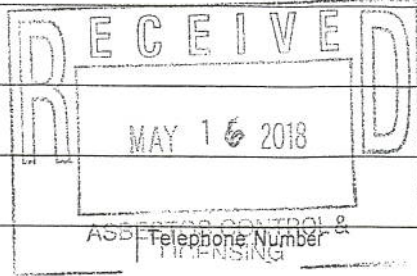


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

Check#3054

PAID

Date of Notification (1) 05 / 10 / 18		Name of Building Owner/Operator (2) Ting Chen	
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 Short Hills, NJ 07078 Name of Contact Ting Chen	
		Telephone Number [REDACTED]	



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet    # of Floors    Bldg. Age	
City (5) Short Hills, NJ 07078			
County (6) Essex	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		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.		Telephone No. 973-638-1777	License No. 01127
Start Date (10) 05 / 20 / 18	Scheduled Completion Date (11) 05 / 21 / 18	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination with negative pressure	
<input type="checkbox"/> > 160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure	
		<input checked="" type="checkbox"/> Mini-Enclosure	
		<input checked="" type="checkbox"/> Glovebag Procedure	<input type="checkbox"/> Tent with Negative Pressure
		<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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	145 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>		Date 05/10/18	

ASB-41

MAY 11

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



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

Check #  
10362

PAID

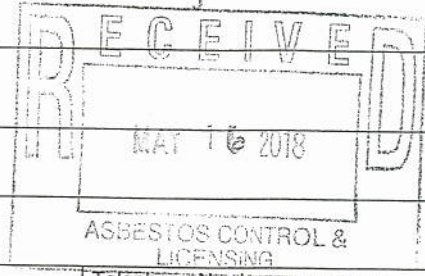
RECEIVED

Date of Notification (1) <b>5-12-18</b>		Name of Building Owner/Operator (2) <b>Somerville Partners</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>110 Main Street, 3<sup>rd</sup> floor</b>					
			City, State, Zip Code <b>Flemington NJ 08822</b>					
			Name of Contact <b>Mark Hay</b>					
		Telephone Number <b>908-246-1815</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Store front/offices</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>34 West Main Street</b>		Square Feet	# of Floors <b>2</b>					
City (5) <b>Somerville NJ</b>		Bldg. Age <b>100yr</b>						
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>					
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>						
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>						
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>					
Start Date (10) <b>5-22-18</b>	Scheduled Completion Date (11) <b>5-31-18</b>	Name of OSHA Monitor <b>EPC Technologies 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 <input type="checkbox"/> Other - Describe:		Street Address <b>P.O. Box 337</b>						
		City, State, Zip Code <b>New Egypt NJ 08533</b>						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) 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
<b>1<sup>st</sup> Floor</b>		<b>X</b>	<b>Pipe Insulation</b>	<b>250 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Waste Management of PA</b>				
City, State <b>New Egypt NJ</b>		Disposal Date <b>by 5/31/18</b>		City, State <b>Morrisville PA</b>				
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>	Date <b>5-12-18</b>				



noek

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

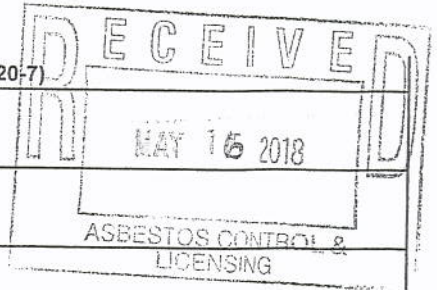


Date of Notification (1) 05 / 11 / 18		Name of Building Owner/Operator (2) United States Postal Service							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 700 Washington Street City, State, Zip Code Cape May, NJ 08204 Name of Contact John Hausman Telephone Number 856-783-0770							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Cape May Post Office		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 700 Washington Street		Square Feet 2,500							
City (5) Cape May		# of Floors 2							
County (6) Cape May		Bldg. Age 80							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Post Office							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCN No.							
Street Address PO Box 341		Name of Abatement Contractor (9) Shade Environmental, LLC							
City, State, Zip Code Chesterfield, NJ 08515		Street Address 623 Cutler Avenue							
Project Manager for Monitoring Firm Bill Weisgarber		City, State, Zip Code Maple Shade, NJ 08052							
Telephone No. 609-298-4070		Telephone No. 856-755-0099							
Start Date (10) 05 / 24 / 18		License No. 00842							
Scheduled Completion Date (11) 06 / 01 / 18		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 type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Mechanical Rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation & Fittings	210 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 5	Name of Registered Landfill CMCMUA Sanitary Landfill				
City, State Freehold, NJ		Disposal Date 06/01/2018		City, State Woodbine, NJ					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 5/11/18			



note

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



Date of Notification  
0 | 5 | 1 | 1 | 1 | 8

Name of Building Owner/Operator  
MACY'S CORPORATE SERVICES

Agencies Notified  
X USEPA  
X DEP  
X DCA/DOL  
X DOH

Type of Notification  
Initial  
Notification  
Amended  
Cancellation

1

Street Address  
7 WEST SEVENTH STREET

City, State, Zip Code  
CINCINNATI, OHIO 45202

Name of Contact  
TIA WENRICH

Telephone Number  
513-579-7000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place

MACY'S MONMOUTH MALL

Street Address

180 ROUTE 35

City

County

County Code  
State use Only

EATONTOWN

MONMOUTH

Type of Facility

( ) School (K-12)

( ) Sub-Chapter 8 (Other than K-12)

( X ) Other (i.e. private & Commercial buildings, homes, etc.)

SF of Bldg.

200000

# Floor

3

Age of Bldg.  
50+

Current Use (prior if being demolished)

Name of Monitoring Firm Hired by Building Owner

ASCM No.

Pennoni Associates Inc.

Street Address

515 Grove Street Ste 1B

City, State, Zip Code

Haddon Heights, NJ 08035

Project Manager for Monitoring Firm

Telephone No.

TO BE DETERMINED

TO BE DETERMINED

Name of Abatement Contractor

ACM CONSULTING CORP.

Street Address

2150 STANLEY TERRACE

City, State, Zip Code

UNION, NJ 07083

Telephone Number

License Number

908-687-1008

00575

Scheduled Start Date

Scheduled Completion Date

5 2 2018

6 15 2018

Name of OSHA Monitor

EMSL ANALYTICAL

Street Address

307 WEST 38TH STREET

City, State, Zip Code

NEW YORK, NY 10118

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

X Abatement Outside Normal Facility Hours

X Describe: 9:00PM TO 6:30AM

Other - Describe: \_\_\_\_\_

Scope of Work (Check Only One)

Demolition

>3sf or >3lf

X ≥ 160sf or ≥ 260lf

Renovation

Abatement Method

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

X Non-Friable Procedure

Location of ACM Facility

Is Location Normally  
Used by Custodial Staff  
Yes NO N/A

Description of  
ACM to be  
Removed

Amount to be  
Removed  
(Specify SF/LF)

Abatement Type

Rem. Rep. Enc. Encl.

BASEMENT PADS B & E

BASEMENT PADS B & E & K

BASEMENT PAD K / J

FLOOR TILE

2825 SF

X

TILE & MASTIC

8325 SF

X

MASTIC

2480 SF

X

Name of Registered Waste Hauler  
TRI-STATE TRANSFER ASSOC., INC.

NJDEP Waste ID No.  
SW1896

Cubic Yds waste  
TBD

Name of Registered Landfill  
MINERVA ENTERPRISES, INC

City, State  
BRONX, NY

Disposal Date  
TBD

City, State of Registered Landfill  
WAYNESBURG, OHIO

Completed By (Print or Type)

ANITA SMOLAR

Title  
GENERAL MANAGER

Signature

*Anita Smolar*

Date

5/11/2018



PAID

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


CK#2045

Date of Notification (1) 05 / 02 / 18		Name of Building Owner/Operator (2) Metro Industrial Wrecking & Environmental Contractors, 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 273 Walt Whitman Rd. Suite 125		City, State, Zip Code Huntington Station, NY 11746	
Name of Contact Anthony Larosa		Telephone Number 631-873-4357	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Former Warehouse		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 614 Hampton Road, NJ Building #2		Square Feet 130,000	
City (5) Cherry Hill, NJ		# of Floors 2	
County (6) US; Camden CO.		Bldg. Age 1955	
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Former Warehouse	
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental Inc.		ASCM No.	
Street Address 617 Stokes Rd.		Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.	
City, State, Zip Code Medford, NJ 08055		Street Address 958 Jackson Rd	
Project Manager for Monitoring Firm Rebecca Rubnitz		City, State, Zip Code Mays Landing, NJ 08330	
Telephone No. 609-868-1676		Telephone No. 609-561-1901	
License No. 01158		Name of OSHA Monitor Graham-Tech Environmental Services, LLC.	
Start Date (10) 05 / 12 / 18		Scheduled Completion Date (11) 06 / 30 / 18	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-11:30PM/ _____ PM- _____ AM		Street Address 958 Jackson Rd	
City, State, Zip Code Mays Landing, NJ 08330			
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
		Yes No N/A	
North Building		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
North Building Bath R		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
North Building		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
North Building		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Asbestos 12x12 Floor tile and Black Mastic		1540SF	
Asbestos Pipe Fitting Insulation		3Lf	
Asbestos Interior Window Glazing		216LF	
Asbestos Door Caulk		150Lf	
Abatement Type			
Removal Repair Encapsulate Enclosure			
Name of Registered Waste Hauler Graham-Tech Environmental Service, LLC		NJDEP Waste Hauler ID No. 0034500	
Cubic Yards of Waste		Name of Registered Landfill G.R.O.W. North Landfill & Tullytown	
City, State 14 Read Drive Sicklerville, NJ 08081		Disposal Date City, State 1513 Brodowntown Rd. Morrisville, PA	
Completed By (Print or Type) Vernice Graham		Title President	
Signature Vernice Graham		Date 5-3-18	



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

1st page.

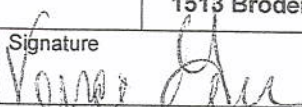
Date of Notification (1) <b>03 / 02 / 18</b>		Name of Building Owner/Operator (2) <b>Metro Industrial Wrecking &amp; Environmental Contractors, Inc.</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>273 Walt Whitman Rd. Suite 125</b>							
		City, State, Zip Code <b>Huntington Station, NY 11746</b>							
		Name of Contact <b>Anthony Larosa</b>							
		Telephone Number <b>631-875-4357</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Former Warehouse</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>614 Hampton Road, NJ</b>									
City (5) <b>Cherry Hill, NJ</b>		Square Feet <b>130,000</b>	# of Floors <b>2</b>						
County (6) <b>US; Camden CO.</b>		County Code (7)(STATE USE ONLY)	Bldg. Age <b>1955</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Finog Environmental Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Graham-Tech Environmental Service, LLC.</b>						
Street Address <b>617 Stokes Rd.</b>		Street Address <b>958 Jackson Rd</b>							
City, State, Zip Code <b>Medford, NJ 08055</b>		City, State, Zip Code <b>Mays Landing, NJ 08330</b>							
Project Manager for Monitoring Firm <b>Rebecca Rubnitz</b>		Telephone No. <b>609-868-1676</b>	License No. <b>01158</b>						
Start Date (10) <b>03 / 11 / 18</b>	Scheduled Completion Date (11) <b>06 / 30 / 18</b>	Name of OSHA Monitor <b>Graham-Tech Environmental Services, LLC.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7AM-11:30PM</b> / <b>PM</b> - <b>AM</b>		Street Address <b>958 Jackson Rd</b>							
		City, State, Zip Code <b>Mays Landing, NJ 08330</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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
South Building -East End Rm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Vibration Damper Cloth	150LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Interior seam Caulk	200Lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos window Caulk	2170 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos window Glazing	2790Lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Graham-Tech Environmental Service, LLC</b>		NJDEP Waste Hauler ID No. <b>0034500</b>	Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W. North Landfill &amp; Tullytown</b>					
City, State <b>14 Read Drive Sicklerville, NJ 08081</b>		Disposal Date		City, State <b>1513 Brodentown Rd. Morrisville, PA</b>					
Completed By (Print or Type) <b>Vernice Graham</b>		Title <b>President</b>		Signature 		Date <b>5-3-18</b>			



hook

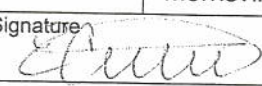
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

2d page

Date of Notification (1) <b>05 / 02 / 18</b>		Name of Building Owner/Operator (2) <b>Metro Industrial Wrecking &amp; Environmental Contractors, Inc.</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 # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>273 Walt Whitman Rd. Suite 125</b>							
		City, State, Zip Code <b>Huntington Station, NY 11746</b>							
		Name of Contact <b>Anthony Larosa</b>	Telephone Number <b>631-873-4357</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Former Warehouse</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>614 Hampton Road, NJ Building #2</b>		Square Feet <b>130,000</b>							
City (5) <b>Cherry Hill, NJ</b>		# of Floors <b>2</b>	Bldg. Age <b>1955</b>						
County (6) <b>US; Camden CO.</b>		County Code (7) (STATE USE ONLY) <b>Current Use (Prior if being demolished) Former Warehouse</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Finog Environmental Inc.</b>		ASCM No.							
Street Address <b>617 Stokes Rd.</b>		Name of Abatement Contractor (9) <b>Graham-Tech Environmental Service, LLC.</b>							
City, State, Zip Code <b>Medford, NJ 08055</b>		Street Address <b>958 Jackson Rd</b>							
Project Manager for Monitoring Firm <b>Rebecca Rubnitz</b>		City, State, Zip Code <b>Mays Landing, NJ 08330</b>							
Telephone No. <b>609-868-1676</b>		Telephone No. <b>609-561-1901</b>	License No. <b>01158</b>						
Start Date (10) <b>05 / 12 / 18</b>	Scheduled Completion Date (11) <b>06 / 30 / 18</b>	Name of OSHA Monitor <b>Graham-Tech Environmental Services, LLC.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7AM-11:30PM</b> / <b>PM</b> - <b>AM</b>		Street Address <b>958 Jackson Rd</b>							
		City, State, Zip Code <b>Mays Landing, NJ 08330</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 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
North Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos 12x12 Floor tile and Black Mastic	1540SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North Building Bath R	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Pipe Fitting Insulation	3Lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Interior Window Glazing	216LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Door Caulk	150Lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Graham-Tech Environmental Service, LLC</b>		NJDEP Waste Hauler ID No. <b>0034500</b>		Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W. North Landfill &amp; Tullytown</b>				
City, State <b>14 Read Drive Sicklerville, NJ 08081</b>		Disposal Date		City, State <b>1513 Brodowntown Rd. Morrisville, PA</b>					
Completed By (Print or Type) <b>Vernice Graham</b>		Title <b>President</b>		Signature 		Date <b>5-3-18</b>			



