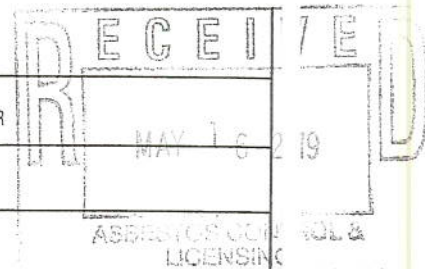


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

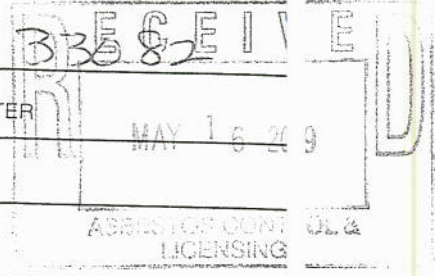


Date of Notification (1) 12 / 21 /18		Name of Building Owner/Operator (2) HACKENSACK UNIVERSITY MEDICAL CENTER	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 30 PROSPECT AVENUE		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
Name of Contact DONALD FARRELL		Telephone Number 551-996-3778	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HACKENSACK UNIVERSITY MEDICAL CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 30 PROSPECT AVENUE		Square Feet 200,000	# of Floors 5
City (5) HACKENSACK		Bldg. Age 80	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOSPITAL	
Name of Monitoring Firm Hired by Building Owner (8) LANGAN ENGINEERING & ENVIRONMENTAL		ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 300 KIMBALL DRIVE		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code PARSIPPANY, NEW JERSEY 07054		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm VIJAY PATEL	Telephone Number 973-560-4983	Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 12 / 13 /18	Sched. Completion Date (11) 5 / 30 /19	Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY, 4 PM-12 AM SATURDAY 4PM-12AM		Street Address 1376 ROUTE 9	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		City, State, Zip Code WAPPINGER FALLS, NY 12590	
<input type="checkbox"/> Full Containment with Negative Pressure		<input type="checkbox"/> Mini-Enclo ,	
<input type="checkbox"/> Renovation		<input type="checkbox"/> Glovebag Procedure	
<input checked="" type="checkbox"/> 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
3RD FLOOR MAIN BUILDING			X	VAT & MASTIC	2,100 SF	X			
ST. JOHNS BUILDING BASEMENT			X	VAT & MASTIC	4,000 SF	X			
ST. JOHNS BUILDING BASEMENT			X	GLUE & CEILING TILE	740 SF	X			
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 80	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL						
Disposal Date 12/13-5/30/19	City, State PLAINFIELD TOWNSHIP, PA	Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 12-21-18				

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



Date of Notification (1) 12 / 12 /18		Name of Building Owner/Operator (2) HACKENSACK UNIVERSITY MEDICAL CENTER	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 30 PROSPECT AVENUE		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
Name of Contact DONALD FARRELL		Telephone Number 551-996-3778	

Name of Facility Where Abatement is Taking Place (3) HACKENSACK UNIVERSITY MEDICAL CENTER			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)				
Street Address 30 PROSPECT AVENUE			Square Feet 200,000		# of Floors 5		
City (5) HACKENSACK			County (6) BERGEN		Bldg. Age 80		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) HOSPITAL				
Name of Monitoring Firm Hired by Building Owner (8) LANGAN ENGINEERING & ENVIRONMENTAL			ASCM No. 99		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
Street Address 300 KIMBALL DRIVE			Street Address 313 SPOOK ROCK ROAD				
City, State, Zip Code PARSIPPANY, NEW JERSEY 07054			City, State, Zip Code SUFFERN, NEW YORK 10901				
Project Manager for Monitoring Firm VIJAY PATEL			Telephone Number 973-560-4983		Telephone Number 845-369-7500		
Expected State Date (10) 12 / 13 /18			Sched. Completion Date (11) 5 / 30 /19		License Number 1101		
Month 12			Day 13		Year 18		
Month 5			Day 30		Year 19		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 4 PM-12 AM SATURDAY 8AM-4PM						Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF						<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
Street Address 1376 ROUTE 9						City, State, Zip Code WAPPINGER FALLS, NY 12590	

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
3RD FLOOR MAIN BUILDING			X	VAT & MASTIC	2,100 SF	X			
ST. JOHNS BUILDING BASEMENT			X	VAT & MASTIC	4,000 SF	X			
ST. JOHNS BUILDING BASEMENT			X	GLUE & CEILING TILE	740 SF	X			


Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105		NJDEP Waste Hauler ID No. 	Cubic Yards of Waste 80	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
Disposal Date 12/13-5/30/19		City, State PLAINFIELD TOWNSHIP, PA		Signature 	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Date 12-12-18	

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

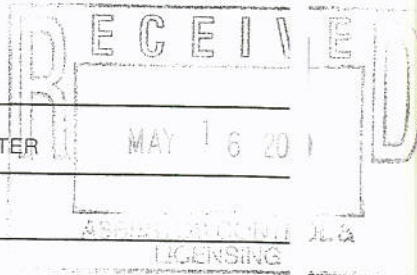
Date of Notification (1) 11 / 21 /18		Name of Building Owner/Operator (2) HACKENSACK UNIVERSITY MEDICAL CENTER	
Agencies Notified		Street Address 30 PROSPECT AVENUE	
Type Notification		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
		Name of Contact DONALD FARRELL	
		Telephone Number 551-996-3778	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HACKENSACK UNIVERSITY MEDICAL CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 30 PROSPECT AVENUE		Square Feet 200,000	# of Floors 5
City (5) HACKENSACK		County (6) BERGEN	Bldg. Age 80
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) HOSPITAL	
Name of Monitoring Firm Hired by Building Owner (8) LANGAN ENGINEERING & ENVIRONMENTAL		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 300 KIMBALL DRIVE		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code PARSIPPANY, NEW JERSEY 07054		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm VIJAY PATEL		Telephone Number 973-560-4983	License Number 1101
Expected State Date (10) 11 / 26 /18		Sched. Completion Date (11) 5 / 30 /19	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Monday -Friday 7am -3:30pm		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
Street Address 1376 ROUTE 9		City, State, Zip Code WAPPINGER FALLS, NY 12590	

