmental Services, LLC							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 235 Virginia Avenue							
		City, State, Zip Code Jersey City, NJ 07304							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input 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			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
Roof		X		Roofing Material	2000 SF	X			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill					
City, State Green Environmental Services, LLC			Disposal Date 5-18-2019	City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager	Signature 	Date 5-7-2019					



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

Date of Notification (1)

5/9/2019

Name of Building Owner/Operator (2)

Ayako Masumoto

Street Address

City, State, Zip Code

South Orange, NJ, 07079

Name of Contact

Ayako Masumoto

Telephone Number

<b>RECEIVED</b>	
MAY 14 2019	
ASBESTOS CONT LICENSING	
OL &	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

Ayako Masumoto

Type of Facility (4)

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

Street Address

City

South Orange

County

Essex

County Code (7)  
(STATE USE ONLY)

Square Feet # of Floors Bldg. A

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

Street Address

86 Christopher St.

City, State, Zip Code

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number  
00371

Scheduled Start Date (10)

05 28 19

Sched. Completion Date (11)

05 30 19

Month Day Year

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement

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

☐ Other - Describe: «Other Occupancy Descript»

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf

☐ >160 sf or >260 lf

☒ Renovation

☐ Demolition

☐ Full Containment with Negative Pressure

☒ Mini-Enclosure

☒ Glovebag Procedure

☐ Non-Friable Procedure

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

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.  
17040

Cubic Yards of Waste 1.5

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

05/31/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

*Constantine Vivian*

Date

5/9/2019

66 University Court



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

Date of Notification (1)

5/9/2019

Name of Building Owner/Operator (2)

Albert Parrinello

Street Address

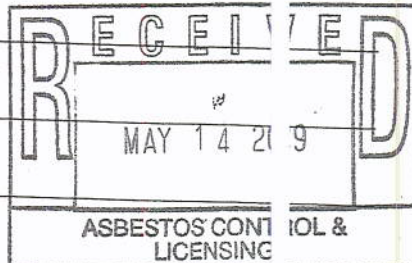
City, State, Zip Code

Elizabeth, NJ, 07201

Name of Contact

Albert Parrinello

Telephone Number



## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Albert Parrinello

Street Address

City

Elizabeth

County

Union

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone Number

N/A

Scheduled Start Date (10)

05 21 19  
Month Day Year

Sched. Completion Date (11)

05 23 19  
Month Day Year

Occupancy Status During Abatement (Check only one)

- ☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»  
☐ Other - Describe: «Other Occupancy Descript»

Scope of Work (Check all that apply)

- ☒  $\geq 3$  sf or  $\geq 3$  lf  
☐  $\geq 160$  sf or  $\geq 260$  lf

- ☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement			Type
	Yes	No	N/A			R	E	N	
Basement			X	Pipe Insulation	110 LF	X			ENCLOSURE

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No. 17040

Cubic Yards of Waste 1.5

Name of Registered Landfill Tri - State

City, State

Montclair, NJ 07042

Disposal Date 05/24/19

City, State Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

Date

5/9/2019

843 Jackson Av.



**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-1.1 and 12:120-7)

Date of Notification (1)

5/9/2019

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial Notification☐ Amended Notification☐ EMERGENCY☐ Cancellation

Name of Building Owner/Operator (2)

Miguel Hernandez

Street Address

City, State, Zip Code

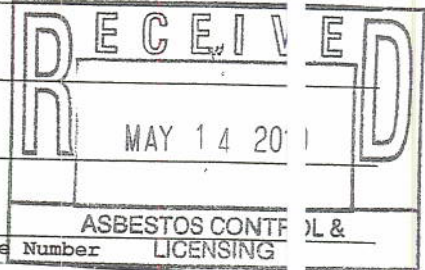
Paterson, NJ, 07501

Name of Contact

Miguel Hernandez

Telephone Number

ASBESTOS CONTROL &amp; LICENSING



## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Miguel Hernandez

Street Address

City

Paterson

County

Passaic

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

06 12 19

Month Day Year

Sched. Completion Date (11)

06 14 19

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»☐ Other - Describe: «Other Occupancy Descript»

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) 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			Remarks
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	
Basement			X	Pipe Insulation	120 LF	X			