Start + Finish Date CK #1055  
 Amended \* New ~~PAID~~  
 State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) May 11, 2018		Name of Building Owner/Operator (2) Tommac Construction Inc.		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   MAY 16 2018   <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>					
Agencies Notified		Type Notification				Street Address PO Box 25			
<input 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 checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Franklin Lakes NJ 07417			
						Name of Contact Jim Macaluso			
				Telephone Number 201-247-6923					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial Property				Type of Facility (4)					
Street Address 15 Empire Blvd.				<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 3000 SF	# of Floors 2				
County (6) Bergen				Bldg. Age 50+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial Property							
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	License No. 01255				
Start Date (10) 5/19/2018		Scheduled Completion Date (11) 5/26/2018		Name of OSHA Monitor Harmony Contracting					
Occupancy Status During Abatement (Check Only One)				Street Address 360 Palisade 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 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	Enclosure
Exterior				Asbestos Transite Panels	1,000 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Harmony Contracting		NJDEP Waste Hauler ID No.		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. Cirovic		Title Secretary		Signature 			Date 5/11/2018		



~~10.77~~ 10.77

ASB-41 (R-08-02)

Delaware is the only state that exempts all



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

**PAID**

Check # 1205

Date of Notification (1) <b>May 10, 2018</b>		Name of Building Owner / Operator (2) <b>Fresenius Kidney Care Silver Dialysis Cherry Hill</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"/> Cancellation	Street Address  <b>1417 Brace Road</b>	
		City, State & Zip Code <b>Cherry Hill, NJ 08034</b>	
		Name of Contact <b>Maureen Kennedy-McDonnell</b>	
		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  MAY 16 2018  ASBESTOS LICENSING  Telephone Number  <b>856-216-8463</b> </div>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Fresenius Medical Center</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, home, etc.)		
Street Address <b>1417 Brace Road</b>			Square Feet <b>2,000</b>		
City (5) <b>Cherry Hill</b>			# of Floors <b>1</b>		Bldg. Age <b>60</b>
County (6) <b>Camden</b>			County Code (7) <b>USE ONLY</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Arcadis U.S., Inc.</b>			ASCM No.		
Street Address <b>10 Friends Lane, Suite 100</b>			Name of Abatement Contractor (9) <b>Synatech, Inc.</b>		
City, State & Zip Code <b>Newtown, PA 18940</b>			Street Address <b>829 Radio Road</b>		
Project Manager for Monitoring Firm <b>David Hilinski</b>			City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>		
Telephone Number <b>18940</b>			Telephone Number <b>609-296-6916</b>		License Number <b>00817</b>
Scheduled Start Date (10) <b>May 20, 2018</b>		Scheduled Completion Date (11) <b>June 20, 2018</b>		Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>829 Radio Road</b>		
			City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>		

Scope of Work (Check all that apply)

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 50$ 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 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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Offices			X	Floor Tile and Mastic	230 SF	X			

Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>Fairless Hills</b>
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>June 21, 2018</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 10, 2018</b>

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



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

Check # 3122

GAC Project # 060-18

Date of Notification (1) <b>May 10, 2018</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	
Name of Facility Where Abatement is Taking Place (3) <b>LUCY STONE HALL, BLDG# 4153</b>		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>	
Street Address <b>LIVINGSTON CAMPUS</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
City (5) <b>PISCATAWAY</b>		Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>	
County (6) <b>MIDDLESEX</b>		Telephone Number <b>848-445-2550</b>	
County Code (7) (State Use Only)		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.)	
Current Use (prior if being demolished): <b>ACADEMIC RESIDENCE</b>		Sq. Feet: <b>N/A</b> # of Floors: <b>3</b> Bldg. Age: <b>80+ years</b>	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
ASCM No. <b>00098</b>		Street Address <b>511 MAIN STREET</b>	
Street Address <b>3 TERRI LANE</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Telephone Number <b>973-492-0477</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		License Number <b>00840</b>	
Telephone Number <b>609-386-8800</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Scheduled Start Date (10) <b>05/24/18</b>		Scheduled Completion Date (11) <b>05/26/18</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 4PM - 5AM Daily (4 WEEKEND PHASES, 24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</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"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>B017 &amp; B017B</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>600 SF</b>	
Abatement Type Remove Repair Encap 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>10 CY</b>		Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>05/26/2018</b>	
City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b>		<b>215-736-1700</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Title <b>SENIOR PROJECT MANAGER</b>	
Signature <i>Raymond C. Pedalino</i>		Date <b>MAY 10, 2018</b>	

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



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

PAID

Date of Notification (1) 05/10/2018		Name of Building Owner/Operator (2) Garwood Developers Associated, LLC Check# 5126 \$800 (4 additional work areas)	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 820 Morris TPKE	
		City, State, Zip Code Short Hills, New Jersey	
		Name of Contact Dan Matarese	
		Telephone Number 732-580-9090	

RECEIVED  
 MAY 16 2018  
 ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

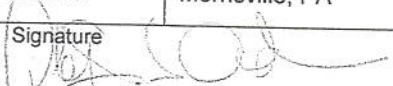
Name of Facility Where Abatement is Taking Place (3) Former Millen Industries Inc/Malcote Inc.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 75 North Avenue		Square Feet 40,000	# of Floors 4
City (5) Garwood, New Jersey		Bldg. Age 50+	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial Building	
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental Services		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 140 Boulevard		Street Address 606 McBride Ave	
City, State, Zip Code Mountain Lakes, New Jersey 07046		City, State, Zip Code Woodland Park, New Jersey	
Project Manager for Monitoring Firm Leon Shereshevsky		Telephone No. 973-558-4821	License No. 01104
Start Date (10) 04/15/2018	Scheduled Completion Date (11) 06/30/2018	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: Will be working weekdays & weekends		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, NJ 07083	

Scope of Work (Check All That Apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition | <p style="text-align: center;">See Below Notes in Description</p> <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |
|---|---|---|

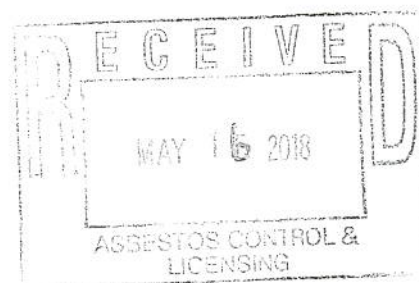
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)  BLDG 1	Is Location Normally Used Solely by Maintenance/Custodial			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3 <sup>rd</sup> floor, Bump-out (north-east cor)		X		TSI debris (clean up)	150 LF	x			
2 <sup>nd</sup> floor, Main Warehouse space				TSI Pipe Insulation Risers(Wrap&cut)	18 LF	x			
1 <sup>st</sup> floor, Around paper mill machine				Transite panels (Non Friable)	2,750 SF	x			
Roof A- main				Roof flashing (Non Friable)	1,000 SF	x			
Roof B				Built-up roofing (tar) (Non Friable)	12,000 SF	x			
Throughout exterior facades				Window Calk (Non Friable)	470 SF	x			
Staircase 2 <sup>nd</sup> floor				Window Glazing (Non Friable)	800 SF	x			
1st/2nd Floor				VAT & Mastic (Full Containment)	4808 SF	x			
3rd Floor				VAT & Mastic (Full Containment)	360 SF	x			
Basement				VAT & Mastic (Full Containment)	600 SF	x			



Bldg 2, Maintenance Garage-Ext Facade		X	Window Caulk (around window frames) (Non Friable)	485 LF x			
Bldg 2, Maintenance Garage-Ext Facade		X	Window Glazing (putty on sashes) (Non Friable)	968 LF x			
Bldg 2, Maintenance Garage- Roof		X	Roof Flashing (Non Friable)	750 SF x			
Bldg 5, Exterior Facade Phase I		X	Window Caulk (around window frames) (Non Friable)	765 LFX			
Bldg 5, Exterior Facade Phase II		X	Window Caulk (around window frames) (Non Friable)	765 LFX			
Bldg 5, Exterior Facade		X	Window Glazing (putty on sashes) (Non Friable)	3000 LFX			
Bldg 5, Roof Parapets, Penetrations, etc.		X	Roof Flashing (Non Friable)	900 SFX			
Bldg 5, Center Office		X	9" Red Floor Tiles (Non Friable)	50 SFX			
Bldg 5, Above Boilers 1 & 2		X	Boiler Flue/Vent (Partial Containment)	640 SFX			
Bldg 5, Tank "B & C"		X	Tank Insulation (Partial Containment)	80 SFX			
Bldg 5, Throughout Phase I		X	TSI Pipe & Pipe Joint Insulation (4"-6" Diam.)(Wrap&Cut/Partial Containment)	395 SFX			
Bldg 5, Throughout Phase II		X	TSI Pipe & Pipe Joint Insulation (4"-6" Diam.)(Wrap&Cut/Partial Containment)	395 SFX			
Bldg 5, Throughout Phase I		X	TSI Pipe & Pipe Joint Insul (12" diam. or greater)(Wrap&Cut/Partial Containment)	113 SFX			
Bldg 5, Throughout Phase II		X	TSI Pipe & Pipe Joint Insul (12" diam. or greater)(Wrap&Cut/Partial Containment)	113 SFX			
Bldg 5, Sporadically Throughout Bldg Phase I		X	Misc TSI Floor Debris (Clean Up)	4000 SFx			
Bldg 5, Sporadically Throughout Bldg Phase II		X	Misc TSI Floor Debris (Clean Up)	4000 SFx			
Garage-shop		X	Transite Panels (Non Friable)	2000 SFx			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill		
Lilich Corporation		18724		120	Fairless Landfill		
City, State				Disposal Date	City, State		
Woodland Park, New Jersey				06/30/2018	Morrisville, PA		
Completed by		Title	Signature		Date		
Adriana Olejarova		President			05/10/2018		

ASB-41 (R-06-08)

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





2018-06-07 21:25:52 (GMT)

From: Super, LLC

nock

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

Date of Notification: (1) 5/7/18		Name of Building Owner/Operator (2) City of Paterson	
Agencies Notified		Type Notification	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	Street Address 111 Broadway	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code Paterson NJ 07501	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #	Name of Contact Jerry Lobozzo	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Telephone Number 973 321-1101	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		
Name of Facility Where Abatement is Taking Place (3) 20 Seeley Street			
Street Address 20 Seeley Street		Type of Facility (4)	
City (5) Paterson, NJ 07501		<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.)	
County (6) Passaic		Square Feet	# of Floors
County Code (7) (STATE USE ONLY)		Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8) CA Environmental		Current Use (For or If being demolished)	
Street Address 2200 Paterson Plank Road		Name of Abatement Contractor (9) Super, LLC	
City, State, Zip Code North Bergen, NJ 07047		Street Address 203 Belmont Ave	
Project Manager for Monitoring Firm Carmelo Altomonte		City, State, Zip Code Paterson, NJ 07501	
Telephone No. 201 864-6583		Telephone No. 201 573-5392	
Start Date (10) 5/7/18		License No. 01195	
Scheduled Completion Date (11) 5/14/18		Name of OSHA Monitor Super, 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			
Other - Describe:			
Scope of Work (Check All That Apply)			
<input type="checkbox"/> 20 sf or less if 2160 sf or 2260 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-Exempt (*) 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)
	Yes	No	
Emergency Demolition		X	Emergency Demolition
			Demolition of Entire Structure
			Asbestos in Entire Structure
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD
City, State 609 N. Union Ave Hillside, NJ 07205		Name of Registered Landfill IESI Bethlehem Landfill	
Disposal Date TBD		City, State Bethlehem PA	
Completed by Tailor B. Dominguez		Title Project Manager	Date 5/7/18

ASB-41 (R-06-08)

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



NOCK

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



Date of Notification (1) 5/7/18		Name of Building Owner/Operator (2) City of Paterson							
Agencies Notified	Type Notification	Street Address 111 Broadway							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 Paterson NJ 07501							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Jerry Loboizzo	Telephone Number 973 321-1101						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 20 Seeley Street		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 20 Seeley Street		Square Feet	# of Floors						
City (5) Paterson, NJ 07501		Bldg. Age							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) CA Environmental		ASCM No.	Name of Abatement Contractor (9) Super, LLC						
Street Address 2200 Paterson Plank Road		Street Address 203 Belmont Ave							
City, State, Zip Code North Bergen, NJ 07047		City, State, Zip Code Paterson, NJ 07501							
Project Manager for Monitoring Firm Carmelo Altomonte		Telephone No. 201 864-6583	License No. 01195						
Start Date (10) 5/7/18	Scheduled Completion Date (11) 5/14/18	Name of OSHA Monitor Super, 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 203 Belmont Ave							
		City, State, Zip Code Paterson, NJ 07501							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Emergency Demolition		X		Emergency Demolition		X			
				Demolition of Entire Structure		X			
				Asbestos in Entire Structure		X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill IESI Bethlehem Landfill					
City, State 609 N. Union Ave Hillside, NJ 07205		Disposal Date TBD		City, State Bethlehem, PA					
Completed by Tailor B. Dominguez		Title Project Manager		Signature 		Date 5/7/18			



OK3377

Print Form

PAID

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:00 and 12:120)

RECEIVED	
MAY 16 2018	
ASBESTOS CONTROL & LICENSING	
Telephone Number	
973 321-1101	

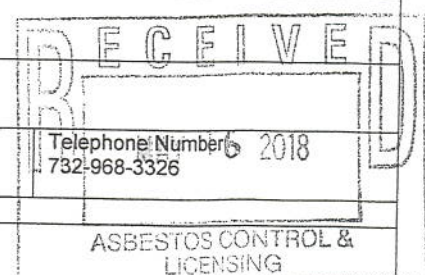
Date of Notification (1) 5/8/18		Name of Building Owner/Operator (2) City of Paterson Street Address 111 Broadway City, State, Zip Code Paterson, NJ 07501 Name of Contact Jerry Lobo	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Name of Facility Where Abatement is Taking Place (3) 20 Seeley St. Paterson, NJ 07501 Street Address 20 Seeley St. Paterson, NJ 07501 City (5) Paterson, NJ 07501 County (6) Passaic		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> 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) CA Environmental Street Address 2200 Paterson Plank Road City, State, Zip Code North Bergen, NJ 07047 Project Manager for Monitoring Firm Carmelo Altomonte		Name of Abatement Contractor (9) Super, LLC Street Address 203 Belmont Ave City, State, Zip Code Haledon, NJ 07508 Telephone No. 201 673-5392 License No. 01195	
Start Date (10) 5/7/18		Scheduled Completion Date (11) 5/14/18	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Super, LLC Street Address 203 Belmont Ave City, State, Zip Code Haledon, NJ 07508	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input 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)	
Emergency Demolition		X	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Emergency Demolition		X	
Demolition of Entire Structure		X	
Asbestos in entire Structure		X	
Name of Registered Waste Hauler Newark Carting City, State 609 N. Union Ave Hillside, NJ 07205		NJDEP Waste Hauler ID No. 04509	
Name of Registered Landfill IESI Bethlehem Landfill City, State Bethlehem, PA		Disposal Date TBD	
Completed by Tailor B. Dominguez		Signature [Signature] Date 5/8/18	
Title Project Manager			



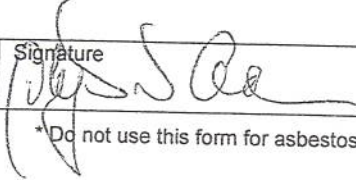
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**PAID**