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
3RD FLOOR MAIN BUILDING			X	VAT & MASTIC	2,100 SF	X			
ST. JOHNS BUILDING BASEMENT			X	VAT & MASTIC	4,000 SF	X			
ST. JOHNS BUILDING BASEMENT			X	GLUE & CEILING TILE	740 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 80	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY 07105		Disposal Date 11/26-5/30/19		City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 11/21/18

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

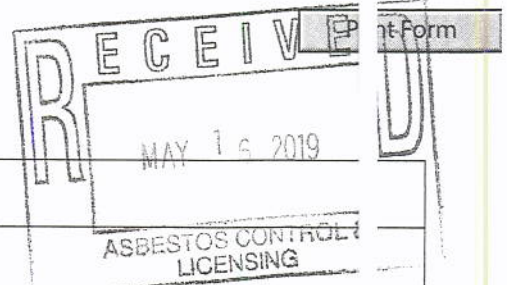


Date of Notification (1) 11 / 15 / 18		Name of Building Owner/Operator (2) HACKENSACK UNIVERSITY MEDICAL CENTER	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 30 PROSPECT AVENUE City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
Type Notification <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		Name of Contact DONALD FARRELL	
		Telephone Number 551-996-3778	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HACKENSACK UNIVERSITY MEDICAL CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 30 PROSPECT AVENUE		Square Feet 200,000	# of Floors 5
City (5) HACKENSACK		Bldg. Age 80	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOSPITAL	
Name of Monitoring Firm Hired by Building Owner (8) LANGAN ENGINEERING & ENVIRONMENTAL		ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 300 KIMBALL DRIVE		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code PARSIPPANY, NEW JERSEY 07054		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm VIJAY PATEL		Telephone Number 973-560-4983	Telephone Number 845-369-7500
Expected State Date (10) 11 / 26 / 18		Sched. Completion Date (11) 5 / 30 / 19	License Number 1101
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Monday -Friday 7am -3:30pm		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> 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
3RD FLOOR MAIN BUILDING			X	VAT & MASTIC	2,100 SF	X			
ST. JOHNS BUILDING BASEMENT			X	VAT & MASTIC	4,000 SF	X			
ST. JOHNS BUILDING BASEMENT			X	GLUE & CEILING TILE	740 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 80	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
City, State NEWARK, NEW JERSEY 07105		Disposal Date 11/26-5/30/19		City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 11/15/18	



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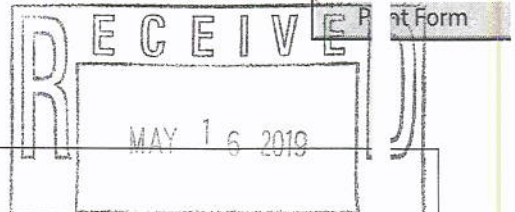
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 05/14/19		Name of Building Owner/Operator (2) New Jersey Community Capital							
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 108 Church Street, 3rd Floor City, State, Zip Code New Brunswick, NJ 08901 Name of Contact New Jersey Community Capital Telephone Number 973-841-2674 ext 334							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 62 Millington Avenue		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 62 Millington Avenue		Square Feet	# of Floors						
City (5) Newark		Bldg. Age							
County (6) Essex	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) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 05/26/19	Scheduled Completion Date (11) 05/29/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
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: _____		Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
INTERIOR				PIPE INSULATION	175LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 4	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 05/29/19		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date 05/14/19		

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



Date of Notification (1) 05/14/19		Name of Building Owner/Operator (2) Resipro							
Agencies Notified	Type Notification	Street Address 3525 Piedmont Road NE, Building 7, Suite 70							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Atlanta, GA, 30305							
		Name of Contact Resipro	Telephone Number 844-554-0196						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 255 Lincoln Place		Type of Facility (4)							
Street Address 255 Lincoln Place		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Irvington		Square Feet	# of Floors						
County (6) Essex		County Code (7) (STATE USE ONLY)	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 05/26/19		Scheduled Completion Date (11) 05/28/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS						
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
INTERIOR				FLOOR TILE	300SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 05/28/19		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date 05/14/19		

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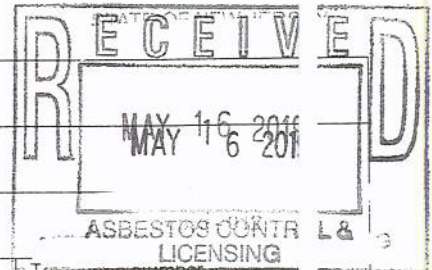
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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MAY 13 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05/10/2019		Name of Building Owner/Operator (2) UB Passaic I, LLC						
Agencies Notified	Type Notification	Street Address 321 Railroad Avenue						
<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 Greenwich, CT 06830						
		Name of Contact Patrick Gillespie	Telephone Number 203-321-7592					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Van Houten Market Shopping Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, home etc.)						
Street Address 514 Van Houten Avenue		Square Feet 25,000	# of Floors 1					
City (5) Passaic, NJ		Bldg. Age 20+						
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant Super Market						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Nari Construction, LLC					
Street Address		Street Address 63 Leather Stocking Path						
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035						
Project Manager for Monitoring Firm		Telephone No. 862-264-9463	License No. 01306					
Start Date (10) 05/23/2019	Scheduled Completion Date (11) 06/07/2019	Name of OSHA Monitor Nari Construction, 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 63 Leather Stocking Path						
		City, State, Zip Code Lincoln Park, NJ 07035						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> <30 sf or <3 lf <input checked="" type="checkbox"/> >=30 sf or >=3 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No			N/A	Removal	Repair	
Ground Floor			X	Mastic associated with 12" VCT	22,200 SF	x		X
Name of Registered Waste Hauler Nari Construction, LLC		NJDEP Waste Hauler ID No. 0037535	Cubic Yards of Waste 20 CY	Name of Registered Landfill G.R.O.W.S				
City, State Lincoln Park, NJ		Disposal Date TBD	City, State Morrisville, PA 19067					
Completed by Igor Jezdimirovic		Title P. Manager	Signature 			Date 05/10/2019		