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.  
17040

Cubic Yards of Waste 1.5

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

6/17/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

Date

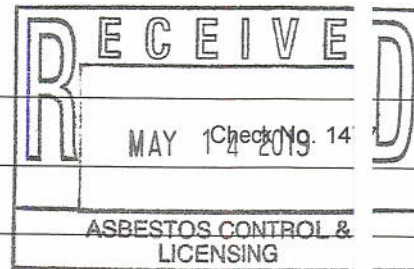
5/9/2019

30 19th Ave



CK4477

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



Date of Notification (1) 05/09/2019		Name of Building Owner/Operator (2) Fair Lawn Board of Education						
Agencies Notified	Type Notification	Street Address 37-01 Fair Lawn Avenue						
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fair Lawn, New Jersey 07410						
		Name of Contact Tom Senko	Telephone Number 201-794-5500					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Thomas Jefferson Middle School		Type of Facility (4)						
Street Address 35-01 Morlot 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) Fair Lawn, New Jersey 07410		Square Feet 20,000	# of Floors 2					
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Area 50+					
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services Inc.		ASCM No.	Current Use (Prior if being demolished) Middle School					
Street Address 280 Huyler Street		Name of Abatement Contractor (9) Lilich Corporation						
City, State, Zip Code South Hackensack, New Jersey 07606		Street Address 246 Union Boulevard						
Project Manager for Monitoring Firm Stan Blackman		City, State, Zip Code Totowa, New Jersey 07512	Telephone No. 973-225-8400					
Start Date (10) 05/23/2019	Scheduled Completion Date (11) 05/25/2019	License No. 01104						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Iris Environmental Laboratories, LLC						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West						
Scope of Work (Check All That Apply)		City, State, Zip Code Union, NJ 07083						
<input 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"/> Glove Bag Procedure / Limited Containment <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF of LF)	Abatement Type		Encapsulate	Enclosure
	Yes	No			N/A	Removal		
1st Floor Girls Locker Room		X		TSI Insulation & Fittings	20-25 LF	X		
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill				
City, State Totowa, New Jersey		Disposal Date 05/25/2019		City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President	Signature 			Date 05/09/2019		



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

R E C E I V E D	MAY 14 2019
	ASBESTOS CONTAMINATION & LICENSING

Date of Notification (1) 05.09.2019		Name of Building Owner/Operator (2) Joseph Howarth	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Milltown, NJ 08850	
		Name of Contact Joseph Howarth	
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Milltown	Square Feet 1632	# of Floors 2	Bldg. Age 1903
County (6) Middlesex	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) Spes Contracting LLC
Street Address		Street Address 164 Meriline Ave	
City, State, Zip Code		City, State, Zip Code Woodland Park NJ 07424	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-807-6330
			License No. 01383
Start Date (10) 05.19.2019	Scheduled Completion Date (11) 05.20.2019	Name of OSHA Monitor Spes Contracting LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 164 Meriline Ave	
<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 Woodland Park NJ 07424	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
Basement Area			X	TSI Pipes and Fittings	100LF	X			

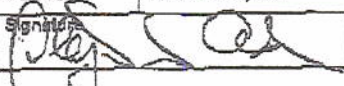
  

Name of Registered Waste Hauler Spes Contracting LLC		NJDEP Waste Hauler ID No. 0038075	Cubic Yards of Waste 1	Name of Registered Landfill Fearless Landfill	
City, State Woodland Park, NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed by Branislav Pavlov		Title project manager	Signature 	Date 05.09.2019	



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:63 and 12:136)

MAY 14 2019

Date of Notification (1) 05/10/2019		Name of Building Owner/Operator (2) West Orange Board of Education		Check No. 1480				
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 179 Eagle Rock Avenue City, State, Zip Code West Orange, New Jersey 07452 Name of Contact Robert Caligi Telephone Number 873-609-2400 x 29550				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) West Orange High School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 51 Conant Avenue			Squares Feet 20,000					
City (5) West Orange, New Jersey 07052			# of Floors 3					
County (6) Essex			Bldg. Age 50+					
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) High School					
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc.			ASCM No.					
Street Address PO Box 385			Name of Abatement Contractor (9) Lilich Corporation					
City, State, Zip Code Oceanville, New Jersey 08231-0385			Street Address 248 Union Boulevard					
Project Manager for Monitoring Firm John Smoyer			City, State, Zip Code Totowa, New Jersey 07062					
Telephone No. 201-489-8700			Telephone No. 973-225-8400					
Start Date (10) 05/13/2019			License No. 01104					
Scheduled Completion Date (11) 05/14/2019			Name of OSHA Monitor Iris Environmental Laboratories, LLC					
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:			Street Address 2333 Route 22 West					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2160 sf or 2250 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 & Ten <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure			City, State, Zip Code Union, NJ 07083					
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
3rd Floor Hallway Adj. to Room 4300		X		Ceiling Plaster (O&M)	<9 SF	X		
Name of Registered Waste Hauler Lilich Corporation			NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste .5		Name of Registered Landfill Fairless Landfill	
City, State Totowa, New Jersey			Disposal Date 06/14/2019		City, State Morrisville, PA			
Completed by Adriana Olejarcova			Title President		Signature 		Date 05/10/2019	