Date of Notification (1) 05/11/2018		Name of Building Owner/Operator (2) Dunellen Board of Education      Check No. 1098 \$600 (3 Works Areas)							
Agencies Notified	Type Notification	Street Address High and Leigh Streets							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Dunellen, New Jersey 08812							
		Name of Contact Gene Mosely	Telephone Number 732-968-3326						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Dunellen High School		Type of Facility (4)	<b>ASBESTOS CONTROL &amp; LICENSING</b>						
Street Address 411 1st Street		<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) Dunellen, New Jersey 08812		Square Feet 60,000	# of Floors 2						
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No. 00057	Current Use (Prior if being demolished) High School						
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Lilich Corporation							
City, State, Zip Code Trenton, New Jersey 08608		Street Address 606 McBride Ave							
Project Manager for Monitoring Firm Dominick Dercole		City, State, Zip Code Woodland Park, New Jersey							
Telephone No. 609-392-4200		Telephone No. 973-225-8400	License No. 01104						
Start Date (10) 06/22/2018	Scheduled Completion Date (11) 07/03/2018	Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>7am - 3pm Mon - Sat</u>		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Science Room 7		X		Fume Hood Cement Panels (Non Friable)	100 SF	X			
Science Room 7		X		Transite Table Tops (Non Friable)	30 SF	X			
Science Room 8		X		Ceiling Tiles (Full Containment)	1150 SF	X			
Science Room 8		X		Double Layered Vinyl Floor, One Layer Under Wood (Full Containment)	1150 SF		X		
Science Room 8 (Store Room)		X		Floor Tile (Full Containment)	150 SF	X			
Science Room 9		X		Ceiling Tiles (Full Containment)	1150 SF	X			
Science Room 9		X		Double Layered Vinyl Floor, One Layer Under (Full Containment)	1150 SF	X			
Science Room 9 (Store Room)		X		Floor Tile (Under Pergo) (Full Containment)	150 SF	X			
Wood Shop		X		2'x2' Ceiling Tiles (Full Containment)	2000 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill					
City, State Woodland Park, New Jersey		Disposal Date 07/03/2018		City, State Morrisville, PA					

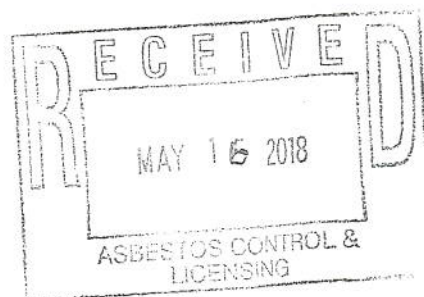




Completed by Adriana Olejarova	Title President	Signature 	Date 05/11/2018
-----------------------------------	--------------------	--	--------------------

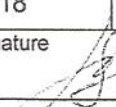
ASB-41 (R-06-08)

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



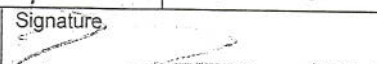


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 05-10-18		Name of Building Owner/Operator (2) All County Services LLC		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED  MAY 16 2018  ASBESTOS CONTROL &amp; TESTING </div>					
Agencies Notified		Type Notification				Street Address 57 Maple Ave.			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Woodland Park, NJ 07424			
						Name of Contact Joe Scirica			
				Telephone Number (973) 747-7425					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Home				Type of Facility (4)					
Street Address [REDACTED]				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Wayne				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) N/A		ASCM No.		Name of Abatement Contractor (9) Delfa Contracting LLC.					
Street Address				Street Address 522 7th St.					
City, State, Zip Code				City, State, Zip Code Union City NJ 07087					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201 216-9603	License No. 01206				
Start Date (10) 05-11-18		Scheduled Completion Date (11) 05-15-18		Name of OSHA Monitor Delfa Contracting LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 522 7th St.					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Union City NJ 07087					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior		x		Join Compound	3350 SF	x			
Utility Room		x		VAT	100 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240		Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Union City, NJ				Disposal Date 05-16-18	City, State Tullytown, PA				
Completed by Jaime Delgado		Title Proj. Manager.		Signature 		Date 05-10-18			



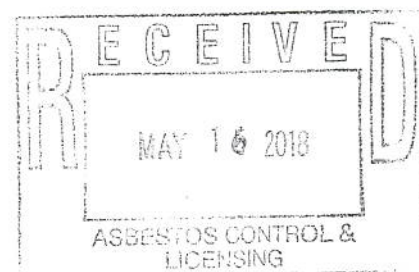
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 4/30/2018		Name of Building Owner/Operator (2) City of Clifton		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED  MAY 16 2018  CLIFF # 2748 </div>							
Agencies Notified		Type Notification									
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 900 Clifton Avenue  City, State, Zip Code Clifton, NJ 07013  Name of Contact Mr. Michael Lardner  Telephone Number (973) 470-5793							
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) Fire House # 4				Type of Facility (4)							
Street Address 144 Main Street				<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Clifton				Square Feet 75,000	# of Floors 6						
County (6) Passaic		County Code (7) (STATE USE ONLY) _____		Bldg. Age 95							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations, Inc.				ASCM No. 00140							
Street Address 655 West Shore Trail				Name of Abatement Contractor (9) Sky Contracting, LLC							
City, State, Zip Code Sparta, NJ 7871				Street Address 1385 Valley Road, Suite K							
Project Manager for Monitoring Firm John Sekelsky				Telephone No. (973) 729-5649							
Start Date (10) 5/19/2018		Scheduled Completion Date (11) 5/29/2018		Telephone No. (973) 928-5040							
Occupancy Status During Abatement (Check Only One)				License No. 00874							
<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 Sky Contracting, LLC							
Scope of Work (Check All That Apply)				Street Address 1385 Valley Road, Suite K							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input 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				City, State, Zip Code Wayne, New Jersey 07470							
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			
								Removal	Repair	Encapsulate	Enclosure
See Attached		Yes	No	N/A							
Name of Registered Waste Hauler Service Transport Group, Inc.				NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste TBD		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 4/30/2018			



Fire House # 4  
144 Main Avenue  
Clifton, New Jersey

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
Workout Room First Floor		x		TSI - Pipe Elbow Insulation	5 LF	x			
Bathroom + Kitchen First Floor		x		TSI - Pipe Elbow Insulation	30 LF	x			
Officer's Room + Bathroom First Floor		x		TSI - Pipe Elbow Insulation	5 LF	x			
Dorm First Floor		x		TSI - Pipe Elbow Insulation	5 LF	x			
Fire Engine Bay First Floor		x		TSI - Pipe Elbow Insulation	10 LF	x			
Boiler Room First Floor		x		TSI - Pipe Elbow Insulation	30 LF	x			
Staging Area / Lounge Shooting Range / Basement		x		TSI - Pipe Elbow Insulation	15 LF	x			
MER + Bathroom Shooting Range / Basement		x		TSI - Pipe Elbow Insulation	10 LF	x			





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

Check # 3121

GAC Project # 642-2018

**PAID**

Date of Notification (1) <b>May 10, 2018</b>		Name of Building Owner/Operator (2) <b>STEVENS INSTITUTE OF TECHNOLOGY</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 Certification <input type="checkbox"/> Emergency (including justification attached) <input type="checkbox"/> Cancelled	Street Address <b>1 CASTLE POINT ON HUDSON</b> City, State, Zip Code <b>HOBOKEN, NJ 07030</b> Name of Contact <b>MR. DAVID FERNANDEZ, MS</b> <b>DIRECTOR ENVIRONMENTAL HEALTH &amp; SAFETY</b> Telephone Number <b>201-912-4651</b> 2018	
Name of Facility Where Abatement is Taking Place (3) <b>MC CLEAN 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 & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>5</b> Bldg. Age: <b>~50 years</b> Current Use (prior if being demolished): <b>ACADEMIC</b>	
Street Address <b>MAIN CAMPUS (507 RIVER STREET)</b>	City (5) <b>HOBOKEN</b>	County (6) <b>HUDSON</b>	County Code (7) (State Use Only)
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>TTI ENVIRONMENTAL, INC.</b>		ASCM No. <b>00003</b>	
Street Address <b>1253 NORTH CHURCH STREET</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>MOORESTOWN, NJ 08057</b>		Street Address <b>511 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>MR. JIM GUILARDI</b>	Telephone Number <b>856-840-8800 ext.31</b>	City, State, Zip Code <b>BUTLER, NJ 07405</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>05/23/2018</b>	Scheduled Completion Date (11) <b>05/28/2018</b>	Telephone Number <b>973-492-0477</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>8:00 AM - 8:00 PM (24 HRS. &amp; WEEKENDS AS NEEDED)</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 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) in Facility (13) <b>CMS Dept. OFFICE SUITE &amp; CONFERENCE ROOM 120</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>FLOOR TILE (including mastic)</b>	Amount (Specify SF or LF) <b>1265 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 <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>20 CY</b> Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>05/28/2018</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> <b>215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>May 10, 2018</b>

Copies To: STEVENS INSTITUTE, Attn: Mr. David Fernandez & TTI, Attn: Mr. Jim Guilardi



APPROVED BY:

TOM VOORHEES, DOCPAID

5/11/18

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

chk# 3362

Date of Notification (1) 5 / 11 / 18		Name of Building Owner/Operator (2) Verizon		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  MAY 16 2018  ASBESTOS CONTROL &amp; LICENSING  412-633-4021 </div>			
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 15 East Montgomery Place, Lower Level City, State, Zip Code Pittsburgh, PA 15212 Name of Contact Anthony Porta Telephone Number 412-633-4021	
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Verizon Ewing Central Office Street Address 1606 Pennington Road City (5) Ewing County (6) Mercer						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.) Square Feet # of Floors Bldg. Age County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Office	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Street Address 8436 Enterprise Ave. City, State, Zip Code Philadelphia, PA 19153 Project Manager for Monitoring Firm Mark Jenkins Start Date (10) 5 / 14 / 18		ASCM No. 215-365-5810 Telephone No. 215-365-5810 Scheduled Completion Date (11) 5 / 15 / 18		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Telephone No. 215-788-6040 License No. 00509 Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/5:00PM-1:30AM				Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007			
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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)			
Basement Battery Room		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		VAT, Mastic 10 SF			
Basement Generator Room		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Vibration Damper Cloth 2 SF			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste Name of Registered Landfill FAIRLESS LANDFILL			
City, State BRISTOL, PA 19007		Disposal Date		City, State FAIRLESS HILLS, PA 19047			
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro Date 5-11-18			

ASB-41  
MAY 11 BS18040-B

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



OK 23199

Print Form

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

PAID

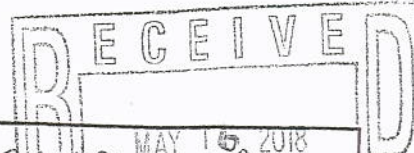


Date of Notification (1) 5/11/2018		Name of Building Owner/Operator (2) J. SUPOR							
Agencies Notified	Type Notification	Street Address 500 SUPOR BOULEVARD, BUILDING #11							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" 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 HARRISON, NJ 07029							
		Name of Contact MARK A. TRIANO	Telephone Number 973-481-2600						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) METRO PLASTICS BUILDING		Type of Facility (4)							
Street Address 1000 FRANK E. ROGERS BOULEVARD		<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) HARRISON		Square Feet	# of Floors						
County (6) HUDSON		Bldg. Age							
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) TWO BROTHERS CONTRACTING						
Street Address		Street Address 11 VREELAND AVENUE							
City, State, Zip Code		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-956-8700						
			License No. 00494						
Start Date (10) 5/24/2018	Scheduled Completion Date (11) 7/24/2018	Name of OSHA Monitor SAME AS (9) ABOVE							
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: VACANT		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF & SIDE WALLS		X		METAL CORRUGATED PANELS	40,000 SF	X			
BUILDING INTERIOR		X		PIPE (WRAP & CUT ONLY)	50 LF				
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 1,500	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 7/24/2018		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 5/11/2018					



CK 4536

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



Date of Notification (1) <b>5-11-18</b>		Name of Building Owner/Operator (2) <b>SEA PINES CAMPGROUND</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>1535 RT 9 N.</b>							
		City, State, Zip Code <b>SWAINTON N.J.</b>							
		Name of Contact <b>SHARON</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet <b>1500</b>							
City (5) <b>SWAINTON</b>		# of Floors <b>2</b>	Bldg. Age <b>50+</b>						
County (6) <b>CAPE MAY</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>KLEMMCO 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 08052</b>							
Project Manager for Monitoring Firm		Telephone No. <b>856-779-0472</b>	License No. <b>#00444</b>						
Start Date (10) <b>5-21-18</b>	Scheduled Completion Date (11) <b>8-28-18</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)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>SIDING</b>			<b>X</b>	<b>TRANSITE</b>	<b>2250 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>KLEMMCO INC</b>		NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>C.W.C.M.U.A.</b>					
City, State <b>MAPLE SHADE N.J.</b>		Disposal Date		City, State <b>WOODBRIDGE N.J.</b>					
Completed By <b>MICHAEL KLEMM</b>		Title <b>PRES.</b>	Signature <b>[Signature]</b>			Date <b>5-11-18</b>			

ASB-41

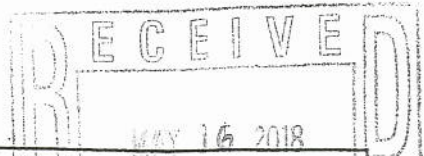
\* Do not use this form for asbestos licensure exempted activities.