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



CK3097

Date of Notification (1) 05-15-2019		Name of Building Owner/Operator (2) Petrone Building Corp.						
Agencies Notified	Type Notification	Street Address 85 Ridge Rd. North Arlington NJ						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code North Arlington NJ						
		Name of Contact Mark Petrone						
		Telephone Number _____						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]								
City (5) North Arlington NJ 07661		Square Feet 10000	# of Floors 2					
		Bldg. Age 60+						
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) Green Env Services, LLC					
Street Address		Street Address 235 Virginia Ave						
City, State, Zip Code		City, State, Zip Code Jersey City NJ 07304						
Project Manager for Monitoring Firm		Telephone No. 201-3338855	License No. 01174					
Start Date (10) 05-27-2019	Scheduled Completion Date (11) 06-03-2019	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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure
	Yes	No	N/A			Removal	Repair	
Roof		x		Roof Flashing	50SF	x		
VAT		x		1st Floor	535SF	x		
Linoleum		x		2nd Floor	200SF	x		
Plaster		x		Throughout the property	9000SF	x		
Name of Registered Waste Hauler Green Env Services		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill				
City, State Jersey City NJ 07304			Disposal Date 05-31-2019	City, State Morrisville, PA				
Completed by Liliana Serrano		Title Office Manager	Signature <i>Liliana Serrano</i>	Date 5-15-19				

PAID

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

RECEIVED
MAY 16 2019
ASBESTOS CONTROL
LICENSING

Date of Notification (1) 05 / 13 / 19		Name of Building Owner/Operator (2) 374 Communipaw, LLC	
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 95 River Street	
		City, State, Zip Code Hoboken, NJ 07030	
		Name of Contact Carl Montan	Telephone Number 862-324-3751

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 374 Communipaw Avenue		Square Feet	# of Floors
City (5) Jersey City		Bldg. Age	
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane	
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm Mark Jovic	Telephone No. 973-650-0932	Telephone No. 973-928-4888	License No. 1188
Start Date (10) 05 / 22 / 19	Scheduled Completion Date (11) 06 / 28 / 19	Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane	
		City, State, Zip Code Garfield, NJ 07026	

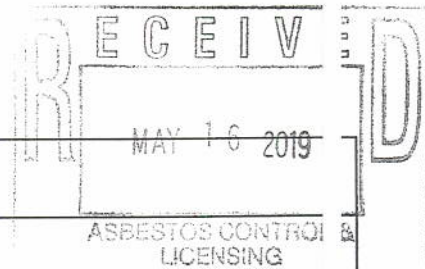
Scope of Work (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input 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
Exterior- Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Material	2,700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Century Waste	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill / Fairless Landfill
City, State Elizabeth, NJ	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature <i>Allen Monchik</i>	Date 5/13/19

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



Date of Notification (1) 05 / 13 / 19		Name of Building Owner/Operator (2) 374 Communipaw, LLC	
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 95 River Street	
		City, State, Zip Code Hoboken, NJ 07030	
		Name of Contact Carl Montan	Telephone Number 862-324-3751

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 380 Communipaw Avenue		Square Feet	# of Floors
City (5) Jersey City		Bldg. Age	
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC	ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane	
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm Mark Jovic	Telephone No. 973-650-0932	Telephone No. 973-928-4888	License No. 1188

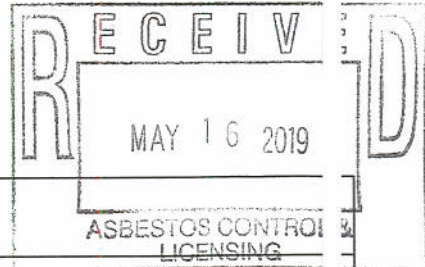
Start Date (10) 05 / 22 / 19	Scheduled Completion Date (11) 06 / 28 / 19	Name of OSHA Monitor ALL PRO MANAGEMENT LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address 27 Outwater Lane	
		City, State, Zip Code Garfield, NJ 07026	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input 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
Exterior- Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Material	2,300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Century Waste	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill / Fairless Landfill
City, State Elizabeth, NJ		Disposal Date TBD	City, State Morrisville, PA
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature Allen Monchik	Date 5/13/19



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

Date of Notification (1) 05 / 13 / 19		Name of Building Owner/Operator (2) Ocean 2	
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 95 River Street City, State, Zip Code Hoboken, NJ 07030 Name of Contact Carl Montan Telephone Number 862-324-3751	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) Jersey City		# 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) Mark Jovic Consulting LLC		ASCM No.	
Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC		Street Address 27 Outwater Lane	
Street Address 87 Main Street, Suite A		City, State, Zip Code Garfield, NJ 07026	
City, State, Zip Code Lincoln Park, NJ 07035		Telephone No. 973-928-4888	
Project Manager for Monitoring Firm Mark Jovic		License No. 1188	
Telephone No. 973-650-0932		Name of OSHA Monitor ALL PRO MANAGEMENT LLC	
Start Date (10) 05 / 22 / 19		Scheduled Completion Date (11) 06 / 28 / 19	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane	
		City, State, Zip Code Garfield, NJ 07026	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
2 nd Floor- Back Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT under carpet	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor- Front Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT under carpet	143 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor- Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor- Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint Compound	556 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill / Fairless Landfill			
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA				
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 5/13/19		

RECEIVED
MAY 16 2019
ASBESTOS CONTROL
LICENSING

Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 5/13/19
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

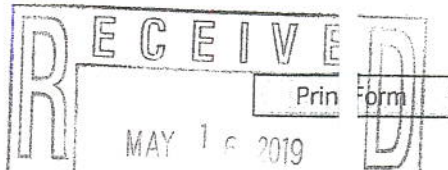
PAID

chk #35-0

Date of Notification (1) 5 / 13 / 19			Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction			<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 16 2019 ASBESTOS CONTROL LICENSING </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 200 Elm Dr.											
City, State, Zip Code Princeton, NJ 08544															
Name of Contact Robert Ortego			Telephone Number 609-258-1841												
FACILITY INFORMATION															
Name of Facility Where Abatement is Taking Place (3) Princeton University						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 58-60 William Street						Square Feet # of Floors Bldg. Age 70									
City (5) Princeton			County (6) MERCER			County Code (7)(STATE USE ONLY)									
Current Use (Prior if being demolished) Residential															
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc				ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.									
Street Address 1253 North Church Rd				Street Address 1123 BEAVER STREET											
City, State, Zip Code Moorestown, NJ 08057				City, State, Zip Code BRISTOL, PA 19007											
Project Manager for Monitoring Firm Michael Keehn			Telephone No. 609-386-8800		Telephone No. 215-788-6040		License No. 00509								
Start Date (10) 5 / 23 / 19		Scheduled Completion Date (11) 5 / 31 / 19		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: 7:00AM-6:30PM / ____PM-____AM						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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)			Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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			Enclosure
												Removal	Repair	Encapsulate	
Throughout			<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			Joint compound/Plaster walls			120 SF			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout			<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			Joint compound/Plaster ceilings			30 SF			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout			<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			Floor tile/mastic			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"/>
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							
Completed By (Print or Type) Brian Scaffiro				Title Estimator		Signature <i>Brian Scaffiro</i>				Date 5-13-19					