ASB-41 (R-08-08)

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



CL-0210

**PAID**  
 State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:86 and 12:120)

Print Form

**RECEIVED**

MAY 14 2019

**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) 05/01/2019 CHECK #0210		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	23 FLEEWOOD RD							
		City, State, Zip Code DUMONT, NJ 07628							
		Name of Contact DANIELLE LEONCINI	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 23 FLEEWOOD RD		<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) DUMONT, NJ 07628		Square Feet 50X100	# of Floors 2FL						
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Bldg. Age 50 YEARS							
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) OCCUPIED							
ASCM No.		Name of Abatement Contractor (9)							
Street Address		ALL SOLUTIONS CONTRACTING INC							
City, State, Zip Code		Street Address 24 CHURCH ST							
Project Manager for Monitoring Firm		City, State, Zip Code ELMWOOD PARK, NJ 07407							
Telephone No.		Telephone No. 201 873 9418	License No. 01301						
Start Date (10) 05/27/2019	Scheduled Completion Date (11) 05/28/2019	Name of OSHA Monitor ALL SOLUTIONS CONTRACTING INC							
Occupancy Status During Abatement (Check Only One)		Street Address 24 CHURCH ST							
<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: START 7:30 AM TO 3:30 PM		City, State, Zip Code ELMWOOD PARK, NJ 07407							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
basement			X	FLOOR TILE	155 SF	X			
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill GRAND CENTRAL					
City, State PEN ARGYL, PA 18072		Disposal Date TDB		City, State PEN ARGYL, PA, 18072					
Completed by LUIS ARCILA		Title PRESIDENT	Signature			Date 05/09/2019			



CL 5081

PAID

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

RECEIVED  
MAY 14 2019

Date of Notification (1) 5/10/19		Name of Building Owner/Operator (2) MS. HEATHER HOLDEN			
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code RIDGEWOOD, NJ, 07452	ASBESTOS CONTR L & LICENSING		
		Name of Contact MS HOLDEN	Telephone Number		
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) MS. HEATHER HOLDEN		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 building homes, etc.)			
Street Address [REDACTED]		Square Feet 2100	# of Floors 2		
City (5) RIDGEWOOD		Bldg. A 19	35		
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RIDGEWOOD			
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc			
Street Address		Street Address 450 South River St			
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601			
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388		
Start Date (10) 5/21/19	Scheduled Completion Date (11) 5/22/19	Name of OSHA Monitor Omega Environmental			
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: 8:00 AM TO 5:00 PM		Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606			
Scope of Work (Check all that apply) <input type="checkbox"/> $\leq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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) 130 LF	Abatement Type
	Yes	No			
BASEMENT			✓ THERMAL SYSTEM INSULATION		
Name of Registered Waste Hauler Best Removal Inc	NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 307	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL		
City, State Hackensack, N.J. 07601		Disposal Date 5/22/19	City, State NEWBURGH, PA. 17240		
Completed by J. MAIORANO	Title Estimator	Signature [Signature]	Date 5/11/19		

ASB-41

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



CK9282

B &amp; G Proj. #: 2019-111

PAID

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

RECEIVED

MAY 14 2019

Check # 5282

ASBESTOS CONTROL LICENSING

TV

WALTON

Date of Notification (1)  
05/10/2019

Name of Building Owner/Operator (2)  
Park Ridge School District

Street Address  
2 Park Avenue

City, State, Zip Code  
Park Ridge, NJ 07656

Name of Contact  
Robert Wright

Telephone Number

Agencies Notified

☐ EPA

☐ DEP

☒ DOL

☒ DOH

☐ DCA

Type Notification

☒ Initial

☐ Amendment

☐ Cancellation

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
Park Ridge High School (NON-Sub B)

Street Address  
2 Park Avenue

City (5)  
Park Ridge

County (6)  
Bergen

County Code (7)  
(State use only)

Type of Facility (4)  
☒ School (K-12)  
☐ Subchapter 6 (Other than K-12)  
☐ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet  
2

# of Floors  
50

Current Use (Prior if being demolished)  
school

Name of Monitoring Firm Hired by Bldg. Owner (5)  
Karl & Associates

ASCM No.  
n/a

Name of Abatement Contractor (9)  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Telephone Number  
(973)696-6869

License Number  
00378

Project Manager for Monitoring Firm  
Michael Krisher

Phone Number  
810-856-7700

Name of OSHA Monitor  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Scheduled Start Date (10)  
05/10/2019

Sched. Completion Date (11)  
05/20/2019

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.