CK# 4536

PAID

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



Date of Notification (1) <u>5-11-18</u>		Name of Building Owner/Operator (2) <u>HARBROUGH 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 08097</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>	# of Floors <u>2</u>					
City (5) <u>AVIALON</u>		Bldg. Age <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>KLEMMCO INC</u>						
Street Address		Street Address <u>369 S. SPRUCE AVE</u>						
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>						
Project Manager for Monitoring Firm		Telephone No. <u>856 779-0472</u>	License No. <u>00444</u>					
Start Date (10) <u>5-21-18</u>	Scheduled Completion Date (11) <u>5-28-18</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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>SIDING</u>			<u>X</u>	<u>2000 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMMCO 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. U. A</u>				
City, State <u>MAPLE SHADE N.J</u>		Disposal Date		City, State <u>WOODBINE N.J.</u>				
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUPER</u>	Signature <u>[Signature]</u>		Date <u>5-11-18</u>				



CK# 4536

PAID

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



Date of Notification (1) <u>5/11/18</u>		Name of Building Owner/Operator (2) <u>TOM WELSH</u>		ASBESTOS CONTROL & 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"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>661 POMONA AVE</u>	
		City, State, Zip Code <u>HADDONFIELD N.J 08033</u>		Name of Contact <u>TOM</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 # of Floors Bldg. Age <u>1000 1 50+</u>	
City (5) <u>STONE HARBOR</u>				Current Use (Prior if being demolished) <u>VACANT</u>	
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY)		Name of Abatement Contractor (9) <u>KLEMCO INC</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.		Street Address <u>369 S SPRUCE AVE</u>	
Street Address		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>		Telephone No. <u>856-779-0472</u>	
City, State, Zip Code		Telephone No.		License No. <u>00444</u>	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor <u>N/A</u>	
Start Date (10) <u>5-21-18</u>		Scheduled Completion Date (11) <u>5-28-18</u>		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 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 IN Facility (13)</u>		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)	
<u>SIDING</u>		<u>X</u>		<u>TRANSITE</u>	
				<u>2250sf</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>3</u>	
City, State <u>MAPLE SHADE N.J</u>		Disposal Date		Name of Registered Landfill <u>C.M.C.M.U.A</u>	
				City, State <u>WOODBINE</u>	
Completed By <u>MICHAEL KLEMM</u>		Title <u>SUP.</u>		Signature <u>[Signature]</u>	
				Date <u>5-11-18</u>	



05/10/2018 09:54

2012620321

AMAC

OK 1076

PAGE 02/03

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

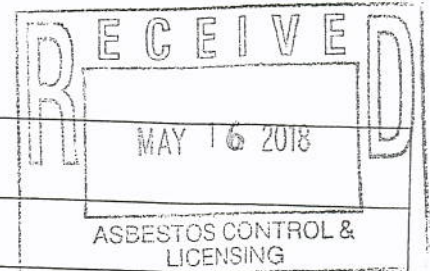
Date of Notification (1) <b>5/10/18</b>		Name of Building Owner/Operator (2) <b>GABRELLIAN ASSOCIATES</b>																
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation																
Street Address <b>177 KILACKAMACK ROAD</b>		City, State, Zip Code <b>PARK RIDGE N.J. 07656</b>																
Name of Contact <b>STEPHAN SCHNITZER</b>		Telephone Number <b>201-891-9347</b>																
<p>Names of Facility Where Abatement is Taking Place (3)  <b>RIDGEMONT SHOPPING CENTER</b></p> <p>Street Address  <b>177 KILACKAMACK ROAD / SPACE #8</b></p> <p>City (4)  <b>PARK RIDGE NJ</b></p> <p>County (5)  <b>BERGEN</b></p> <p>County Code (7)  <b>STATE USE ONLY</b></p>																		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.																
Street Address		Name of Abatement Contractor (9) <b>A. Mac Contracting Inc.</b>																
City, State, Zip Code		Street Address <b>186 Vreeland Ave.</b>																
Project Manager for Monitoring Firm		City, State, Zip Code <b>Midland Park N.J.</b>																
Telephone No.		Telephone No. <b>201-282-5841</b>																
Start Date (10) <b>5/10/18</b>		Schedule Completion Date (11) <b>5/14/18</b>																
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>																
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 ft. <input checked="" type="checkbox"/> 250 sf or 250 ft.		Street Address <b>280 Huyler Street</b>																
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code <b>Hackensack, N.J. 07606</b>																
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Enclosed M and Non-Frangible Procedure																		
Location of Asbestos-Containing Material (ACM) to be Abated in Facility (13) <b>VACANT STORE #8</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> <tr> <td></td> <td></td> <td><b>X</b></td> </tr> </table>	Yes	No	N/A			<b>X</b>	Description of Asbestos Containing Material (ACM) (14) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>VAT</b>	Amount (Specify SF or LF) <b>800 SF</b>	Abatement Type <table border="1"> <tr> <th>Removal</th> <th>Repair</th> <th>Encapsulation</th> <th>Enclosure</th> </tr> <tr> <td><b>X</b></td> <td></td> <td></td> <td></td> </tr> </table>	Removal	Repair	Encapsulation	Enclosure	<b>X</b>			
Yes	No	N/A																
		<b>X</b>																
Removal	Repair	Encapsulation	Enclosure															
<b>X</b>																		
Name of Registered Waste Hauler <b>Newark Carting, Inc.</b>	NJSEP Waste Hauler ID No. <b>04509</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>															
City, State <b>Newark, N.J. 07105</b>	Disposal Date <b>5/10/18</b>	City, State <b>Pittsford, PA 08072</b>																
Completed by <b>R. McDonald</b>	Title <b>President</b>	Signature <b>R. McDonald</b>	Date <b>5/10/18</b>															

ASB-41 (R-08-03)

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



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



Date of Notification (1) 4 / 5 / 18		Name of Building Owner/Operator (2) Verizon Communicatins		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3-5/10/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
Street Address 1609 Pacific Avenue		City, State, Zip Code Atlantic City, NJ 08401			
Name of Contact Brian Kingsbury		Telephone Number 201-256-5166			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Verizon Atlantic City CO				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 1609 Pacific Avenue				Square Feet +75,000	
City (5) Atlantic City				# of Floors 7	
County (6) Atlantic				Bldg. Age +50	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon			
Name of Monitoring Firm Hired by Building Owner (8) ESIS		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 10 Exchange Place, 13 <sup>th</sup> Floor		Street Address 1123 BEAVER STREET			
City, State, Zip Code Jersey City, NJ 07302		City, State, Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm Brian Kingsbury		Telephone No. 201-256-5166		License No. 00509	
Start Date (10) 4 / 19 / 18		Scheduled Completion Date (11) 5 / 15 / 18		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/5:00PM-2:00AM				Street Address 1123 BEAVER STREET	
				City, State, Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <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 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			
Basement Stairwell		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		VAT and Mastic	
1 <sup>st</sup> Floor Storage Room		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		VAT and Mastic	
7 <sup>th</sup> Floor and Loft		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		VAT and Mastic	
6 <sup>th</sup> Floor Office		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Ceiling Tile	
				Amount (Specify SF or LF) 100 SF	
				375 SF	
				100 SF	
				8 SF	
				<input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure	
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	
City, State Bristol, PA		Disposal Date TBD		Name of Registered Landfill ACUA Haneman Environmental Park	
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature Dillan DeCaro / jrl	
				Date 5/10/18	

ASB-41  
JAN 13

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

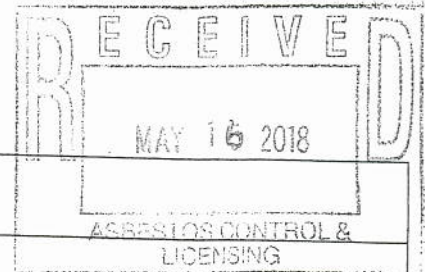
\*\*\* OFF SITE UNTIL MON. 5/14/18.

2018011



NOCK

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

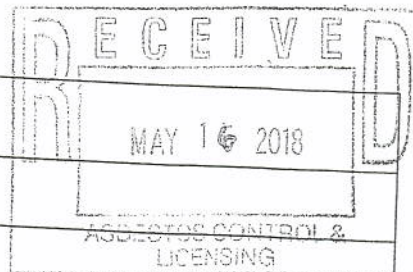


Date of Notification (1) 4 / 5 / 18		Name of Building Owner/Operator (2) Verizon Communicatins							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment ##2-4/26/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1609 Pacific Avenue							
		City, State, Zip Code Atlantic City, NJ 08401							
		Name of Contact Brian Kingsbury	Telephone Number 201-256-5166						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Verizon Atlantic City CO		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 1609 Pacific Avenue		Square Feet +75,000	# of Floors 7						
City (5) Atlantic City		Bldg. Age +50							
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon							
Name of Monitoring Firm Hired by Building Owner (8) ESIS		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 10 Exchange Place, 13 <sup>th</sup> Floor		Street Address 1123 BEAVER STREET							
City, State, Zip Code Jersey City, NJ 07302		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Brian Kingsbury		Telephone No. 201-256-5166	License No. 00509						
Start Date (10) 4 / 19 / 18	Scheduled Completion Date (11) 5 / 11 / 18	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/5:00PM-2:00AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 Stairwell	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT and Mastic	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Storage Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT and Mastic	375 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 <sup>th</sup> Floor and Loft	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT and Mastic	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 <sup>th</sup> Floor Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling Tile	8 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill ACUA Haneman Environmental Park					
City, State Bristol, PA		Disposal Date TBD	City, State Egg Harbor Township, NJ						
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature Dillan DeCaro / Jm			Date 5-1-18			



noek

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



Date of Notification (1) 4 / 5 / 18		Name of Building Owner/Operator (2) Verizon Communicatins							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment ##2-4/26/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1609 Pacific Avenue City, State, Zip Code Atlantic City, NJ 08401							
		Name of Contact Brian Kingsbury	Telephone Number 201-256-5166						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Verizon Atlantic City CO		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 1609 Pacific Avenue		Square Feet +75,000	# of Floors 7						
City (5) Atlantic City		Bldg. Age +50							
County (6) Atlantic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Verizon							
Name of Monitoring Firm Hired by Building Owner (8) ESIS	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 10 Exchange Place, 13 <sup>th</sup> Floor		Street Address 1123 BEAVER STREET							
City, State, Zip Code Jersey City, NJ 07302		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Brian Kingsbury	Telephone No. 201-256-5166	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) <del>04/27/18</del> 4 / 27 / 19	Scheduled Completion Date (11) 5 / 11 / 18	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/5:00PM-2:00AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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 Stairwell	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT and Mastic	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Storage Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT and Mastic	375 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 <sup>th</sup> Floor and Loft	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT and Mastic	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 <sup>th</sup> Floor Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling Tile	8 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill ACUA Haneman Environmental Park					
City, State Bristol, PA		Disposal Date TBD		City, State Egg Harbor Township, NJ					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature Dillon DeCaro/jl		Date 4/26/18			

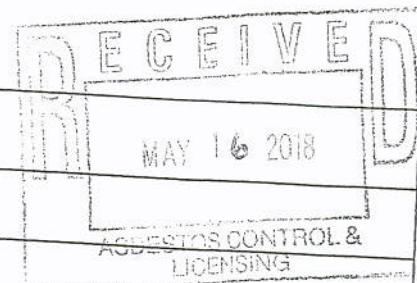
ASB-41  
JAN 13 0018011

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



NOCK

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



Date of Notification (1) 4 / 5 / 18		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>Rev #1-</u> <u>4/19/18</u> <input type="checkbox"/> Emergency (including justification)	Street Address 1609 Pacific Avenue							
		City, State, Zip Code Atlantic City, NJ 08401							
		Name of Contact Brian Kingsbury	Telephone Number 201-256-5166						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Verizon Atlantic City CO		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 1609 Pacific Avenue		Square Feet +75,000	# of Floors 7						
City (5) Atlantic City		Bldg. Age +50							
County (6) Atlantic	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon						
Name of Monitoring Firm Hired by Building Owner (8) ESIS	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 10 Exchange Place, 13 <sup>th</sup> Floor		Street Address 1123 BEAVER STREET							
City, State, Zip Code Jersey City, NJ 07302		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Brian Kingsbury	Telephone No. 201-256-5166	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) <u>ON HOLD</u>	Scheduled Completion Date (11) ____ / ____ / ____								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM <u>5:00 PM - 2:00 AM</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Stairwell	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT and Mastic	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Storage Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT and Mastic	375 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 <sup>th</sup> Floor and Loft	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT and Mastic	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 <sup>th</sup> Floor Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling Tile	8 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill ACUA Haneman Environmental Park					
City, State Bristol, PA		Disposal Date TBD		City, State Egg Harbor Township, NJ					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dillan DeCaro</i>		Date 4-19-18			

0018011



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

Ch# 3343

Date of Notification (1) 4 / 5 / 18		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 16 2018 ASBESTOS CONTROL &amp; </div>	
Agencies Notified <input checked="" type="checkbox"/> EPA 8718 <input checked="" type="checkbox"/> DOLWD 8695 <input checked="" type="checkbox"/> DOH 8701 <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			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Verizon Atlantic City Co				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 1609 Pacific Avenue				Square Feet ~75,000	
City (5) Atlantic City				# of Floors 7	
County (6) Atlantic				Bldg. Age ~50	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Verizon	
Name of Monitoring Firm Hired by Building Owner (8) ESIS		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 10 Exchange Place, 13th Floor		City, State, Zip Code Jersey City, NJ 07302		Street Address 1123 BEAVER STREET	
Project Manager for Monitoring Firm Brian Kingsbury		Telephone No. 201-256-5166		City, State, Zip Code BRISTOL, PA 19007	
Start Date (10) 4 / 19 / 18		Scheduled Completion Date (11) 4 / 30 / 18		Telephone No. 215-788-6040	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/5:00PM-2:00AM		License No. 00509		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
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)	
		Yes No N/A			
Basement Stairwell		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		VAT and Mastic	
1st Floor Storage Room		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		VAT and Mastic	
7th Floor and Loft		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		VAT and Mastic	
6th Floor Office		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Ceiling Tile	
				Amount (Specify SF or LF) 8 SF	
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	
City, State Bristol, PA		Disposal Date TBD		Name of Registered Landfill ACUA Haneman Environmental Park	
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature Dillan DeCaro/gk	
				Date 4-5-18	



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

Date of Notification (1) 4 / 5 / 18		Name of Building Owner/Operator (2) Verizon Communicatins		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  MAY 16 2018  ASBESTOS CONTROL &amp; </div>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3-5/10/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 1609 Pacific Avenue					
						City, State, Zip Code Atlantic City, NJ 08401					
				Name of Contact Brian Kingsbury		Telephone Number 201-256-5166					
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) Verizon Atlantic City CO				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 1609 Pacific Avenue				Square Feet ~75,000		# of Floors 7					
City (5) Atlantic City				Bldg. Age +50							
County (6) Atlantic		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon							
Name of Monitoring Firm Hired by Building Owner (8) ESIS		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 10 Exchange Place, 13 <sup>th</sup> Floor				Street Address 1123 BEAVER STREET							
City, State, Zip Code Jersey City, NJ 07302				City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Brian Kingsbury		Telephone No. 201-256-5166		Telephone No. 215-788-6040		License No. 00509					
Start Date (10) 4 / 19 / 18		Scheduled Completion Date (11) 5 / 15 / 18		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM <b>5:00 PM - 2:00 AM</b>				Street Address 1123 BEAVER STREET							
				City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Basement Stairwell		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT and Mastic		100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Storage Room		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT and Mastic		375 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 <sup>th</sup> Floor and Loft		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT and Mastic		100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 <sup>th</sup> Floor Office		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling Tile		8 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste		Name of Registered Landfill ACUA Haneman Environmental Park					
City, State Bristol, PA				Disposal Date TBD		City, State Egg Harbor Township, NJ					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dillan DeCaro</i>		Date 5/10/18					

ASB-41  
JAN 13

\*\*\* OFF

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

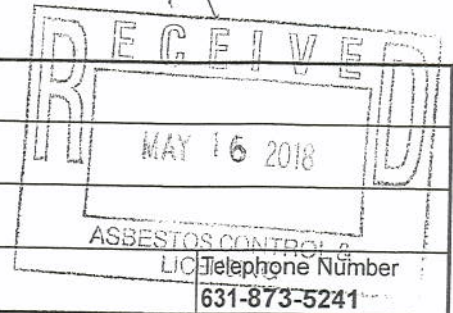
SITE UNTIL MON. 5/14/18.