ASB-41
MAY 11 *BS19065*

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



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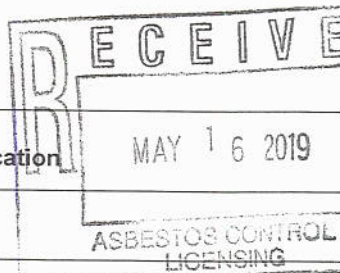
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 05/07/19		Name of Building Owner/Operator (2) GREAT OAKS CHARTER LICENSED							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 909 BROAD ST. NEWARK NJ 07102 City, State, Zip Code							
		Name of Contact BEN CARSON	Telephone Number 862-256-0900						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 13 CRAWFORD ST. - ADD CLASHROOM		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 13 CRAWFORD ST		Square Feet 3000	# of Floors 1						
City (5) NEWARK NJ 07102		Bldg. Age 50							
County (6) ESSRX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ETKI		ASCM No. 00104	Name of Abatement Contractor (9) NIRAM INC						
Street Address 655 WESTSTONE TRL		Street Address 4 E. FREDERICK PL							
City, State, Zip Code SPARTA NJ 07871		City, State, Zip Code CEDAR KNOLLS, NJ 07927							
Project Manager for Monitoring Firm William Kerber		Telephone No. 973-729-5649	Telephone No. 973-299-4457						
Start Date (10) 05/14/19		Scheduled Completion Date (11) 05/30/19	License No. 01081						
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 NIRAM INC							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input 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
EXIST GARAGE				ROOF FLASHING	194 SF	X			
Name of Registered Waste Hauler NIRAM INC		NJDEP Waste Hauler ID No. KA-456	Cubic Yards of Waste 100Y	Name of Registered Landfill MINERVA ENTERPRISES					
City, State		Disposal Date		City, State WARRENBURG, OHIO					
Completed by MARCUS DUBOIS		Title P. MGR.	Signature [Signature]		Date 05/17/19				

OK5704

PAID


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



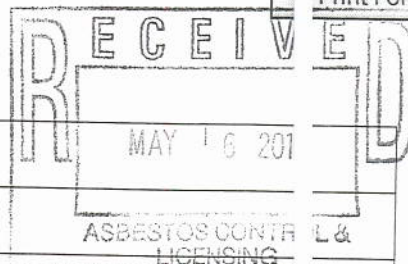
Date of Notification (1) 05 / 10 / 18			Name of Building Owner/Operator (2) Washington Township Board of Education				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 206 E. Holly Avenue City, State, Zip Code Sewell, NJ 08080			
Name of Contact Dennis Straga - Straga Brothers				Telephone Number 856-881-7960			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Washington Township 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 and commercial buildings homes, etc.)			
Street Address 529 Hurffville-Crosskeys Road				City (5) Sewell			
County (6) Gloucester		County Code (7) (STATE USE ONLY)		Square Feet 80,000			
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services, Inc.		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC			
Street Address PO Box 365		City, State, Zip Code Berlin, NJ 08009		Current Use (Prior if being demolished) School			
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 856-452-1311		License No. 00842			
Start Date (10) 06 / 24 / 19		Scheduled Completion Date (11) 07 / 01 / 19		Name of OSHA Monitor EMSL Analytical, Inc.			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077			
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No	N/A			Removal	Repair
Rooms E6 and E8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chalkboard Mastic	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Room E6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fume Hood	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 5		Name of Registered Landfill Fairless Landfill	
City, State Freehold, NJ		Disposal Date 07/01/2019		City, State Morrisville, PA			
Completed By (Print or Type) Margie Muller		Title Administrative Manager		Signature 		Date 5-10-19	

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

Date of Notification (1) 5/13/19		Name of Building Owner/Operator (2) St. Bernards Episcopal Church		<div style="text-align: right;">ck4 1359</div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 16 2019 ASBESTOS CONTROL LICENSING </div>	
Agencies Notified	Type Notification	Street Address 88 Claremont Road			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bernardsville, NJ 07924			
		Name of Contact Lorraine Hunt Kopacz c/o Kienlen Lattman Sotheby's International Realty			
		Telephone Number 908-217-7716			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)		
City (5) Bernardsville, NJ 07924			Square Feet 2,000	# of Floors 2	Bldg. Age 109
County (6) Somerset		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) 6/5/19		Scheduled Completion Date (11) 6/6/19	Name of OSHA Monitor Envirovision Consultants, Inc.		
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: 8AM START			20-21 Wagaraw Rd., Bldg. 35-E		
			City, State, Zip Code Fair Lawn, NJ 07410		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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)
	Yes	No	N/A		
BASEMENT		X		PIPE INSULATION	220 LF
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 Zhivko Nikolov		Title President		Signature 	Date 5/13/19

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



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Date of Notification (1) 05/10/2019		Name of Building Owner/Operator (2) Karen Kohl	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960	
		Name of Contact Karen Kohl	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Morristown, NJ 07960		Square Feet N/A	# of Floors N/A
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685
Start Date (10) 05/23/2019		Scheduled Completion Date (11) 05/24/2019	License No. 01311
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor D&S Abatement, Inc.	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>occupied</u>		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	

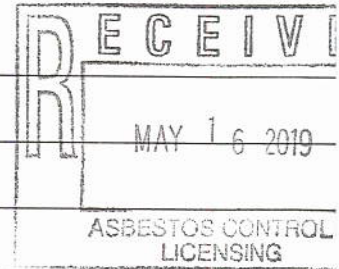
Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input 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
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure
	Yes	No	N/A			Removal	Repair	
Basement 101		X		Pipe Insulation	95 LF	X		
Basement 101 1/2		X		Pipe Insulation	20 LF	X		

