

05-11-'17 14:54 FROM-

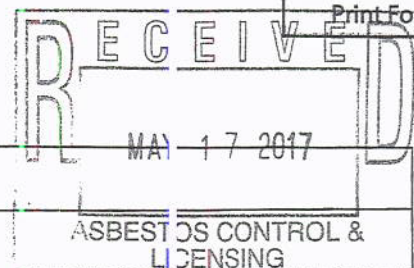
CK 2282

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

075 P003/0006 F-588
MAY 17 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/11/2017		Name of Building Owner/Operator (2) Fairfield NJ Partners, LLC						
Agencies Notified	Type Notification	Street Address 102 Center Boulevard, Suite J						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Marlton, NJ 08053						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Mr. James Angeloni	Telephone No.					
FACILITY INFORMATION								
Name of Facility Where Abatement Is Taking Place (3) Commercial Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 387 Passaic Avenue		Square Feet 13,000	# of Floors 2					
City (5) Fairfield		Bldg. Age 60						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) Commercial						
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC					
Street Address		Street Address 1385 Valley Road, Suite K						
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470						
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	License No. 00874					
Start Date (10) 5/15/2017		Scheduled Completion Date (11) 6/30/2017						
Name of OSHA Monitor Sky Contracting, LLC		Street Address 1385 Valley Road, Suite K						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		City, State, Zip Code Wayne, New Jersey 07470						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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
See Attached		x		See attached	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20890	Cubic Yards of Waste 100	Name of Registered Landfill Minerva Enterprises, LLC				
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio				
Completed by Predrag Sarcev		Title Vice President		Signature		Date 6/1 /2017		

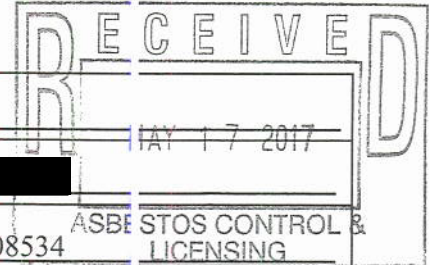
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 05/11/2017		Name of Building Owner/Operator (2) Residence							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New Milford, N.J. 07646							
		Name of Contact Gary Latero	Telephone Number						
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 G-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) New Milford		Square Feet 1662	# of Floors 2						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Age 70						
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services						
Street Address PO Box 354		Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	Telephone No. 844-462-7465						
Start Date (10) 05/26/2017		Scheduled Completion Date (11) 06/02/2017	License No. 01313						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor A. Seine Lighthouse Solutions							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 354							
		City, State, Zip Code South Orange, NJ 07079							
Scope of Work (Check All That Apply)									
<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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Viable 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
1st Floor		X		Window Caulk	20 windows	X			
Ground level		X		Vinyl Tiles	900 sf	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill					
City, State East Orange, NJ			Disposal Date	City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager	Signature 	Date 05/11/2017					

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

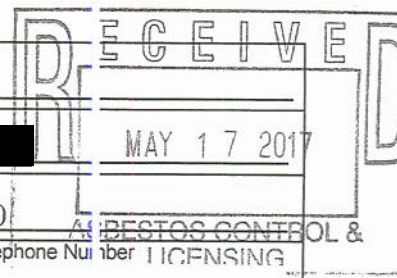
Check # 25499



Date of Notification (1) <u>5/16/17</u>		Name of Building Owner/Operator (2) <u>Jeffs</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code <u>Pennington, NJ 08534</u>	
		Name of Contact <u>Bruce Jeffs</u>	Telephone Number [REDACTED]
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K 12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) <u>Pennington, NJ 08534</u>		Square Feet <u>1800</u>	# of Floors <u>2</u>
County (6) <u>Mercer</u>		Bldg. Age <u>75+/-</u>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>5/31/17</u>	Scheduled Completion Date (11) <u>6/9/17</u>	Name of OSHA Monitor <u>MECS</u>	
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>8 am - 4 pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Utility Room</u>	<input checked="" type="checkbox"/>		<u>VAT</u>
<u>Utility Room</u>	<input checked="" type="checkbox"/>		<u>Transite</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1cu</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>6/9/17</u>	Name of Registered Landfill <u>Fairless Landfill</u>
		City, State <u>Morrisville, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>5/16/17</u>