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

**PAID**

*ok m60*




Date of Notification (1) 5/10/18 Type Notification		Name of Building Owner / Operator (2) <b>7-Eleven Inc.</b>	
Agencies Notified	<b>X</b>	Street Address <b>1722 Routh Street, Suite 1000</b>	
EPA		City, State & Zip Code <b>Dallas, TX 75201</b>	
DEP		Name of Contact <b>Eric Roemer</b>	
<b>X</b> DOL		Telephone Number <b>631-873-5241</b>	
<b>X</b> DOH	Emergency Notification		
<b>X</b> DCA	Initial Notification		
	Amended Notification		
	Cancellation		
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Vacant Building</b>		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <b>X</b> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>133 Garden State Parkway North</b>		Square Feet <b>3000</b>	# of Floors <b>1</b>
City (5) <b>Colonia</b>	County (6) <b>Union</b>	Bldg. Age <b>50</b>	
County Code (7)		Current Use (Prior if being demolished) <b>Commercial</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc</b>		ASCN No.	
Street Address <b>64 Broad Street</b>		Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>	
City, State & Zip Code <b>Matawan, NJ 07747</b>		Street Address <b>443 Schoolhouse Road</b>	
Project Manager for Monitoring Firm <b>Tom Geiger</b>		City, State & Zip Code <b>Monroe Township, NJ 08831</b>	
Telephone Number <b>732-290-2217</b>		Telephone Number <b>732-605-9062</b>	License Number <b>00714</b>
Scheduled Start Date (10) <b>5/21/18</b>	Scheduled Completion Date (11) <b>5/25/18</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>
Occupancy Status During Abatement (Check only one) <b>X</b> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: <b>Area Isolated During Abatement</b> Other - Describe:		Street Address <b>443 Schoolhouse Road</b>	
		City, State & Zip Code <b>Monroe Township, NJ 08831</b>	
Scope of Work (Check all that apply)			
<b>X</b> Demolition		Renovation	
Large Project		Full Containment with Negative Pressure	
Quantity is $\geq 3$ SF or $\geq 3$ LF ACM		Mini-Enclosure	
<b>X</b> Quantity is $\geq 160$ SF or $\geq 260$ LF ACM		Glovebag Procedure	
		<b>X</b> Other: <b>Non-friable</b>	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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)
<b>Main Roof</b>	<b>N/A</b>	<b>Roofing/flashing</b>	<b>1,940</b>
<b>Duct mastic</b>	<b>N/A</b>	<b>Duct seam flashing</b>	<b>124 SF</b>
Name of Registered Waste Hauler <b>Freehold Carting</b>	NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>20</b>	Name of Registered Landfill <b>TRRF</b>
City, State <b>Trenton, NJ</b>		Disposal Date <b>5/21/18</b>	City, State <b>Tullytown, Pa</b>
Completed By (Print or Type) <b>Dominick Tringali</b>	Title <b>Pres.</b>	Signature <i>Dominick Tringali</i>	Date <b>5/11/18</b>



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

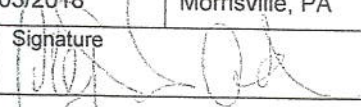
PAID

Check 176022

Date of Notification (1) 5/11/18		Name of Building Owner/Operator (2) Mt. Olive Township							
Agencies Notified	Type Notification	Street Address PO Box 450							
<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 Budd Lake, NJ 07828							
		Name of Contact Andrew Tatarenko	Telephone Number 973-691-0900 x 7201						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Cobblestone Health Care Facility		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 20-23 Stonewald Court Drive		Square Feet 12,486	# of Floors 3						
City (5) Budd Lake		Bldg. Age 128							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) health care facility							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann		ASCM No. 62252	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address 1600 Route 22 East		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm Craig Abrams		Telephone No. 908-688-7800	Telephone No. 973-764-2276						
License No. 703									
Start Date (10) 5/21/18	Scheduled Completion Date (11) 5/28/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
old building 1st floor furnace room			x	gray flue breeching	5 LF	x			
Name of Registered Waste Hauler Tonys Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Bridgewater NJ		Disposal Date TBD		City, State Exton PA					
Completed by A. Scott Higgins		Title President		Signature 			Date 5/11/18		

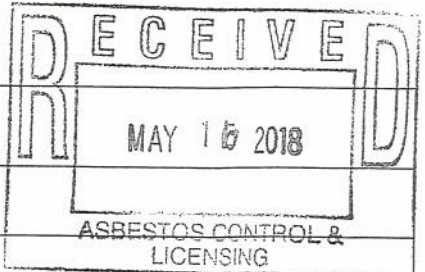


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 05/10/2018		Name of Building Owner/Operator (2) Tinton Falls School District		Check No. 1097					
<div style="border: 1px solid black; padding: 2px; display: inline-block;">PAID</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">RECEIVED</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">MAY 16 2018</div>					
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Type Notification</b> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<b>Street Address</b> 658 Tinton Avenue  <b>City, State, Zip Code</b> Tinton Falls, New Jersey 07724  <b>Name of Contact</b> Vin Daniels					
				<b>Telephone Number</b> 732-542-1158					
<b>FACILITY INFORMATION</b>									
<b>Name of Facility Where Abatement is Taking Place (3)</b> Tinton Falls Middle School			<b>Type of Facility (4)</b> <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.)						
<b>Street Address</b> 674 Tinton Avenue			<b>Square Feet</b> 60,000						
<b>City (5)</b> Tinton Falls, New Jersey 07724			<b># of Floors</b> 2		<b>Bldg. Age</b> 50+				
<b>County (6)</b> Monmouth		<b>County Code (7)</b> (STATE USE ONLY)		<b>Current Use (Prior if being demolished)</b> School					
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> AHERA Consultants, Inc.		<b>ASCM No.</b> 00057		<b>Name of Abatement Contractor (9)</b> Lilich Corporation					
<b>Street Address</b> P.O. Box 385		<b>Street Address</b> 606 McBride Ave							
<b>City, State, Zip Code</b> Oceanville, New Jersey 08231		<b>City, State, Zip Code</b> Woodland Park, New Jersey							
<b>Project Manager for Monitoring Firm</b> John Smoyer		<b>Telephone No</b> 609-652-1833		<b>Telephone No.</b> 973-225-8400					
<b>Start Date (10)</b> 06/25/2018		<b>Scheduled Completion Date (11)</b> 08/03/2018		<b>License No.</b> 01104					
<b>Name of OSHA Monitor</b> Iris Environmental Laboratories, LLC									
<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 <input checked="" type="checkbox"/> Other – Describe: <u>Occupied 6am-2pm</u>			<b>Street Address</b> 2333 Route 22 West						
			<b>City, State, Zip Code</b> Union, NJ 07083						
<b>Scope of Work (Check All That Apply)</b> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
<b>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</b>		<b>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</b> Yes    No    N/A		<b>Description of Asbestos Containing Material (ACM)</b> (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	<b>Amount (Specify SF of LF)</b>	<b>Abatement Type</b>			
						Removal	Repair	Encapsulate	Enclosure
Hallways-4 Location		X		Transite Panels located around skylights	125 SF	X			
<b>Name of Registered Waste Hauler</b> Lilich Corporation		<b>NJDEP Waste Hauler ID No.</b> 18724		<b>Cubic Yards of Waste</b> 5		<b>Name of Registered Landfill</b> Fairless Landfill			
<b>City, State</b> Woodland Park, New Jersey				<b>Disposal Date</b> 08/03/2018		<b>City, State</b> Morrisville, PA			
<b>Completed by</b> Adriana Olejarova		<b>Title</b> President		<b>Signature</b> 		<b>Date</b> 05/10/2018			



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



Date of Notification (1) <b>5 / 14 / 18</b>		Name of Building Owner/Operator (2) <b>NJEA</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>180 W. STATE STREET</b>	
		City, State, Zip Code <b>TRENTON NJ 19014</b>	
		Name of Contact	Telephone Number <b>(609) 599-4561</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>NJEA</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>172 W. STATE STREET</b>		Square Feet <b>&gt;50,000</b>	# of Floors <b>3</b>
City (5) <b>TRENTON</b>		Bldg. Age <b>50+</b>	
County (6) <b>MERCER</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) <b>VERTEX</b>		ASCM No.	Name of Abatement Contractor (9) <b>DELTA/BJDS, INC</b>	
Street Address <b>700 TURNER INDUSTRIAL WAY</b>		Street Address <b>1345 INDUSTRIAL BLVD</b>		
City, State, Zip Code <b>ASTON PA 19014</b>		City, State, Zip Code <b>SOUTHAMPTON PA 18966</b>		
Project Manager for Monitoring Firm <b>DON HEIM</b>		Telephone No. <b>610 558-8902</b>	Telephone No. <b>215 322-2900</b>	License No. <b>00783</b>
Start Date (10) <b>5 / 29 / 18</b>	Scheduled Completion Date (11) <b>8 / 30 / 18</b>	Name of OSHA Monitor <b>CRITERION LABS</b>		

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>      </u> PM/ <u>4</u> PM- <u>      </u> AM		Street Address <b>400 STREET ROAD</b>	
		City, State, Zip Code <b>BENSALEM, PA 19020</b>	

Scope of Work (Check all that apply)

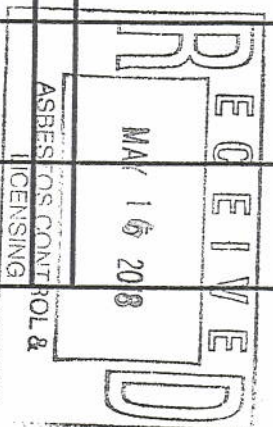
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/>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

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

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP INC</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>58 PYLES LANE NEW CASTLE DE 19720</b>		Disposal Date	City, State <b>WAYNESBURG, OHIO</b>		
Completed By (Print or Type) <b>CHRISTINE DEL VISCIO</b>	Title <b>ASST. ADMINSTRATOR</b>	Signature <i>Christina Del Viscio</i>	Date <b>5/14/2018</b>		



LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?			DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
	YES	NO	N/A						
BASEMENT		X		PIPE INSULATION	350 LF	X			
BASEMENT BOILER RM		X		FLUE PATCH	6 SF	X			
BASEMENT CIS TENANT SPACE (FRONT WEST SIDE		X		MARBLE FLOOR TILE W/BLACK MASTIC	160 SF	X			
BASEMENT HALLWAY		X		GREEN FLOOR TILE W/BLACK MASTIC	150 SF	X			
BASEMENT CIS TENANT SPACE				CEILING TILE (DOT)	375 SF				
1ST-3RD FLOOR		X		SPINE CEILING TILE (FISSURE/DOT)	4,800 SF	X			
THROUGH OUT BUILDING		X		35 WINDOWS EXTERIOR GLAZING	35 WINDOWS				

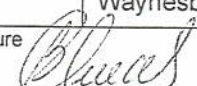




OK 3177

Print Form

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

Date of Notification (1) 05/09/18		Check # 3177		Name of Building Owner/Operator (2) St. Mary School					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 232 Central Ave City, State, Zip Code Rahway, NJ, 07065 Name of Contact Dave					
				Telephone Number 732-621-7493					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) St. Mary School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 232 Central Ave				Square Feet 30,000+					
City (5) Kearny				# of Floors 2					
County (6) Union				Bldg. Age 50+					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		Name of Abatement Contractor (9) EA Services				
Street Address N/A			Street Address 426 69th st						
City, State, Zip Code N/A			City, State, Zip Code Guttenberg, NJ, 07093						
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 201-295-1700					
Start Date (10) 05/19/18		Scheduled Completion Date (11) 05/20/18		License No. 01074					
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 N/A					
				Street Address N/A					
				City, State, Zip Code N/A					
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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Cafeteria		X		Ceiling	3 SF	X			
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Enterprise Inc			
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Gina Betances		Title Office Manager		Signature 		Date 05/09/18			



PAID

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

32149

Date of Notification (1)

5 / 9 /2018

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

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

Name of Building Owner/Operator (2)

THE VALLEY HOSPITAL

Street Address

223 NORTH VAN DIEN AVENUE

City, State, Zip Code

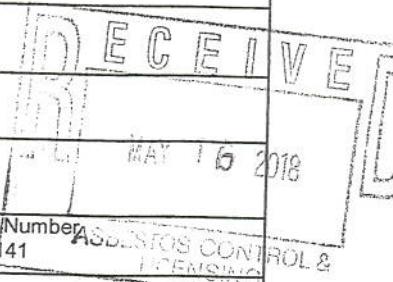
RIDGEWOOD, NEW JERSEY 07652

Name of Contact

GEORGE GANCOS

Telephone Number

201-447-8141



## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

VALLEY HOSPITAL

Type of Facility (4)

☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet  
50,000# of Floors  
1Bldg. Age  
40+

Street Address

650 WINTER AVENUE

City (5)

PARAMUS

County (6)

BERGEN

County Code (7)  
(STATE USE ONLY)Current Use (Prior if being demolished)  
ABANDONED

Name of Monitoring Firm Hired by Building Owner (8)

COLDEN CORPORATION

ASCM No.

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

131 VARICK STREET, SUITE 1022

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

NEW YORK, NEW YORK 10013

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

JIM MIADES

Telephone Number

347-435-3561

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

7 / 5 /18

Sched. Completion Date (11)

3 30 /19

Name of OSHA Monitor

EMSL #11506

Occupancy Status During Abatement (Check only one)

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

Street Address

307 WEST 38TH STREET

City, State, Zip Code

NEW YORK, NEW YORK

Scope of Work (Check all that apply)

☐ Demolition  
☒ >3SF OR LF  
☒ >160 SF OR 260 LF

☒ Renovation

☒ Full Containment  
☐ Mini Enclo ,  
☒ Glovebag Procedure  
☒ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1ST FLOOR THROUGHOUT			X	FLOOR MASTIC	####	X			
1ST FL. PERIMETER EAST & SOUTH			X	PIPE INSULATION AND FITTINGS	700 LF	X			
1ST FLOOR KITCHEN			X	TILE GROUT	600 SF	X			
1ST FLOOR PERIMETER			X	WINDOW CAULK	20 SF	X			
EXTERIOR AIR HANDLER UNITS			X	TAR FLASHING	160 SF	X			

Name of Registered Waste Hauler  
NEWARK CARTING  
369 RAYMOND BLVD

NJDEP Waste Hauler ID No.  
913

Cubic Yards of Waste  
60

Name of Registered Landfill  
GRAND CENTRAL SANITARY LANDFILL

City, State  
NEWARK, NEW JERSEY

Disposal Date  
07/05/18 - 03/30/2019

City, State  
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)  
BENJAMIN SANCHEZ

Title  
DIRECTOR OF OPERATIONS

Signature

Date

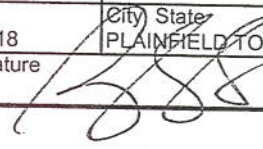
5/9/18



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

<b>Date of Notification (1)</b> 5 / 109 / 2018		<b>Name of Building Owner/Operator (2)</b> THE VALLEY HOSPITAL	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Street Address</b> 223 NORTH VAN DIEN AVENUE  <b>City, State, Zip Code</b> RIDGEWOOD, NEW JERSEY 07652	
<b>Type Notification</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		<b>Name of Contact</b> GEORGE GANCOSOS	
		<b>Telephone Number</b> 201-447-8141	

**RECEIVED**  
 MAY 16 2018

FACILITY INFORMATION			
<b>Name of Facility Where Abatement is Taking Place (3)</b>  VALLEY HOSPITAL		<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 (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 670 WINTER AVENUE		<b>Square Feet</b> 50,000	<b># of Floors</b> 1
<b>City (5)</b> PARAMUS		<b>County (6)</b> BERGEN	<b>Bldg. Age</b> 40+
<b>County Code (7) (STATE USE ONLY)</b> ASCM No.		<b>Current Use (Prior if being demolished)</b> ABANDONED	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> COLDEN CORPORATION		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>Street Address</b> 131 VARICK STREET, SUITE 1022		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>City, State, Zip Code</b> NEW YORK, NEW YORK 10013		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Project Manager for Monitoring Firm</b> JIM MIADES		<b>Telephone Number</b> 347-435-3561	<b>License Number</b> 1101
<b>Expected State Date (10)</b> 6 / 7 / 18		<b>Sched. Completion Date (11)</b> 3 30 / 19	
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM		<b>Name of OSHA Monitor</b> EMSL #11506	
<b>Scope of Work (Check all that apply)</b> <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment <input checked="" type="checkbox"/> Mini Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
<b>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</b>		<b>Is Location normally used solely by Maint/Custodial Staff (12)</b> Yes No N/A	
<b>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</b>		<b>Amount (Specify SF or LF)</b>	
<b>Abatement Type</b> REMOVAL REPAIR ENCAPSUL ENCLOSUR			
1ST FLOOR THROUGHOUT		X	
1ST FLOOR ROOMS 100 & 101		X	
1ST FLOOR ROOMS 101 & 102		X	
1ST FLOOR ROOM 182		X	
1ST FLOOR ROOM 182		X	
1ST FLOOR ROOM 180		X	
<b>Name of Registered Waste Hauler</b> NEWARK CARTING 369 RAYMOND BLVD City, State NEWARK, NEW JERSEY		<b>NJDEP Waste Hauler ID No.</b> 913	<b>Cubic Yards of Waste</b> 100
<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY LANDFILL		<b>Disposal Date</b> 6/07/18 - 12/30/18	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 
		<b>Date</b> 5/9/18	



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

32151

Date of Notification (1)

5 / 9 /2018

Name of Building Owner/Operator (2)

THE VALLEY HOSPITAL

Street Address

223 NORTH VAN DIEN AVENUE

City, State, Zip Code

RIDGEWOOD, NEW JERSEY 07652

Name of Contact

GEORGE GANCOS

Telephone Number

201-447-8141 ASBESTOS CONTROL & LICENSING

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

VALLEY HOSPITAL

Type of Facility (4)

☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

620 WINTER AVENUE

Square Feet

7,000

# of Floors

1

Bldg. Age

40+

City (5)

PARAMUS

County (6)

BERGEN

County Code (7)  
(STATE USE ONLY)

Current Use (Prior if being demolished)

ABANDONED

Name of Monitoring Firm Hired by Building Owner (8)

COLDEN CORPORATION

ASCM No.