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill	
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Ned Joksimovic		Title Project Manager	Signature 	Date 05/10/2019	

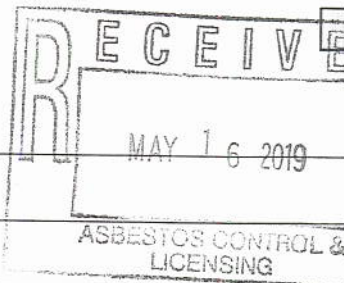
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 05/10/2019		Name of Building Owner/Operator (2) Anna Maria Colletti						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morris Plains						
		Name of Contact Anna Maria Colletti	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, houses, etc.)						
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A					
City (5) Morris Plains		Bldg. Age N/A						
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address		Street Address 11 Rosengren Avenue						
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512						
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311					
Start Date (10) 05/22/2019	Scheduled Completion Date (11) 05/23/2019	Name of OSHA Monitor D&S Abatement, Inc.						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		Street Address 11 Rosengren Avenue						
		City, State, Zip Code Totowa, NJ 07512						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure
	Yes	No	N/A			Removal	Repair	
Basement		X		Pipe Insulation	12 LF	X		
1st Floor Closet		X		Pipe Insulation	8 LF	X		
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill				
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA				
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 05/10/2019		

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



Print Form

Date of Notification (1) 05/10/2019		Name of Building Owner/Operator (2) Rita Gerhold						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Verona, NJ 07044						
		Name of Contact Rita Gerhold	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A					
City (5) Verona		Bldg. Age N/A						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address		Street Address 11 Rosengren Avenue						
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512						
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311					
Start Date (10) 05/21/2019		Scheduled Completion Date (11) 05/22/2019						
Name of OSHA Monitor D&S Abatement, Inc.								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: occupied		Street Address 11 Rosengren Avenue						
		City, State, Zip Code Totowa, NJ 07512						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure
	Yes	No	N/A			Removal	Repair	
Basement		X		Pipe Insulation	140 LF	X		
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill				
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, PA				
Completed by Ned Joksimovic		Title Project Manager	Signature 	Date 05/10/2019				

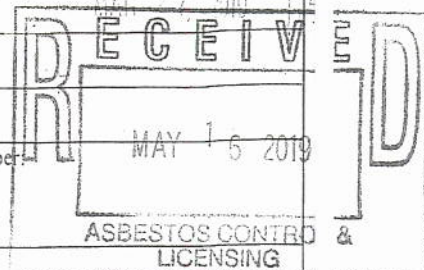
OK 1025
OK 0974

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

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Date of Notification (1): 3/19/2019		Name of Building Owner/Operator (2) Newark Public School	
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 Amendment#: 1, 2, 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 190 Muhammad Ali Avenue Room 209	
		City, State, Zip Code: Newark, NJ 07108	
		Name of Contact: Mr. Benjamin Olagadeyo	Telephone Number: 973-733-7200



FACILITY INFORMATION			
Name of Facility: Newark Vocational High School		Type of Facility (4): <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
301 West Kenny Street		Square Feet: # of Floors:	
City/ (5) Newark	County (6): Essex	County Code (7): 07107	Bldg. Age Current Use: School
Name of Monitoring Firm Hired by Building Owner: WHITMAN		ASCM No.: 00110	Name of Abatement Contractor (9): Apex Development, Inc.
Street Address: 17 Pleasant Hill Road		Street Address: 358 Broadway	
City, State, Zip Code: Cranbury, NJ 08512		City, State, Zip Code: Newark, NJ 07104	
Project Manager for Monitoring Firm: Kevin Lovely		Telephone No.: 732-644-5418	Telephone No.: (973) 350-0101
Start Date (10): 4/01/19		Scheduled Completion Date (11): 5/31/19	License No.: 01215
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: <input type="checkbox"/> Other Occupied Sub 8 Describe:		Name of OSHA Monitor: Metro Analytical Laboratories	
		Street Address: 255 West 36th Street, Suite 203	
		City, State, Zip Code: New York, New York, 10018	

Scope of Work (Check all that apply):

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
1 ST FLOOR CORRIDOR IN FRONT OF THE CONFERENCE ROOM ENDING TO IN FRONT OF CAFETERIA, CORRIDOR EXTENDING FROM THE INTERSECTION OF THE MAIN CORRIDOR FROM THE WOOD SHOP TO CULINARY AREA, CORRIDOR FROM BOILER ROOM TO CAFETERIA AND STAIRWELL # 7 THE CULINARY AREA INCLUDING AND STOREROOMS, WOOD SHOP, STORE ROOMS, & CONFERENCE ROOM		X		ACOUSTICAL CEILING AND WALL PLASTER, GLUE DOTS CEILING AND WALL SOUND BOARD	17,500 SF	*			*
ROOM 002 AND 003		X		CEILING TILE AND GLUE DOTS	1,500 SF	*			*

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MAY 16 2019
ASBESTOS CONTROL
LICENSING

ROOM 002 AND 003	X	FLOOR TILE AND ASSOCIATED MASTIC	1,500 SF	*		
CONFERENCE ROOM CULINARY AREA AND WORKSHOP	X	FLOOR TILES AND MASTIC	5,500 SF	*		
WORK SHOP	X	WOODEN FLOOR & VAPOR BARRIER	5,000 SF	*		
1 ST FLOOR CORRIDOR NEAR THE SECURITY DESK, CORRIDOR EXTENDING FROM THE INTERSECTION OF THE MAIN CORRIDOR FROM THE WOOD SHOP TO CULINARY AREA, THE CULINARY AREA INCLUDING ALL OFFICES, AND STORE ROOMS AND CONFERENCE ROOM	X	PIPE INSULATION	4,000 LF	*		
CONFERENCE ROOM	X	PIPE INSULATION INCLUDING ELBOWS AND JOINTS	1,500 LF	*		
Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING Newark, CT		NJDEP Waste Hauler ID No.: 19551 04509	Cubic Yards of Waste: 30 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC. INC. Grand Central Bldg		
City, State: Bronx, NY 10474		Disposal Date:	City, State: Waynesburg, OH 44688	Date: 3/19/2019 3/21/19		
Completed By: Chinyelu Oraegbunam		Title: Vice President	Signature: Chinyelu	Date: 3/19/2019 3/21/19		