☒ Abatement performed outside of normal facility hours.  
Describe: Weekend work only

☐ Other-Describe: Start work Friday 4:00 pm

## Scope of Work (check all that apply)

- ☐ Demolition
- ☒ Renovation
- ☐ Full Containment w/negative pressure
- ☐ Glovebag procedure
- ☐ >3 sf or >3 lf
- ☒ ≥160 sf or ≥280 lf
- ☐ Mini-enclosure
- ☒ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Enclosure
	Yes	No	N/A					
2nd Floor classrooms - A wing		x		VAT/Mastic 35 sqft from 7 rooms	245 sqft	x		
Lower level classrooms-A wing		x		VAT/Mastic 35sqft from 8 rooms	280 sqft	x		

Registered Waste Hauler  
B & G Restoration, Inc.

NJ DEP Hauler ID#  
18563

Cubic Yards of Waste  
6

Name of Registered Landfill  
Grand Central Landfill

City, State  
Pens Argyl, PA

Disposal Date  
05/11-21/2019

Completed by (Print or Type)  
Gordana Luna

Title  
Secretary/Treasurer

Signature  
Gordana Luna

Date  
05/09/2019



B &amp; G proj. #:

2019-111

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

Check # 9282

Date of Notification (1) 10/5/10/9/11/9/		Name of Building Owner/Operator (2) Park Ridge School District		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 14 2019 ASBESTOS CONTROL LICENSING </div>
Agencies Notified	Type Notification	Street Address 2 Park Avenue		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Park Ridge, NJ 07656		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Robert Wright		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number 201-573-6000		
<input checked="" type="checkbox"/> DOH				
<input type="checkbox"/> DCA				

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Park Ridge High School (NON-Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 2 Park Avenue			Square Feet	# of Floors 2
City (5) Park Ridge	County (6) Bergen	County Code (7) (State use only)	Bldg. Age 50 years	
Name of Monitoring Firm Hired by Bldg. Owner (8) Karl & Associates			Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address P.O. Box 645			Street Address 105 Ryerson Road	
City, State, Zip Code Shillington, PA 19607			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm Michael Krisher		Phone Number 610-856-7700	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 05/10/2019	Sched. Completion Date (11) 05/20/2019		Name of OSHA Monitor B & G Restoration, 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: weekend work only <input type="checkbox"/> Other-Describe: start work Friday 4:00 pm			Street Address 105 Ryerson Road	
			City, State, Zip Code Lincoln Park, NJ 07035	

## Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
2nd Floor classrooms - A Wing		<input checked="" type="checkbox"/>		VAT/Mastic 35 sqft from 7 rooms	245 sqft	<input checked="" type="checkbox"/>			
lower level classrooms-A wing		<input checked="" type="checkbox"/>		VAT/Mastic 35sqft from 8 rooms	280 sqft	<input checked="" type="checkbox"/>			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 6	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 05/11-21/2019	City, State Pens Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 05/09/2019



CH 9284

圖書編號: 2019-112

State of NJ  
Notification of Asbestos Abatement

Notification of Asbestos Abatement  
(Pursuant to NJAC 8:50-7 and 12:120-7)

EMERGENCY - 10 DAY

Check # 9284

MAY 14 20

Date of Notification (1) 05/10/19		Name of Building Owner/Operator (2) Jordan Rosenberg		ASBESTOS CONTAMINATION & LICENSING	
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"/> Amendment <input type="checkbox"/> Cancellation		Street Address [REDACTED]	
		City, State, Zip Code Englewood, NJ 07631		[REDACTED]	
		Name of Contact Camilo Cabrera		Telephone Number [REDACTED]	