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

131 VARICK STREET, SUITE 1022

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

NEW YORK, NEW YORK 10013

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

JIM MIADES

Telephone Number

347-435-3561

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

5 / 29 /18  
Month Day Year

Sched. Completion Date (11)

12 30 /18  
Month Day Year

Name of OSHA Monitor

EMSL #11506

Occupancy Status During Abatement (Check only one)

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

Street Address

307 WEST 38TH STREET

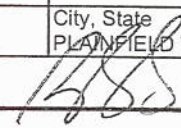
City, State, Zip Code

NEW YORK, NEW YORK

Scope of Work (Check all that apply)

☐ Demolition  
☐ >3SF OR LF  
☒ >160 SF OR 260 LF  
☒ Renovation

☒ Full Containment  
☒ Mini Encl.  
☐ Glovebag Procedure  
☒ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1ST FLOOR FRONT OFFICE BATHROOM			X	WALL COMPOUND	150 SF	X			
1ST FLOOR SHOP SIDE BATHROOM			X	WALL COMPOUND	150 SF	X			
1ST FLOOR FURNACE ROOM			X	WALL COMPOUND	400 SF	X			
EXTERIOR EAST ROOF			X	VENT TAR	6 SF	X			
EXTERIOR EAST ROOF			X	BUILT UP ROOFING	1,600 SF	X			
EXTERIOR SOUTH ROOF			X	VENT TAR	6 SF	X			
EXTERIOR L ROOF			X	BLACK CAULK	32 SF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill				
NEWARK CARTING		369 RAYMOND BLVD		30	GRAND CENTRAL SANITARY LANDFILL				
City, State				Disposal Date	City, State				
NEWARK, NEW JERSEY				5/29/18 - 12/30/18	PLAINFIELD TOWNSHIP, PA				
Completed by (Print or Type)		Title		Signature		Date			
BENJAMIN SANCHEZ		DIRECTOR OF OPERATIONS				5/9/18			



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

CK 32152

Date of Notification (1)

5 / 9 / 2018

Name of Building Owner/Operator (2)  
THE VALLEY HOSPITAL

Street Address  
223 NORTH VAN DIEN AVENUE

City, State, Zip Code  
RIDGEWOOD, NEW JERSEY 07652

Name of Contact  
GEORGE GANCOS

Telephone Number  
201-447-8141

MAY 16 2018

ASBESTOS CONTROL & LICENSING

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

VALLEY HOSPITAL

Street Address  
640 WINTER AVENUE

City (5)  
PARAMUS

County (6)  
BERGEN

County Code (7)  
(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)  
COLDEN CORPORATION

ASCM No.

Street Address  
131 VARICK STREET, SUITE 1022  
City, State, Zip Code  
NEW YORK, NEW YORK 10013

Type of Facility (4)

☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet  
50,000

# of Floors  
1

Bldg. Age  
40+

Current Use (Prior if being demolished)  
ABANDONED

Name of Abatement Contractor (9)  
PAR ENVIRONMENTAL CORPORATION

Street Address  
313 SPOOK ROCK ROAD

City, State, Zip Code  
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm  
JIM MIADES

Telephone Number  
347-435-3561

Telephone Number  
845-369-7500

License Number  
1101

Expected State Date (10)  
5 / 29 / 18  
Month Day Year

Sched. Completion Date (11)  
12 30 / 18  
Month Day Year

Name of OSHA Monitor  
EMSL #11506

Occupancy Status During Abatement (Check only one)

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

Street Address  
307 WEST 38TH STREET

City, State, Zip Code  
NEW YORK, NEW YORK

Scope of Work (Check all that apply)

☐ Demolition  
☐ >3SF OR LF  
☒ >160 SF OR 260 LF

☒ Renovation

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1ST FLOOR-THROUGHOUT			X	FLOOR MASTIC	5,300 SF	X			
1ST FLOOR-PERIMETER				WINDOW GLAZING	60 SF	X			

Name of Registered Waste Hauler  
NEWARK CARTING  
369 RAYMOND BLVD

NJDEP Waste Hauler ID No.  
913

Cubic Yards of Waste  
30

Name of Registered Landfill  
GRAND CENTRAL SANITARY LANDFILL

City, State  
NEWARK, NEW JERSEY

Disposal Date  
5/29/18 - 12/30/18

City, State  
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)  
BENJAMIN SANCHEZ

Title  
DIRECTOR OF OPERATIONS

Signature

Date  
5-9-18



PAID

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

ck # 231

Date of Notification (1) 5/10/18		Name of Building Owner/Operator (2) Madison Board of Education	
Agencies Notified	Type Notification	Street Address 359 Woodland Road	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Madison, NJ 07940	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Gary Lane	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Telephone Number 973-593-3101	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

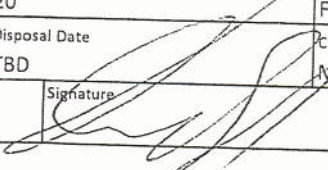
  

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Madison High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address 170 Ridgedale Ave		Square Feet 100,000	# of Floors 2+
City (5) Madison		Bldg. Age 50+	
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental Analysis, Inc.		ASCM No. 0090	Name of Abatement Contractor (9) Unicorn Contracting Corp.
Street Address 401 St. James Avenue		Street Address 32 Willow Way	
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager from Monitoring Firm Jon Gilbert		Telephone No. 908-454-6316	Telephone No. 973-333-9176
Start Date (10) 5/29/18		Scheduled Completion Date (11) 6/08/18	License No. 01331
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: Sub-8 Occupied Abatement		Name of OSHA Monitor Envirovision Consultants, Inc.	
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 20-21 Wagaraw Rd., Bldg. 35-E City, State, Zip Code Fair Lawn, NJ 07410	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Wood Shop			X	Pipe Insulation	330 LF	X			
Wood Shop			X	Wood, Felt & Mastic	2,100 SF	X			
Wood Shop			X	Transite Panel	28 SF	X			
Wood Shop Roof	X			Roofing Felt & Mastic	60 SF	X			

Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Hills Landfill
City, State Woodland Park, New Jersey	Disposal Date TBD	Signature 	City, State Morrisville, PA
Completed by Dimo Golcev	Title General Manager	Date 5/10/18	



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

CK# 5088 PAID

RECEIVED MAY 16 2018 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5-9-18		Name of Building Owner/Operator (2) BEGA LONG BRANCH 2 LLC							
Agencies Notified	Type Notification	Street Address 485 S. 2ND AVE							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 HIGHLAND PARK NJ 08904							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact JACOB	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) BEGA Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 375 BATH AVENUE Bldg 3		Square Feet 4500							
City (5) LONG BRANCH		# of Floors 20							
County (6) monmouth		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) APTS							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) ACE INSULATION CO.							
City, State, Zip Code		Street Address 95 montrose RD							
Project Manager for Monitoring Firm		City, State, Zip Code Cobleskill NY 12522							
Telephone No.		Telephone No. 732 294 1757							
Start Date (10) 5-22-18		License No. 00009							
Scheduled Completion Date (11) 5-29-18		Name of OSHA Monitor m. JORDAN							
Occupancy Status During Abatement (Check Only One)		Street Address 772 7th ST							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Lincoln Park							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours									
<input checked="" type="checkbox"/> Other - Describe: 7AM - 7PM									
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input type="checkbox"/> Renovation							
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure							
		<input type="checkbox"/> Mini-Enclosure							
		<input type="checkbox"/> Glovebag Procedure							
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
STORAGE AREAS				✓ P. RECOVERING	400	✓			
CRAWLS				✓ P. RECOVERING	600	✓			
Name of Registered Waste Hauler ACE INSULATION CO.		NJDEP Waste Hauler ID No. 13086	Cubic Yards of Waste 10	Name of Registered Landfill FAIRLESS					
City, State Cobleskill NY		Disposal Date 5/29/18	City, State morelandville Pa.						
Completed by George A. West		Title President	Signature George A. West		Date 5-9-18				



PAID

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

*CHECK*  
# 2302

Date of Notification (1) <b>5/7/2018</b>		Name of Building Owner / Operator (2) <b>Sunoco Partners Marketing &amp; Terminals, LP - Eagle Point Facility</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 type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>1240 Crown Point Road</b> City, State & Zip Code <b>Westville, NJ 08093</b> Name of Contact <b>Ron Rosendorn</b>	
		Telephone Number <b>856-853-3155</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Eagle Point Facility</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>1240 Crown Point Road</b>		Square Feet <b>n/a</b>	# of Floors <b>n/a</b>
City (5) <b>Westville</b>	County (6) <b>Burlington</b>	Bldg. Age <b>n/a</b>	
County Code (7)		Current Use (Prior if being demolished) <b>Commercial</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Name of Abatement Contractor (9) <b>Alpha Environmental</b>	
Street Address		Street Address <b>PO Box 8297</b>	
City, State & Zip Code		City, State & Zip Code <b>Trenton, NJ 08650</b>	
Project Manager for Monitoring Firm		Telephone Number <b>609-847-2956</b>	License Number <b>01222</b>
Scheduled Start Date (10) <b>5/17/2018</b>	Scheduled Completion Date (11) <b>6/17/2018</b>	Name of OSHA Monitor <b>ALPHA Environmental</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>PO Box 8297</b>	
		City, State & Zip Code <b>Trenton NJ 08650</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 checked="" 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) TO BE ABATED 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)
<b>Tanks adjacent filter building</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<b>Tank Insulation</b>	<b>4800sf</b>
Name of Registered Waste Hauler <b>Service Transport Group</b>		NJDEP Waste Hauler ID No. <b>00033330</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>New Castle DE</b>		Disposal Date <b>various</b>	City, State <b>Waynesburg, OH</b>
Completed By (Print or Type) <b>Rod Richardson</b>		Title <b>Project Manager</b>	Signature <i>Rod Richardson</i>
		Date <b>5/7/2018</b>	

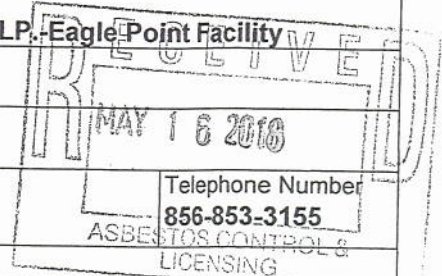


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

**PAID**

**CHECK #**  
**2301**

Date of Notification (1) <b>5/7/2018</b>		Name of Building Owner / Operator (2) <b>Sunoco Partners Marketing &amp; Terminals, LP - Eagle Point Facility</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 type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>1240 Crown Point Road</b> City, State & Zip Code <b>Westville, NJ 08093</b> Name of Contact <b>Ron Rosendorn</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Eagle Point Facility</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>1240 Crown Point Road</b>		Square Feet <b>n/a</b>	# of Floors <b>n/a</b>
City (5) <b>Westville</b>	County (6) <b>Burlington</b>	Bldg. Age <b>n/a</b>	
County Code (7)		Current Use (Prior if being demolished) <b>Commercial</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Name of Abatement Contractor (9) <b>Alpha Environmental</b>	
Street Address		Street Address <b>PO Box 8297</b>	
City, State & Zip Code		City, State & Zip Code <b>Trenton, NJ 08650</b>	
Project Manager for Monitoring Firm		Telephone Number <b>609-847-2956</b>	License Number <b>01222</b>
Scheduled Start Date (10) <b>5/17/2018</b>	Scheduled Completion Date (11) <b>6/17/2018</b>	Name of OSHA Monitor <b>ALPHA Environmental</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>PO Box 8297</b>	
		City, State & Zip Code <b>Trenton NJ 08650</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" 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 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
<b>Pipe Rack (Central Ave to Powerhouse)</b>		<b>Pipe Insulation</b>	<b>3500lf</b>
Name of Registered Waste Hauler <b>Service Transport Group</b>		NJDEP Waste Hauler ID No. <b>00033330</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>New Castle DE</b>		Disposal Date <b>various</b>	City, State <b>Waynesburg. OH</b>
Completed By (Print or Type) <b>Rod Richardson</b>		Title <b>Project Manager</b>	Signature <i>Rodrich Richardson</i>
			Date <b>5/7/2018</b>





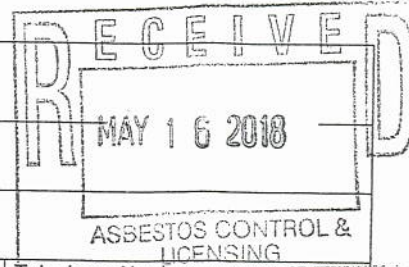
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 05 / 10 / 18		Name of Building Owner/Operator (2) Eagle Demolition & Environmental							
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 103 Folds Drive							
		City, State, Zip Code Carrollton, GA 30117							
		Name of Contact Eagle Demolition							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		ASBESTOS CONTROL & LICENSING							
City (5) Seaside Heights		Square Feet 1200 sf	# of Floors 1						
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 65						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 05 / 25 / 18	Scheduled Completion Date (11) 05 / 28 / 18	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1100 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos roofing	200 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soffit	32 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 5	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 05/28/18		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature [Signature]		Date 5/10/18			