Registered Waste Hauler
Red Technologies, LLC
173 Pickering Street
Ridgeland, CT 06457

NJ DEP Waste Hauler ID
04509 & 045163

Landfill - Minerva Enterprises LLC
7000 Mainway Road
Waynesburg, OH 44688

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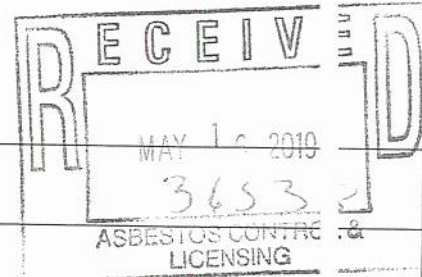
MAY 16 2019

Asbestos Abatement Work Log
1200 SF Asbestos & dust
Removal
7000 SF Insulation
Removal
10,000 SF wooden floor &
vapor barrier

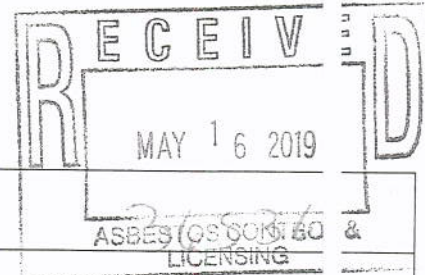
CK 360538

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



Date of Notification (1) 05 / 13 / 19		Name of Building Owner/Operator (2) Scott Skweres						
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 Toms River, NJ 08757 Name of Contact Scott Skweres						
		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial building homes, etc.)						
Street Address [REDACTED]		Square Feet 1100 sf						
City (5) Toms River		# of Floors 1	Bldg. Age 65					
County (6) Ocean	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) 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 / 22 / 19	Scheduled Completion Date (11) 05 / 24 / 19		Name of OSHA Monitor E.M.S.L. Analytical					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 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) 1100 sf	Abatement Type		Enclosure
	Yes	No	N/A			Removal	Repair	
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1100 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 05/24/19		City, State Tullytown, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 5/13/19		

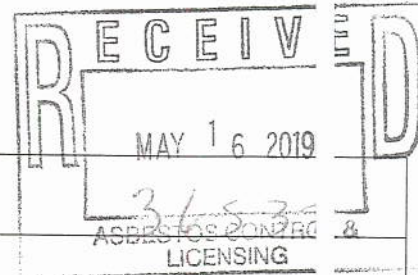


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

CK305310

Date of Notification (1) 05 / 13 / 19			Name of Building Owner/Operator (2) Sakoutis Brothers Disposal					
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 113 State Route 34 City, State, Zip Code Farmingdale, NJ 07727 Name of Contact John Sakoutis Telephone Number 732-683-0600				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings homes, etc.)					
Street Address [REDACTED]			Square Feet 400					
City (5) Manalapan			# of Floors 1		Bldg. Age 65			
County (6) Monmouth		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence				
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.				
Street Address		Street Address 1889 Route 9, Unit 61						
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755						
Project Manager for Monitoring Firm		Telephone No.		License No.				
Start Date (10) 05 / 22 / 19		Scheduled Completion Date (11) 05 / 23 / 19		Name of OSHA Monitor E.M.S.L. Analytical				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 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	
exterior-garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos siding	400 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<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 2	Name of Registered Landfill T.R.R.F.			
City, State Toms River, New Jersey		Disposal Date 05/23/19		City, State Tullytown, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature [Signature]		Date 5/13/19		

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



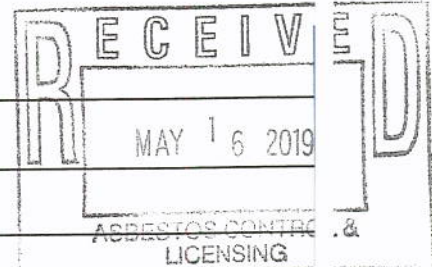
CK 36537 PAID

Date of Notification (1) 05 / 13 / 19		Name of Building Owner/Operator (2) Philip Nicastro						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 150px; height: 20px;"></div> City, State, Zip Code Seaside Park, NJ 08752						
		Name of Contact Philip Nicastro	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings homes, etc.)						
Street Address <div style="background-color: black; width: 120px; height: 20px;"></div>								
City (5) Seaside Park		Square Feet 2000	# of Floors 2					
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 65					
Name of Monitoring Firm Hired by Building Owner (8) N/A		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 / 23 / 19	Scheduled Completion Date (11) 05 / 27 / 19	Name of OSHA Monitor E.M.S.L. Analytical						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 1056 Stelton						
		City, State, Zip Code Piscataway, New Jersey 08854						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement		Type
	Yes	No	N/A			Removal	Repair	
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos siding	2000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler 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 05/27/19		City, State Tullytown, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 			Date 5/13/19		

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



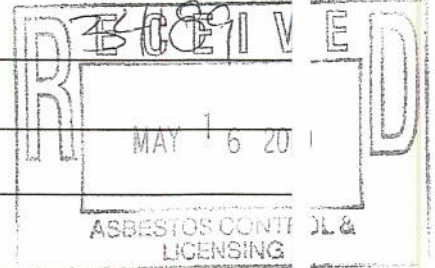
Date of Notification (1) 5 / 10 /19		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 30 PROSPECT AVENUE	
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
		Name of Contact BRIAN O'NEIL	Telephone Number 732-751-3384

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JERSEY SHORE UNIVERSITY MEDICAL CENTER			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 1945 STATE HWY. 33			Square Feet 1,000,000	# of Floors 6	Bldg. Age 87
City (5) NEPTUNE	County (6) OCEAN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.			ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 64 BROAD STREET			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MATAWAN, NJ			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2217	Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 5 / 13 /19 Month Day Year		Sched. Completion Date (11) 12 / 30 /19 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 6:30 PM-2:30 AM			Street Address 1376 ROUTE 9		
			City, State, Zip Code WAPPINGER FALLS, NY 12590		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Encl. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> 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
6TH FLOOR 1 B			X	VAT & MASTIC	2,820 SF	X			
6TH FLOOR 2A			X	VAT & MASTIC	3,050 SF	X			
6TH FLOOR 2B			X	VAT & MASTIC	1,620 SF	X			
6TH FLOOR 3A			X	VAT & MASTIC	888 SF	X			
6TH FLOOR 3B			X	VAT & MASTIC	458 SF	X			
6TH FLOOR 3			X	VAT & MASTIC	340 SF	X			
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 40	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
City, State NEWARK, NEW JERSEY 07105		Disposal Date 05/13-12/30/19		City, State PLAINFIELD TOWNSHIP, PA					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 	Date 5/10/19				