### FACILITY INFORMATION

Facility Information				Type of Facility (4)	
Name of facility where abatement is taking place (3)				<input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter S (Other than 12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Jordan Rosenberg				Square Feet # of Floors g. Age	
Street Address				Current Use (Prior if being demolished) residential	
City (5)		County (6)	County Code (7) (State use only)		
Englewood		Bergen			
Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No.	Name of Abatement Contractor (9)	
Street Address				B & G Restoration, Inc.	
City, State, Zip Code				Street Address	
				105 Ryerson Road	
Project Manager for Monitoring Firm			Phone Number	City, State, Zip Code	
				Lincoln Park, NJ 07035	
Scheduled Start Date (10)		Sched. Completion Date (11)		Telephone Number	
05/13/2019		05/14/2019		(973) 666-6669	
Occupancy Status During Abatement (Check only one)				License Number	
<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: _____				00378	
Scope of Work (check all that apply)				Name of OSHA Monitor	
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> >3 sf or >2 lf <input checked="" type="checkbox"/> ≥180 sf or ≥260 lf				B & G Restoration, Inc.	
				Street Address	
				105 Ryerson Road	
				City, State, Zip Code	
				Lincoln Park, NJ 07035	
				<input type="checkbox"/> wrap & cut <input type="checkbox"/> Full Containment (negative pressure) <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag process <input type="checkbox"/> Non-friable material	

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair
	Yes	No	N/A				
Kitchen			X	pipe (wrap & cut)	30 lf	X	
Basement			X	pipe (wrap & cut)	200 lf	X	

Registered Waste Hauler B & G Restoration, Inc.	NJ DEP Hauler ID# 19563	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 05/14/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 05/10/2019



B &amp; G proj. #:

2019-112

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

\*\*\* EMERGENCY \*\*\*

Check # 9284

Date of Notification (1) 05/11/2019		Name of Building Owner/Operator (2) Jordan Rosenberg	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Englewood, NJ 07631	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Camilo Cabrera	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Jordan Rosenberg			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address [REDACTED]			Square Feet	# of Floors
City (5) Englewood	County (6) Bergen	County Code (7) (State use only)	Bldg. Age	
Current Use (Prior if being demolished) residential				

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address			Street Address 105 Ryerson Road	
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm	Phone Number	Telephone Number (973)696-6869	License Number 00378	
Scheduled Start Date (10) 05/13/2019	Sched. Completion Date (11) 05/14/2019	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____		Street Address 105 Ryerson Road		
		City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

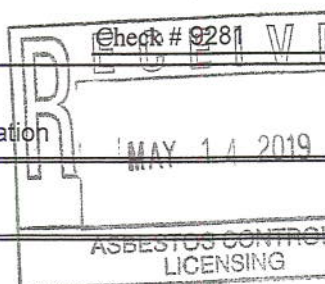
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Kitchen			<input checked="" type="checkbox"/>	pipe (wrap & cut)	30 lf	<input checked="" type="checkbox"/>			
Basement			<input checked="" type="checkbox"/>	pipe (wrap & cut)	200 lf	<input checked="" type="checkbox"/>			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 05/14/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 05/10/2019



CK 9281  
B & G proj. #: 2019-109

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



Date of Notification (1) 05/10/19		Name of Building Owner/Operator (2) Morris - Union Jointure Commission Board of Education	
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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 340 Central Avenue		City, State, Zip Code New Providence, NJ 07974	
Name of Contact Erick Hammerdahl		Telephone Number 908-464-7425	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Morris - Union Jointure, Developmental Learning Center ( NON Sub 8 )			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 340 Central Avenue			Square Feet		
City (5) New Providence			County (6) Morris		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No. n/a		
Street Address			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm			Telephone Number (973)696-6869		License Number 00378
Sched. Start Date (10) 05/10/2019			Sched. Completion Date (11) 06/30/2019		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: start work 5:00 pm			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Encap	Encl
	Yes	No	N/A					
Room A110A			<input checked="" type="checkbox"/>	VAT & mastic	12 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room A113			<input checked="" type="checkbox"/>	VAT & mastic	12 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 05/10/19 - 06/30/19	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 05/09/2019



# PAID

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

**RECEIVED**

MAY 14 2019

Check # 128 DAY

ASBESTOS CONTROL & LICENSING

WARRANTY APPROVED

B &amp; G proj. #: 2019-109

Date of Notification (1) 05/10/2019		Name of Building Owner/Operator (2) Morris - Union Jointure Commission Board of Education	
Agencies Notified	Type Notification	Street Address 340 Central Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code New Providence, NJ 07974	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Erick Hammerdahl	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number 908-464-7425	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Morris - Union Jointure, Developmental Learning Center (NON Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 5 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 340 Central Avenue			Square Feet # of Floors Bldg. Age		
City (5) New Providence	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) school (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. N/A	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		
Scheduled Start Date (10) 05/10/2019		Sched. Completion Date (11) 05/30/2019	License Number 00378		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: start work 6:00 pm			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☐ Glovebag procedure