CK4799 PAID

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



Date of Notification (1) 05 / 10 / 18		Name of Building Owner/Operator (2) Lacey Township Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" 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 200 Western Boulevard							
		City, State, Zip Code Lanoka Harbor, NJ 08734							
		Name of Contact Joe Estock - Estock Piping	Telephone Number 609-291-1989						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lanoka Harbor 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 281 Manchester Avenue									
City (5) Lanoka Harbor		Square Feet 20,000	# of Floors 2						
		Bldg. Age 80							
County (6) Ocean	County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.		ASCM No. 57	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 385		Street Address 623 Cutler Avenue							
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Donna D'Errico		Telephone No. 609-652-1833	License No. 00842						
Start Date (10) 06 / 21 / 18	Scheduled Completion Date (11) 07 / 13 / 18		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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breeching Insulation	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Packing & Interior Materials	525 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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 07/13/2018		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 5/10/18			



2018-05-09 14:35

Shade Environmental 1 &gt;&gt; 609 633 0664

P 2/4

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:26 and 5:15)

**PAID**

**RECEIVED**  
 MAY 16 2018  
 ASBESTOS CONTROL & WASTE MANAGEMENT

Date of Notification (1) 05 / 09 / 18		Name of Building Owner/Operator (2) Transcontinental Gas Pipe Line Co., LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-8)		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 60 N. Baiton Hill Road		City, State, Zip Code Malvern, PA 19355							
Name of Contact Skipper Renfro		Telephone Number 985-869-8835							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Transcontinental Gas Pipeline Co., LLC		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 100 Monmouth Street		Squads: _____ # of Floors _____ Bldg. Age _____							
City (5) Gloucester City		County Code (7) (STATE USE ONLY)							
County (6) Camden		Current Use (Prior if being demolished) Natural Gas Pipeline							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____							
Street Address N/A		Name of Abatement Contractor (9) Shade Environmental, LLC							
City, State, Zip Code N/A		Street Address 623 Cutler Avenue							
Project Manager for Monitoring Firm N/A		City, State, Zip Code Maple Shade, NJ 08052							
Telephone No. N/A		Telephone No. 856-765-0999							
Start Date (10) 05 / 10 / 18		License No. 00842							
Scheduled Completion Date (11) 05 / 11 / 18		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-_____ AM		Street Address 200 Route 130 North							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 250 lf		City, State, Zip Code Cinnaminson, NJ 08047							
<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-Frangible Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Surface Coating on 14" Pipeline	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartago		NJDEP Waste Hauler ID No. 15239		Cubic Yards of Waste 1		Name of Registered Landfill Fairleigh Landfill			
City, State Freehold, NJ		Disposal Date 05/11/2018		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature <i>Christina Lynch</i>		Date 5-9-18			

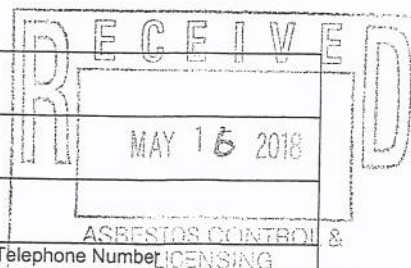


OK 1169

Print Form

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

PAID



Date of Notification (1) 05/11/18		Name of Building Owner/Operator (2) Mark Carelli							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 [REDACTED]						
			City, State, Zip Code Maplewood, NJ 07040, USA						
			Name of Contact Mark Carelli						
			Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mark Carelli		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) Maplewood, NJ 07040		Bldg. Age							
County (6) Essex County, New Jersey	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) NJ Abatement Services, LLC		ASCM No. ?	Name of Abatement Contractor (9) NJ Abatement Services LLC						
Street Address 199 Chesnut Ridge Road		Street Address 199 Chesnut Ridge Road							
City, State, Zip Code Montvale Nj 07465		City, State, Zip Code Montvale Nj 07465							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 05/14/18		Scheduled Completion Date (11) 05/24/18	Name of OSHA Monitor Iris Environmental Laboratories						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 route 22 west							
		City, State, Zip Code Union Nj 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Black Flashing				Black Flashing	640 Ln Ft	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste .5	Name of Registered Landfill IESI BETHLEHEM LANDFILL					
City, State 369 RAYMOND BLVD, NEWARK NJ 07105		Disposal Date 05/10		City, State BETHLEHEM, PA 18015					
Completed by NICOLE INTRIAGO		Title SUPERVISOR	Signature <i>Nicole Intriago</i>			Date 05/08/18			



PAID

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

Date of Notification (1) <b>5/11/18</b>		Name of Building Owner/Operator (2) <b>Barbara Shapiro</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  MAY 16 2018  ASBESTOS CONTROL &amp; LICENSING </div>
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Glen Ridge, NJ, 07028</b>		
		Name of Contact <b>Barbara</b>	Telephone Number	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Barbara Shapiro</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet    # of Floors    Bldg. Age		
City (5) <b>Glen Ridge</b>	County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>		
Street Address		Street Address <b>86 Christopher St.</b>			
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>			
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>		License Number <b>00371</b>
Scheduled Start Date (10) <b>5- 23- 18</b> Month    Day    Year		Sched. Completion Date (11) <b>5- 25- 18</b> Month    Day    Year		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 - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			Street Address		
			City, State, Zip Code		

## Scope of Work (Check all that apply)

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

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
Basement			X	Pipe Insulation	100 LF	X			

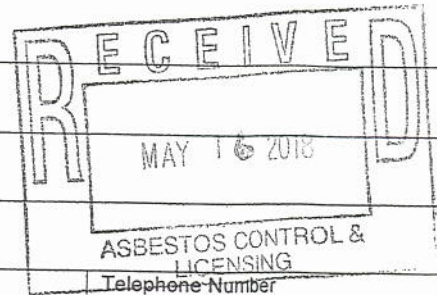
Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.0</b>	Name of Registered Landfill <b>Minerva Enterprise INC</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>5/28/18</b>	City, State <b>Waynesburg, Ohio 44688</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature <i>Constantine Vivian</i>	Date <b>5/11/18</b>		



Ok 2582

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

PAID

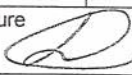


Date of Notification (1) 5-8-2018		Name of Building Owner/Operator (2) Patrick Gagliardi							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Hoboken, NJ 07030							
		Name of Contact Patrick Gagliardi							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hoboken, NJ 07030		Square Feet 2000	# of Floors 2						
County (6) Hudson		Bldg. Age 75+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Green Environmental Services, LLC							
City, State, Zip Code		Street Address 235 Virginia Avenue							
Project Manager for Monitoring Firm		City, State, Zip Code Jersey City, NJ 07304							
Telephone No.		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 5-19-2018	Scheduled Completion Date (11) 5-19-2018		Name of OSHA Monitor Same as above						
Occupancy Status During Abatement (Check Only One)			Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe insulation	220 LF	x			
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 2	Name of Registered Landfill Grows North Landfill					
City, State Jersey City, NJ			Disposal Date 5-19-2018	City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager	Signature <i>Liliana Serrano</i>			Date 5-8-2018			



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

chk # 1010

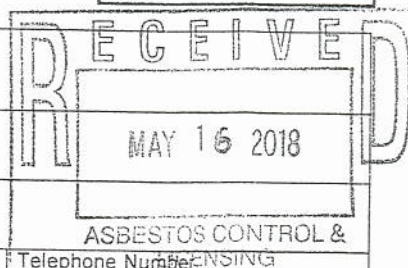
Date of Notification (1) 05/08/2018		PAID		Name of Building Owner/Operator (2) johannaliz Sanchez		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED  MAY 16 2018  CONTROL &amp; LICENSING </div>			
Agencies Notified		Type Notification		Street Address [REDACTED]					
<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 Jersey City, NJ 07305					
				Name of Contact Johannaliz Sanchez					
				Telephone Number					
<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) Jersey City				Square Feet 2,788		# of Floors 2			
				Bldg. Age 1901					
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) Danvic Contracting LLC				
Street Address					Street Address 240 S. 5th St.				
City, State, Zip Code					City, State, Zip Code Elizabeth, NJ 07206				
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 908-906-4123		License No. 01355		
Start Date (10) 05/18/2018		Scheduled Completion Date (11) 05/25/2018		Name of OSHA Monitor Iris Environmental Laboratories, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 2333 Route 22 West					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Union, NJ, 07083					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	90 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC			NJDEP Waste Hauler ID No. 37574		Cubic Yards of Waste 2		Name of Registered Landfill Fairless Hills Landfill		
City, State Elizabeth, NJ			Disposal Date TBD		City, State Morrisville, PA				
Completed by Jeymy Dommeys			Title Owner		Signature 			Date 05/08/2018	



MO#24776119495

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

Date of Notification (1) 05 / 10 / 18		Name of Building Owner/Operator (2) Jill Falana	
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 [REDACTED]		City, State, Zip Code Irvington, NJ 07111	
Name of Contact Jill Falana		Telephone Number [REDACTED]	



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) Irvington, NJ 07111		# of Floors	
County (6) Essex		Bldg. Age	
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		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.		Telephone No. 973-638-1777	
Start Date (10) 05 / 19 / 18		License No. 01127	
Scheduled Completion Date (11) 05 / 20 / 18		Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
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 type="checkbox"/> Demolition		City, State, Zip Code Fair Lawn, NJ 07410	

- ☐ Clean up and decontamination with negative pressure  
☐ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☐ Glovebag Procedure ☐ Tent with Negative Pressure  
☐ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct insulation	200 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 Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA			
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 05/10/18	



05/09/2018 10:17

2012620321

AMAC

PAGE 02/03

PAID

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

RECEIVED  
DOL - 10 DAY  
MAY 15 2018  
MAY 8 2018  
ASBESTOS CONTROL &  
WARRANTY APPROVED

Date of Notification (1) <b>5/08/18</b>		Name of Building Owner/Operator (2) <b>DOUG ELLINGHAUS</b>					
Agencies Notified	Type Notification	Street Address	City, State, Zip				
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	<b>[REDACTED]</b>	<b>RIDGEWOOD, N.J. 07450</b>				
		Name of Contact <b>DOUG ELLINGHAUS</b>	Telephone Number				
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>							
Street Address <b>[REDACTED]</b>		Type of Facility (4)					
City (5) <b>RIDGEWOOD</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY)	Square Feet <b>2500</b>	# of Floors <b>2</b>				
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) <b>RESIDENTIAL</b>					
Street Address		Name of Abatement Contractor (9)					
City, State, Zip Code		A.M.A.C. Contracting Inc.					
Project Manager for Monitoring Firm		Street Address					
Telephone No.		185 Midland Ave					
Start Date (10) <b>5/08/18</b>		City, State, Zip Code					
Scheduled Completion Date (11) <b>5/15/18</b>		Midland Park, NJ 07432					
Occupancy Status During Abatement (Check Only One)		Telephone No. 201-262-5841					
<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:		License No. 00166					
Scope of Work (Check All That Apply)		Name of OSHA Monitor					
<input checked="" type="checkbox"/> 23 sf or 23 ft <input type="checkbox"/> 2160 sf or 2260 ft		Omega Environmental Services Inc					
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Street Address 280 Huyler Street					
<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		City, State, Zip Code Hackensack, NJ 07606					
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			
				Removal	Repair	Encapsulate	Enclosure
GARAGE		PIPE INSULATION	14 LF	/			
BASEMENT		VAT	4 SF	/			
BOILER ROOM		PIPE INSULATION	6 LF	/			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 2	Name of Registered Landfill			
City, State Newark, NJ 07105		Disposal Date 5/08/18	Grand Central Sanitary Landfill				
City, State Newark, NJ 07105		City, State Pen Argyl, PA 08702					
Completed by Joseph Vocaturo		Title Vice President	Signature J. Vocaturo	Date 5/8/18			

ASB-41 (R-05-08)

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



MO#24776119675

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



Date of Notification (1) 05 / 11 / 18		Name of Building Owner/Operator (2) Beth Zajackowski							
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 Clifton, NJ 07012 Name of Contact Beth Zajackowski							
<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) Clifton, NJ 07012		# of Floors							
County (6) Passaic		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		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.		Telephone No. 973-638-1777							
Start Date (10) 05 / 21 / 18		License No. 01127							
Scheduled Completion Date (11) 05 / 22 / 18		Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E							
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		City, State, Zip Code Fair Lawn, NJ 07410							
Clean up and decontamination with negative pressure Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure		<input type="checkbox"/> Tent with Negative Pressure							
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 SIF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler insulation	24 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc			
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 05/11/18			

ASB-41

MAY 11

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

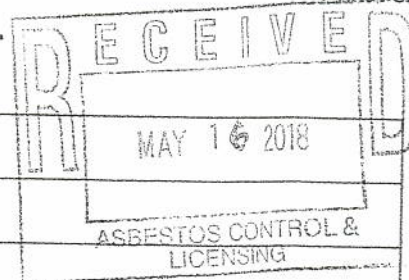


CK 4353

Print Form

PAID

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



Date of Notification (1) 05/10/2018		Name of Building Owner/Operator (2) Michelle Kirchofer							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Green Brook, NJ 08812							
		Name of Contact Michelle Kirchofer	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Green Brook		Square Feet 1100	# of Floors 2						
County (6) Somerset County		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental, Inc.		ASCM No. 00090	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.						
Street Address 401 St. James Ave.		Street Address 265A Route 46 Suite 3D							
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Jon Gilbert		Telephone No. 908-434-6316	License No. 0666						
Start Date (10) 05/14/2018	Scheduled Completion Date (11) 05/16/2018	Name of OSHA Monitor Bako Construction & Restoration, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 265A Route 46 Suite 3D							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Bedroom		X		Linoleum	100 SF	X			
Basement Office		X		Floor Tiles	150 SF	X			
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Totowa, NJ 07512			Disposal Date TBD	City, State Tullytown, PA					
Completed by Goran Kojic		Title Project Manager		Signature <i>[Signature]</i>		Date 05/10/2018			