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



Date of Notification (1) 5 / 2 /19		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH	
Agencies Notified		Street Address 30 PROSPECT AVENUE	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
Type Notification		Name of Contact BRIAN O'NEIL	
<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		Telephone Number 732-751-3384	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) JERSEY SHORE UNIVERSITY MEDICAL CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1945 STATE HWY. 33		Square Feet 1,000,000	# of Floors 6
City (5) NEPTUNE		County (6) OCEAN	Bldg. Age 87
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.		ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MATAWAN, NJ		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2217	Telephone Number 845-369-7500
Expected State Date (10) 5 / 13 /19		Sched. Completion Date (11) 12 / 30 /19	License Number 1101
Month Day Year		Month Day Year	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 6:30 PM-2:30 AM		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo , <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> 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
6TH FLOOR 1 B			X	VAT & MASTIC	2,820 SF	X			
6TH FLOOR 2A			X	VAT & MASTIC	3,050 SF	X			
6TH FLOOR 2B			X	VAT & MASTIC	1,620 SF	X			
6TH FLOOR 3A			X	VAT & MASTIC	888 SF	X			
6TH FLOOR 3B			X	VAT & MASTIC	458 SF	X			
6TH FLOOR 3			X	VAT & MASTIC	340 SF	X			
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 40	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
City, State NEWARK, NEW JERSEY 07105		Disposal Date 05/13-12/30/19		City, State PLAINFIELD TOWNSHIP, PA					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 	Date 5/3/19				

CK 33502

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

RECEIVED
MAY 16 2019

ASBESTOS CONTROL & LICENSING

Date of Notification (1)

5 / 10 / 19

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #7
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

HACKENSACK UNIVERSITY MEDICAL CENTER

Street Address

30 PROSPECT AVENUE

City, State, Zip Code

HACKENSACK, NEW JERSEY 07601

Name of Contact

DONALD FARRELL

Telephone Number

551-996-3778

Name of Facility Where Abatement is Taking Place (3)

HACKENSACK UNIVERSITY MEDICAL CENTER

Type of Facility (4)

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

Square Feet
200,000# of Floors
5Bldg. Age
80

Current Use (Prior if being demolished)

HOSPITAL

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

1101

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

Street Address

1376 ROUTE 9

City, State, Zip Code

WAPPINGER FALLS, NY 12590

Full Containment with Negative Pressure

Mini-Enclo.

Glovebag Procedure

Non-Friable Procedure

x ☒ Wrap & Cut

Scope of Work (Check all that apply)

☐ Demolition☐ >3SF OR LF☒ >160 SF OR 260 LF☒ Renovation☐ Full Containment with Negative Pressure☐ Mini-Enclo.☐ Glovebag Procedure☒ Non-Friable Procedure

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

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

Yes No N/A

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

Amount
(Specify
SF or LF)

Abatement Type

REMOVAL
REPAIR
ENCAPSUL
ENCLOSUR

3RD FLOOR MAIN BUILDING

X

VAT & MASTIC

COMPLETE

2,100 SF

X

ST. JOHNS BUILDING BASEMENT

X

VAT & MASTIC

COMPLETE

4,000 SF

X

ST. JOHNS BUILDING BASEMENT

X

GLUE & CEILING TILE

COMPLETE

740 SF

X

ADDITION TO SCOPE:

3RD FLOOR MAIN BUILDING

X

PIPE FITTINGS

100 LF

X

SUB BASEMENT-LAUNDRY

X

TRANSITE PIPE

2 LF

X

BASEMENT

X

WINDOW GLAZING

190 LF

X

BASEMENT

X

WINDOW CAULKING

75 LF

X

BASEMENT

X

PIPE INSULATION

60 LF

X

ROOF

X

COPING STONE SEAM CAULK

300 LF

X

ROOF

X

EXPANSION CAULK

160 SF

X

Name of Registered Waste Hauler
NEWARK CARTING
369 RAYMOND BLVD.
City, State
NEWARK, NEW JERSEY 07105

NJDEP Waste
Hauler ID No.

Cubic Yards of Waste
80

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

BSS

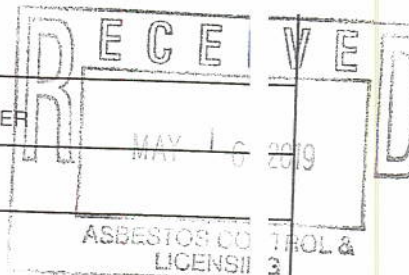
Date

5/10/19

Disposal Date
12/13-10/30/19

City, State
PLAINFIELD TOWNSHIP, PA

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



Date of Notification (1) 2 / 13 /19		Name of Building Owner/Operator (2) HACKENSACK UNIVERSITY MEDICAL CENTER	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #6 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 30 PROSPECT AVENUE		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
Name of Contact DONALD FARRELL		Telephone Number 551-996-3778	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HACKENSACK UNIVERSITY MEDICAL CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc)	
Street Address 30 PROSPECT AVENUE		Square Feet 200,000	# of Floors 5
City (5) HACKENSACK		Bldg. Age 80	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOSPITAL	
Name of Monitoring Firm Hired by Building Owner (8) LANGAN ENGINEERING & ENVIRONMENTAL		ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 300 KIMBALL DRIVE		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code PARSIPPANY, NEW JERSEY 07054		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm VIJAY PATEL		Telephone Number 973-560-4983	Telephone Number 845-369-7500
Expected State Date (10) 12 / 13 /18		Sched. Completion Date (11) 5 / 30 /19	License Number 1101
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3A;30 PM		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Encl. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) 3RD FLOOR MAIN BUILDING ST. JOHNS BUILDING BASEMENT ST. JOHNS BUILDING BASEMENT ADDITION TO SCOPE: 3RD FLOOR MAIN BUILDING		Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A X X X X	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) VAT & MASTIC COMPLETE VAT & MASTIC COMPLETE GLUE & CEILING TILE COMPLETE PIPE FITTINGS
		Amount (Specify SF or LF) 2,100 SF 4,000 SF 740 SF 100 LF	Abatement Type REMOVAL REPAIR ENCAPSUL ENCLOSUR X X X X
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105		NJDEP Waste Hauler ID No.	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL Disposal Date 12/13-5/30/19 City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature Date 2/13/19