☒ >2 sf or >2 lf ☐ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☒ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Enclosure
	Yes	No	N/A					
Room A110A			X	VAT & mastic	12 sf	X		
Room A113			X	VAT & mastic	12 sf	X		

Registered Waste Hauler B & G Restoration, Inc.	NJ DEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 05/10/19 - 06/30/19	City, State Pan Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 05/09/2019



State of New Jersey

PAID

Check # 16603

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

Date of Notification (1)

5/7/2019

Name of Building Owner/Operator (2)

Linda Day

Agencies Notified

☐ EPA☐ DEP☐ DOL☒ DOH☐ DCA

Type Notification

☒ Initial  
Notification☐ Amended  
Notification☐ EMERGENCY☐ Cancellation

Street Address

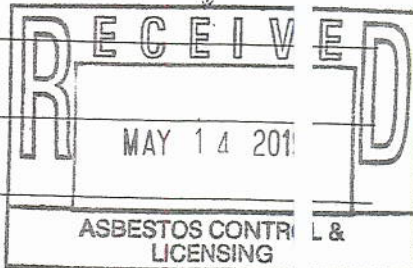
City, State, Zip Code

Livingston, NJ, 07039

Name of Contact

Linda Day

Telephone Number



## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Linda Day

Type of Facility (4)

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

Street Address

City

Livingston

County

Essex

County Code (7)  
(STATE USE ONLY)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building

Owner (8)  
N/A

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

05 20 19

Sched. Completion Date (11)

05 22 19

Month Day Year

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period  
of Abatement☐ Abatement Performed Outside of Normal Facility  
Hours - Describe: «OffHours Descript»☐ Other - Describe: «Other Occupancy Descript»

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf☐ >160 sf or >260 lf☒ Renovation☐ Demolition☐ Full Containment with Negative Pressure☒ Mini-Enclosure☒ Glovebag Procedure☐ Non-Friable ProcedureLocation of  
Asbestos-Containing  
Material (ACM)  
TO BE ABATED  
In Facility  
(13)Is  
Location  
Normally  
Used  
Solely  
By Main-  
tenance/  
Custodial  
Staff (12)

Yes No N/A

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

Abatement Type

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

Basement

X

Pipe Insulation

70 LF

X

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

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

Name of Registered Landfill

Tri - State

City, State  
Montclair, NJ 07042

Disposal Date

05.23.19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

Date

5/7/2019

5 Crestview Hill Rd



NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26-7 and 12:126-7)

Date of Notification (1)

5/8/2019

Name of Building Owner/Operator (2)

Jim Russo

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☒ Initial Notification  
☐ Amended Notification  
☐ EMERGENCY  
☐ Cancellation

Street Address

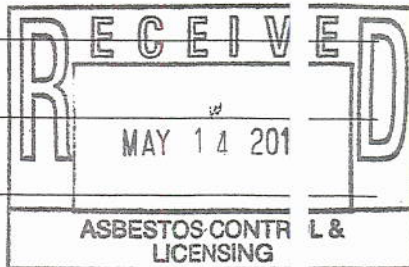
City, State, Zip Code

Summit, NJ,

Name of Contact

Jim Russo

Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Jim Russo

Street Address

City

Summit

County

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Ag

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

ASCM No.

Street Address

City, State, Zip Code

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

5-17-19

Sched. Completion Date (11)

5-20-19

Month Day Year

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement

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

☐ Other - Describe: «Other Occupancy Descript»

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

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

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement type		
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E
Attic			X	vermiculite	120SF	X		

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste

Hauler ID No.  
17040

Cubic Yards  
of Waste 1.5

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

5-21-19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

*Constantine Vivian*

Date

5/8/2019

150 Ashland Rd



CK5076

PAID

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

RECEIVED

MAY 14 2019

Date of Notification (1) 5/8/19		Name of Building Owner/Operator (2) MR ARTHUR BRAWER	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code GLEN ROCK, NJ. 07450 Name of Contact MR BRAWER	ASBESTOS CONTROL LICENSING AUG Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) MR ARTHUR BRAWER		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 building homes, etc.)	
Street Address [REDACTED]		Square Feet # of Floors Bldg. ge 2200 2 1 40	
City (5) GLEN ROCK		County Code (7) (STATE USE ONLY) BERGEN	
County (6) BERGEN		Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc	
Street Address		Street Address 450 South River St	
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	
Telephone No.		License No. 00388	
Start Date (10) 5/17/19		Scheduled Completion Date (11) 5/18/19	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00AM TO 5:00PM		Name of OSHA Monitor Omega Environmental	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A [ ] [ ] [x]	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) THERMAL SYSTEM INSULATION	Amount (Specify SF or LF) 135 LF
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3/207
City, State Hackensack, N.J. 07601		Disposal Date 5/20/19	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL NEWBURGH, PA. 1724
Completed by J. MAIORANO	Title Estimator	Signature [Signature]	Date 5/19