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

CK # 10342

Date of Notification (1) <b>4-26-18</b>		Name of Building Owner/Operator (2) <b>Stephanie Peterson</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 [REDACTED]
	City, State, Zip Code <b>Somerville NJ 08876</b>		Name of Contact <b>Stephanie Peterson</b>
Telephone Number [REDACTED]			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Single family Dwelling</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>60+</b>	
City (5) <b>Somerville NJ 08876</b>		# of Floors <b>2</b>	
County (6) <b>Somerset</b>		Bldg. Age <b>60+</b>	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>	
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>	
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>	
Project Manager for Monitoring Firm <b>Steve Schenker</b>		License No. <b>00394</b>	
Telephone No. <b>609 758-3365</b>		Telephone No. <b>609 758-3365</b>	
Start Date (10) <b>May 7th 2018</b>		Scheduled Completion Date (11) <b>May 11 2018</b>	
Name of OSHA Monitor <b>EPC Technologies Inc</b>		Street Address <b>P.O. Box 337</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: _____		City, State, Zip Code <b>New Egypt NJ 08533</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) <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 SF or LF)		
<b>Basement</b>	<b>X</b>		<b>Floor Tiles</b>
<b>Basement</b>	<b>X</b>		<b>Transite Pipe</b>
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>2</b>
City, State <b>New Egypt NJ</b>		Name of Registered Landfill <b>Waste Management of PA</b>	
Disposal Date <b>by 5-11-18</b>		City, State <b>Morrisville PA</b>	
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>
		Date <b>4-26-18</b>	



no ck

CK # 10342

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

Completion Date Moved to 5-14-18

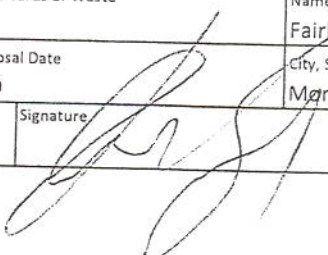
Date of Notification (1) <b>5-10-18</b>		Name of Building Owner/Operator (2) <b>Stephanie Peterson</b>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial # <b>1</b> <input type="checkbox"/> Amended <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <b>Somerville NJ 08876</b>						
Name of Facility Where Abatement is Taking Place (3) <b>Single family Dwelling</b>		Name of Contact <b>Stephanie Peterson</b>						
Street Address [REDACTED]		Telephone Number [REDACTED]						
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.)		Licensing						
City (5) <b>Somerville NJ 08876</b>	Square Feet	# of Floors <b>2</b>	Bldg. Age <b>60+</b>					
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>						
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>						
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>						
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>					
Start Date (10) <b>May 7th 2018</b>	Scheduled Completion Date (11) <b>May 14, 2018</b>	Name of OSHA Monitor <b>EPC Technologies 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 <input type="checkbox"/> Other - Describe: _____		Street Address <b>P.O. Box 337</b>						
		City, State, Zip Code <b>New Egypt NJ 08533</b>						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) 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
Basement		X	Floor Tiles	400 SF	X			
Basement		X	Transits Pipe	2 SF/LF	X			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Waste Management of PA</b>				
City, State <b>New Egypt NJ</b>		Disposal Date <b>5-15-18</b>	City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>		Date <b>5-10-18</b>			



PAID

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

CK# 230

Date of Notification (1) 05/09/18		Name of Building Owner/Operator (2) Brenton Phinn		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 16 2018 ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified		Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code Totowa, NJ 07512  Name of Contact Brenton Phinn  Telephone Number							
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									
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) Totowa, NJ 07512			Square Feet 1,400	# of Floors 2	Bldg. Age 90+				
County (6) Passaic		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) Unicorn Contracting Corp.						
Street Address		Street Address 32 Willow Way							
City, State, Zip Code		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-333-9176	License No. 01331					
Start Date (10) 05/19/18		Scheduled Completion Date (11) 05/19/18		Name of OSHA Monitor Envirovision Consultants, Inc.					
Occupancy Status During Abatement (Check Only One)			Street Address 20-21 Wagaraw Rd., Bldg. 35-E						
<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: 08:00 AM - 03:30 PM			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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Asbestos containing Pipe Insulation	110 LF	X			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 3	Name of Registered Landfill Fairless Hills Landfill				
City, State Woodland Park, New Jersey		Disposal Date TBD		City, State Morrisville, PA					
Completed by Dimo Golcev		Title General Manager		Signature 		Date 05/09/18			



05/09/2018 11:28

2812620321

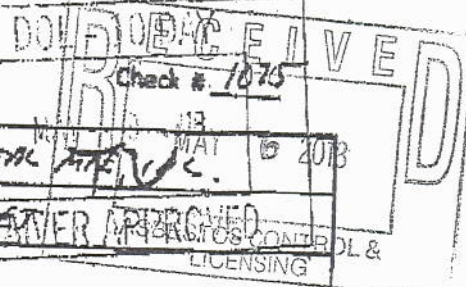
AMAC

PAGE 02/03

OK 1075

PAID

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



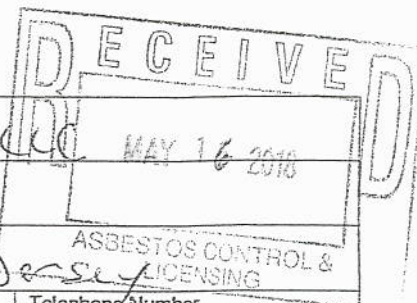
Date of Notification (1) <b>5/9/18</b>		Name of Building Owner/Operator (2) <b>IGLESIA DE DIOS PENITENCIAL</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>556 FRANKLIN STREET</b>		City, State, Zip Code <b>ELIZABETH, N.J. 07201</b>	
Name of Contact <b>REV. RIVERO</b>		Telephone Number	
Name of Facility Where Abatement is Taking Place (3) <b>CHURCH</b>			
Street Address <b>556 FRANKLIN ST</b>		Type of Facility (4) <input type="checkbox"/> School K-12 <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (For schools & commercial buildings, homes, etc.)	
City (5) <b>ELIZABETH</b>		Square Feet <b>8000</b>	
County (6) <b>UNION</b>		# of Floors <b>1</b>	
County Code (7) (STATE USE ONLY)		Bldg. Age <b>74</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>ABCM No.</b>		Name of Abatement Contractor (9) <b>A. Mac Contracting Inc.</b>	
Street Address		Street Address <b>186 Vreeland Ave.</b>	
City, State, Zip Code		City, State, Zip Code <b>Midland Park, N.J.</b>	
Project Manager for Monitoring Firm		Telephone No. <b>201-262-5841</b>	
Start Date (10) <b>5/9/18</b>		Scheduled Completion Date (11) <b>5/12/18</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Consultant <b>Omega Environmental Services Inc.</b>	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sf or less <input checked="" type="checkbox"/> 251 sf or less <input checked="" type="checkbox"/> 252 sf or less <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Full Compliance with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Enclosed (*) and Non-Filterable Procedures	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12) <b>BASEMENT</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (13) Yes No N/A X X	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
<b>PIPE</b>		<b>15 LF X</b>	
<b>VAT</b>		<b>225 SF X</b>	
Name of Registered Waste Hauler <b>Newark Carting, Inc.</b>		NJ DEP Waste Hauler ID No. <b>04509</b>	
City, State <b>Newark, N.J. 07105</b>		Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>	
Completed by <b>R. McDonald</b>		City, State <b>Per: Argyt, PA 08072</b>	
Title <b>President</b>		Date <b>5/9/18</b>	



PK# 5058

PAID

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



Date of Notification (1) 5/11/18		Name of Building Owner/Operator (2) 15-77 Third Ave, LLC							
Agencies Notified	Type Notification	Street Address 15-77 Third 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Long Branch, New Jersey							
		Name of Contact Julio	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 15-77 Third Ave, LLC Property		Type of Facility (4)							
Street Address 19 Third 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) Long Branch		Square Feet 500	# of Floors 1						
County (6) Monmouth		Bldg. Age 100+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Firehouse Annex							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Ace Insulation Co, Inc							
City, State, Zip Code		Street Address 95 Montrose Rd							
Project Manager for Monitoring Firm		City, State, Zip Code 6115 Neck, NJ 07722							
Telephone No.		Telephone No. 7322941757	License No. 00029						
Start Date (10) 5/24/18	Scheduled Completion Date (11) 5/27/18								
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 2am-7pm		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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior (roof)			X	roof material	750 lb	X			
Name of Registered Waste Hauler Ace Insulation Co, Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 2	Name of Registered Landfill Fairless					
City, State 6115 Neck New Jersey		Disposal Date		City, State Tullytown, PA					
Completed by Breen McGin		Title Secretary Treasurer	Signature Breen		Date 5/11/18				



PAID

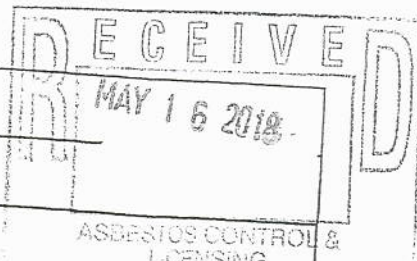
State of New Jersey

## NOTIFICATION OF ASBESTOS ABATEMENT

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

Check # 1328

Replaces this

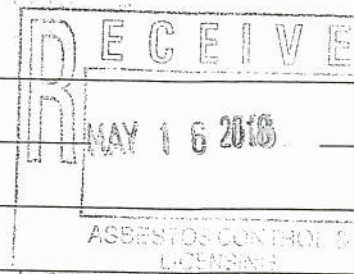


Notified (1)		Name of Building Owner/Operator (2)	
PA		LEROY NEVIUS	
JEP		STREET ADDRESS	
DOL		City, State, Zip Code	
DOH		TRENTON, NJ 08618	
DCA		Name of Contact	
		DAVID D'ANDREA	
Type Notification		Telephone Number	
Initial			
<input checked="" type="checkbox"/> Amended Amendment # 2			
<input type="checkbox"/> Emergency (Including justification)			
<input type="checkbox"/> Cancellation			
Name of Facility Where Abatement is Taking Place (3)			
PRIVATE RESIDENCE			
Street Address			
City (5)			
TRENTON, NJ			
County			
MERCER			
Name of Monitoring Firm Hired by Building Owner (8)		County Code (7) (STATE USE ONLY)	
Street Address		Current Use (Prior if being demolished)	
City, State, Zip Code		ASCM No.	
Project Manager for Monitoring Firm		Name of Abatement Contractor (9)	
Telephone No.		CREAM RIDGE ENVIRONMENTAL INC.	
Start Date (10)		Street Address	
5/8/2018 5/9/2018		15 BLACK FOREST ROAD	
Scheduled Completion Date (11)		City, State, Zip Code	
5/10/18		Hamilton, NJ 08691	
Occupancy Status During Abatement (Check only one)		Telephone No.	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		609-890-7110	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		License No.	
<input checked="" type="checkbox"/> EXTERIOR		00676	
Scope of Work (Check all that apply)		Name of OSHA Monitor	
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf		MECS	
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		Street Address	
<input type="checkbox"/> Renovation		P.O. BOX 341	
<input checked="" type="checkbox"/> Demolition		City, State, Zip Code	
<input type="checkbox"/> Full Containment with Negative Pressure		CROSSWICKS, NJ 08515	
<input type="checkbox"/> Mini-Enclosure			
<input type="checkbox"/> Glovebag Procedure			
<input type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Amount (Specify SF or LF)	
Yes No N/A		Abatement Type	
DEBRIS FIELD		Removal Repair Encapsulate Enclosure	
		X	
ROOF FLASHING		300 S.F.	
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	
VINCH		NJ-09590	
City, State		Cubic Yards of Waste	
TRENTON, NJ		5 YDS	
Completed By		Disposal Date	
DAVID D'ANDREA		5/8/2018	
Title		Name of Registered Landfill	
PRESIDENT		GROWS	
Signature		City, State	
Date		MORRISVILLE, PA.	
5/9/18			

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



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



Date of Notification (1) MAY 11, 2018		Name of Building Owner/Operator (2) REGINA MCCONNELL							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code WALL, NJ 07719  Name of Contact REGINA MCCONNELL							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) REGINA MCCONNELL RESIDENCE		Type of Facility (4)							
Street Address		<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) WALL		Square Feet 2292 SF	# of Floors 2						
County (6) MONMOUTH		County Code (7) (STATE USE ONLY)	Bldg. Age 1971						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.						
Street Address		Street Address 17 Thompson Street							
City, State, Zip Code		City, State, Zip Code West Long Branch, NJ 07764							
Project Manager for Monitoring Firm N/A		Telephone No. 732.222.8372	License No. 00040						
Start Date (10) MAY 18, 2018		Scheduled Completion Date (11) MAY 19, 2018							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor N/A							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address							
		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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	VAT	437 SF	X			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc.		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 2 CY	Name of Registered Landfill FAIRLESS LANDFILL					
City, State WEST LONG BRANCH, NJ 07764		Disposal Date 5/21/18		City, State MORRISVILLE, PA					
Completed by JOSEPH P. MILLER		Title PRESIDENT		Signature 			Date 5/11/18		



PAID

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

Date of Notification (1) 05 / 10 / 18		Name of Building Owner/Operator (2) Rob Bennett					
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 [REDACTED] City, State, Zip Code Freehold, NJ 07728 Name of Contact Rob Bennett Telephone Number 34106					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet 3000 sf # of Floors 2 Bldg. Age 100					
City (5) Red Bank		County Code (7)(STATE USE ONLY)					
County (6) Monmouth		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.					
Street Address 1889 Rte. 9, Unit 61		Name of Abatement Contractor (9) Guardian Contracting, Inc.					
City, State, Zip Code Toms River, New Jersey 08755		Street Address 1889 Route 9, Unit 61					
Project Manager for Monitoring Firm Nicholas Fernicola		City, State, Zip Code Toms River, New Jersey 08755					
Telephone No. 732-349-9932		Telephone No. 732-349-9932					
Start Date (10) 05 / 23 / 18		License No. 00624					
Scheduled Completion Date (11) 05 / 25 / 18		Name of OSHA Monitor E.M.S.L. Analytical					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Piscataway, New Jersey 08854					
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	Encapsulate	Enclosure
basement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	asbestos duct work	100 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<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 05/25/18	City, State Tullytown, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 5/10/18				



CK 34 105

PAID

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

Date of Notification (1) <div style="text-align: center;">05 / 10 / 18</div>		Name of Building Owner/Operator (2) <b>Nancy Terracciano</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 [REDACTED]	
		City, State, Zip Code <b>Hamilton, NJ 08619</b>	
		Name of Contact <b>Nancy Terracciano</b>	Telephone Number [REDACTED]

RECEIVED  
MAY 16 2018  
CONTROL & SIG

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 and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <b>1000 sf</b>	# of Floors <b>1</b>
City (5) <b>West Windsor</b>		Bldg. Age <b>80</b>	
County (6) <b>Mercer</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>		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>	
Street Address <b>1889 Rte. 9, Unit 61</b>		Street Address <b>1889 Route 9, Unit 61</b>	
City, State, Zip Code <b>Toms River, New Jersey 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) <div style="text-align: center;">05 / 21 / 18</div>	Scheduled Completion Date (11) <div style="text-align: center;">05 / 24 / 18</div>	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 type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

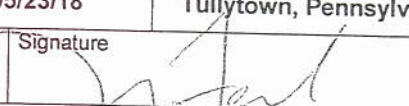
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	30 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior-house	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	500 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior-barn	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1200 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>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>05/24/18</b>	City, State <b>Tullytown, Pennsylvania</b>
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>5/10/18</b>



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

**PAID**

Date of Notification (1) 05 / 09 / 18		Name of Building Owner/Operator (2) Melanie Curtin							
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 <div style="background-color: black; width: 150px; height: 15px;"></div> City, State, Zip Code <b>Ocean Gate, NJ 08740</b> Name of Contact <b>Melanie Curtin</b> Telephone Number <div style="background-color: black; width: 100px; height: 15px;"></div>							
<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 <div style="background-color: black; width: 150px; height: 15px;"></div>		Square Feet <b>2000</b> # of Floors <b>1</b> Bldg. Age <b>65</b>							
City (5) <b>Ocean Gate</b>		Current Use (Prior if being demolished) <b>Residence</b>							
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>							
Street Address		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) 05 / 22 / 18	Scheduled Completion Date (11) 05 / 23 / 18								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>							
Street Address <b>1056 Stelton</b>		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1900 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>			Disposal Date <b>05/23/18</b>	City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>		Signature 			Date <b>5/9/18</b>			

34100  
**RECEIVED**  
MAY 16 2018  
ASBESTOS CONTROL & LICENSING