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

33455

Date of Notification (1)

1 / 30 /19

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #5
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

HACKENSACK UNIVERSITY MEDICAL CENTER

Street Address

30 PROSPECT AVENUE

City, State, Zip Code

HACKENSACK, NEW JERSEY 07601

Name of Contact

DONALD FARRELL

Telephone Number

551-996-3778

Name of Facility Where Abatement is Taking Place (3)

HACKENSACK UNIVERSITY MEDICAL CENTER

Type of Facility (4)

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

Square Feet
200,000

of Floors
5

Bldg. Age
80

Current Use (Prior if being demolished)
HOSPITAL

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

1101

Name of OSHA Monitor
QUALITY ENVIRONMENTAL

Street Address
1376 ROUTE 9

City, State, Zip Code

WAPPINGER FALLS, NY 12590

Project Manager for Monitoring Firm

VIJAY PATEL

Telephone Number

973-560-4983

Expected State Date (10)

12 / 13 /18
Month Day Year

Sched. Completion Date (11)

5 / 30 /19
Month Day Year

Occupancy Status During Abatement (Check only one)

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

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

☒ Wrap & Cut

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

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

Yes No N/A

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

Amount
(Specify
SF or LF)

Abatement Type

REMOVAL
REPAIR
ENCAPSUL
ENCLOSUR

3RD FLOOR MAIN BUILDING

Yes No N/A

X

VAT & MASTIC

2,100 SF

X

ST. JOHNS BUILDING BASEMENT

Yes No N/A

X

VAT & MASTIC

COMPLETE

4,000 SF

X

ST. JOHNS BUILDING BASEMENT

Yes No N/A

X

GLUE & CEILING TILE

COMPLETE

740 SF

X

ADDITION TO SCOPE:

3RD FLOOR MAIN BUILDING

Yes No N/A

X

PIPE FITTINGS

100 LF

X

Name of Registered Waste Hauler
NEWARK CARTING
369 RAYMOND BLVD.

NJDEP Waste
Hauler ID No.

Cubic Yards of Waste
80

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

City, State
NEWARK, NEW JERSEY 07105

Disposal Date
12/13-5/30/19

City, State
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date

1/30/19

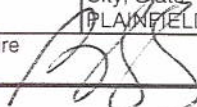
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

RECEIVED
MAY 16 2019
ASBESTOS CONTROL
LICENSING

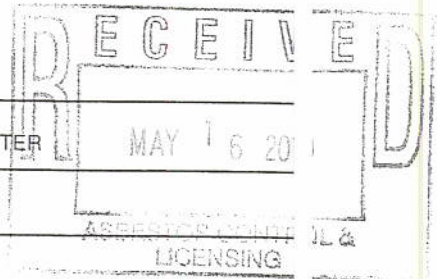
Date of Notification (1) 1 / 3 / 19		Name of Building Owner/Operator (2) HACKENSACK UNIVERSITY MEDICAL CENTER	
Agencies Notified		Street Address 30 PROSPECT AVENUE	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
Type Notification		Name of Contact DONALD FARRELL	
<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #4 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Telephone Number 551-996-3778	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HACKENSACK UNIVERSITY MEDICAL CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 30 PROSPECT AVENUE		Square Feet 200,000	# of Floors 5
City (5) HACKENSACK		Bldg. Age 80	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOSPITAL	
Name of Monitoring Firm Hired by Building Owner (8) LANGAN ENGINEERING & ENVIRONMENTAL		ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 300 KIMBALL DRIVE		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code PARSIPPANY, NEW JERSEY 07054		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm VIJAY PATEL		Telephone Number 973-560-4983	Telephone Number 845-369-7500
Expected State Date (10) 12 / 13 / 18		Sched. Completion Date (11) 5 / 30 / 19	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - SATURDAY 8AM-4:30PM		License Number 1101	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> 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
3RD FLOOR MAIN BUILDING			X	VAT & MASTIC	2,100 SF	X			
ST. JOHNS BUILDING BASEMENT			X	VAT & MASTIC COMPLETE	4,000 SF	X			
ST. JOHNS BUILDING BASEMENT I			X	GLUE & CEILING TILE COMPLETE	740 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 80	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY 07105	Disposal Date 12/13-5/30/19	City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 1/3/19

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



Date of Notification (1) 12 / 26 /18		Name of Building Owner/Operator (2) HACKENSACK UNIVERSITY MEDICAL CENTER	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 30 PROSPECT AVENUE		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
Name of Contact DONALD FARRELL		Telephone Number 551-996-3778	

Name of Facility Where Abatement is Taking Place (3) HACKENSACK UNIVERSITY MEDICAL CENTER				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 30 PROSPECT AVENUE				Square Feet 200,000	# of Floors 5	Bldg. Age 80
City (5) HACKENSACK	County (6) BERGEN	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) HOSPITAL		
Name of Monitoring Firm Hired by Building Owner (8) LANGAN ENGINEERING & ENVIRONMENTAL				ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 300 KIMBALL DRIVE				Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code PARSIPPANY, NEW JERSEY 07054				City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm VIJAY PATEL		Telephone Number 973-560-4983		Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 12 / 13 /18		Sched. Completion Date (11) 5 / 30 /19		Name of OSHA Monitor QUALITY ENVIRONMENTAL		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 4 PM-12 AM SATURDAY 4PM-12AM				Street Address 1376 ROUTE 9		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				City, State, Zip Code WAPPINGER FALLS, NY 12590		
<input checked="" type="checkbox"/> Renovation				<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> 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
3RD FLOOR MAIN BUILDING			X	VAT & MASTIC	2,100 SF	X			
ST. JOHNS BUILDING BASEMENT			X	VAT & MASTIC COMPLETE	4,000 SF	X			
ST. JOHNS BUILDING BASEMENT			X	GLUE & CEILING TILE COMPLETE	140 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 80	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY 07105	Disposal Date 12/13-5/30/19	City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 12-26-18