ASB-41

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



CH 44018

PAID

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

RECEIVED
Check # 4618
MAY 14 2019
ASBESTOS CONTROL & LICENSING

Project #

Date of Notification (1) 05/07/2019		Name of Building Owner/Operator (2) ResiPro	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Irvington, NJ 07111	
		Name of Contact Eduardo Loor	Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Irvington, NJ 07111		Square Feet	# of Floors
County (6) Essex		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC	
Street Address		Street Address 72 Brookside Rd	
City, State, Zip Code		City, State, Zip Code Randolph, NJ 07869	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973933-2550	License No. 01358

Start Date (10) 05/17/2019	Scheduled Completion Date (11) 05/20/2019	Name of OSHA Monitor Nick Restoration LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 72 Brookside Rd	
<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: 3:30 PM		City, State, Zip Code Randolph, NJ 07869	

## Scope of Work (Check All That Apply)

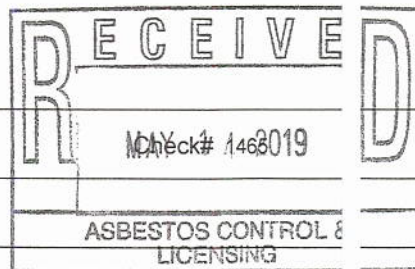
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement area		x		TSI	60 LF	x			

Name of Registered Waste Hauler Nick Restoration LLC	NJDEP Waste Hauler ID No. 0033782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S
City, State Randolph, NJ		Disposal Date TBD	City, State Tullytown, Pa
Completed by Nikica Mrda	Title President	Signature <i>Nikica Mrda</i>	Date 05/07/2019



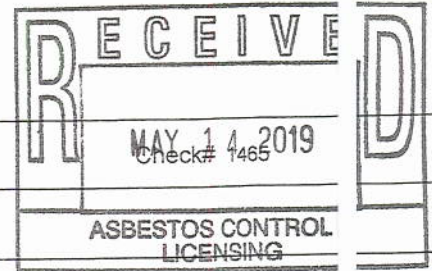
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 05/07/2019		Name of Building Owner/Operator (2) Eddie Pierson						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code Mount Holly, New Jersey 08060						
		Name of Contact Eddie Pierson	Telephone Number					
<b>FACILITY INFORMATION</b>								
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, homes, etc)						
Street Address [REDACTED]		Square Feet 4000	# of Floors 2					
City (5) Mount Holly, New Jersey 08060		Bldg. Age 50+						
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private Residence						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation					
Street Address		Street Address 246 Union Boulevard						
City, State, Zip Code		City, State, Zip Code Totowa, New Jersey 07512						
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 973-225-8400	License No. 01104					
Start Date (10) 05/13/2019 Canceled	Scheduled Completion Date (11) 05/15/2019 Canceled	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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input checked="" type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> <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		Enclosure
	Yes	No	N/A			Removal	Repair	
Basement			X	Pipe/Elbow Insulation	10 LF	X		
Basement			X	Duct Insulation	32 SF	X		
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill				
City, State Totowa, New Jersey 07512			Disposal Date	City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President	Signature 			Date 05/07/2019		



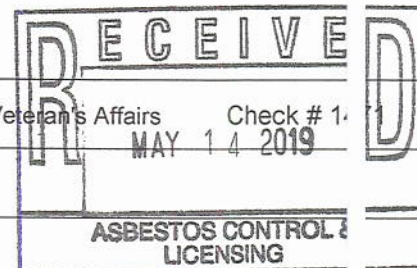
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 05/02/2019		Name of Building Owner/Operator (2) Eddie Pierson						
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 [REDACTED]						
		City, State, Zip Code Mount Holly, New Jersey 08060						
		Name of Contact Eddie Pierson						
		Telephone Number						
<b>FACILITY INFORMATION</b>								
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, homes, etc.)						
Street Address [REDACTED]								
City (5) Mount Holly, New Jersey 08060		Square Feet 4000	# of Floors 2					
		Bldg. Age 50+						
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private Residence						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
		Name of Abatement Contractor (9) Lilich Corporation						
Street Address		Street Address 246 Union Boulevard						
City, State, Zip Code		City, State, Zip Code Totowa, New Jersey 07512						
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 973-225-8400	License No. 01104					
Start Date (10) 05/13/2019	Scheduled Completion Date (11) 05/15/2019	Name of OSHA Monitor Iris Environmental Laboratories, LLC						
Occupancy Status During Abatement (Check Only One)  <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West						
		City, State, Zip Code Union, NJ 07083						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)					
	Yes	No		N/A				
Basement			X	Pipe/Elbow Insulation	10 LF	X		
Basement			X	Duct Insulation	32 SF	X		
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill				
City, State Totowa, New Jersey 07512		Disposal Date 05/15/2019		City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President		Signature 			Date 05/02/2019	



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




Date of Notification (1) 05/07/2019		Name of Building Owner/Operator (2) State of NJ, Department of Military and Veteran's Affairs		Check # 1					
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 # Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 101 Eggerts Crossing Road  City, State, Zip Code Lawrenceville, New Jersey 08648  Name of Contact Peter Youssef, Sr. Proj. Mgr/Bismark Const. Corp.					
				Telephone Number 973-412-9223 x 33					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) New Jersey National Guard Armory			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs, homes, etc.)						
Street Address 550 Route 57			Square Feet 15,000						
City (5) Port Murray, New Jersey 07865			# of Floors 2		Bldg. Age 55+				
County (6) Warren		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) National Guard Armory					
Name of Monitoring Firm Hired by Building Owner (8) Whitman		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 7 Pleasant Hill Road		Street Address 246 Union Boulevard							
City, State, Zip Code Cranbury, New Jersey 08512		City, State, Zip Code Totowa, New Jersey							
Project Manager for Monitoring Firm Kevin Loveley		Telephone No. 732-390-5858		Telephone No. 973-225-8400					
Start Date (10) 05/28/2019		Scheduled Completion Date (11) 06/15/19		License No. 01104					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>			Name of OSHA Monitor Iris Environmental Laboratories, LLC						
			Street Address 2333 Route 22 West						
			City, State, Zip Code Union, NJ 07083						
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition  <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Tent/Glove Bag 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			Enclosure
	Yes	No	N/A			Removal	Repair	Enclosure	
Above Plaster Ceiling in Latrines		X		Pipe Insulation Incl. Elbows & Joints (Wrap & Cut Procedure)	400 LF	X			
Entrance to Latrines		X		Fire Doors (Removed Intact & Packaged)	5 (ea)				
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 20 Yds		Name of Registered Landfill Fairless Landfill			
City, State Totowa, New Jersey				Disposal Date 06/15/19		City, State Morrisville, PA			
Completed by Adriana Olejarova		Title President		Signature 		Date 05/07/2019			



CH 1472

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

RECEIVED	Check No. 1472
	MAY 14 2019
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 05/07/2019		Name of Building Owner/Operator (2) Mater Dei Prep		Street Address 538 Church Street			
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		City, State, Zip Code Middletown, New Jersey 07748			
Name of Contact Mark Guyre c/o Straight Edge Const				Telephone Number 732-223-7859			
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Mater Dei Prep			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 538 Church Street			Square Feet 20,000				
City (5) Middletown, New Jersey 07748			# of Floors 2		Bldg. Age 50+		
County (6) Monmouth		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Private School			
Name of Monitoring Firm Hired by Building Owner (8) RAMM Environmental Services Inc.			ASCM No.		Name of Abatement Contractor (9) Lilich Corporation		
Street Address 77 Nottingham Road			Street Address 246 Union Boulevard				
City, State, Zip Code Fair Lawn, New Jersey 07410			City, State, Zip Code Totowa, New Jersey 07512				
Project Manager for Monitoring Firm Rodger Headrick		Telephone No 201-475-9880		License No. 01104			
Start Date (10) 05/17/2019		Scheduled Completion Date (11) 05/25/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC			
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>			Street Address 2333 Route 22 West				
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"/> Glove Bag Procedure / Limited Containment & Enclosure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF of LF)	Abatement Type		Enclosure
	Yes	No			N/A	Removal	
Classroom 324		X	Glue Dots	50 SF	X		
Classroom 325		X	Glue Dots	50 SF	X		
Classroom 324		X	Fume Hood	1 (ea)	X		
Name of Registered Waste Hauler Lilich Corporation			NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill		
City, State Totowa, New Jersey			Disposal Date 05/25/2019		City, State Morrisville, PA		
Completed by Adriana Olejarova		Title President		Signature 		Date 05/07/2019	