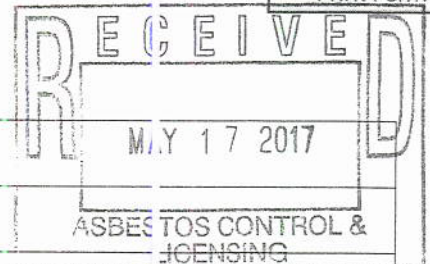
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

Check # 25498



Date of Notification (1) <u>5/16/17</u>		Name of Building Owner/Operator (2) <u>Saladino</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>
			City, State, Zip Code <u>Titusville, NJ 08650</u>
			Name of Contact <u>Sandra Saladino</u>
Telephone Number _____			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>			
City (5) <u>Titusville, NJ 08560</u>		Square Feet <u>3500</u>	# of Floors <u>2</u>
Bldg. Age <u>150+/-</u>			
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) _____
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>
		License No. <u>00493</u>	
Start Date (10) <u>5/30/17</u>	Scheduled Completion Date (11) <u>6/9/17</u>		Name of OSHA Monitor <u>MECS</u>
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>8 am - 4 pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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)
	Yes	No	
<u>Basement/Crawlspace</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>Transite</u>
Amount (Specify SF or LF) <u>350 lf</u>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>6 cu</u>
Name of Registered Landfill <u>Fairless Landfill</u>			
City, State <u>Allentown, NJ</u>		Disposal Date <u>6/9/17</u>	City, State <u>Morrisville PA</u>
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature
		Date <u>5/16/17</u>	

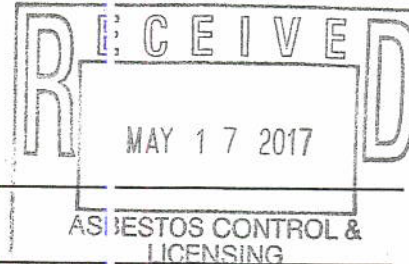
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 05/15/2017		Name of Building Owner/Operator (2) Nishan Akkus							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fortlee, NJ 07024							
		Name of Contact Nishan Akkus	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 12-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1800	# of Floors 2						
City (5) Fairview, NJ		Bldg. Age 60							
County (6) Bergen	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) DIA General Construction, Inc						
Street Address		Street Address 1360 Clifton Ave, PMB Suite 218							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm		Telephone No. 973-389-0089	Licens. No. 00691						
Start Date (10) 05/26/2017	Scheduled Completion Date (11) 05/30/2017	Name of OSHA Monitor DIA General Construction, Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1360 Clifton Ave, PMB Suite 218							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Fixable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe/Elbow Insulation	110 LF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 4 CY	Name of Registered Landfill Minerva Landfill					
City, State New Castle			Disposal Date 05/30/2017	City, State Waynes Burg, OH 44688					
Completed by Milan Njezic		Title Vice President	Signature 	Date 05/15/2017					

D&S Proj. #: 17-141

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



Date of Notification (1) 10/15/17		Name of Building Owner/Operator (2) hank koehler	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code WESTFIELD, NJ 07090	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact hank koehler	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number _____	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	Licence Number 01169
Start Date (10) 05/22/17	Sched. Completion Date (11) 05/31/17		Name of OSHA Monitor D & S Restoration, 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: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

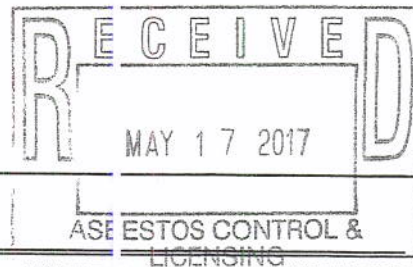
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement boiler room		<input checked="" type="checkbox"/>		PIPE INSULATION	28 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement laundry room		<input checked="" type="checkbox"/>		PIPE INSULATION	31 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 05/23/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/11/2017

CK 7046
D&S Proj. #: 17-139

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



Date of Notification (1) 10/15/11 10/11/17		Name of Building Owner/Operator (2) jack finn buiding contractors	
Agencies Notified	Type Notification	Street Address 333 bloomfield avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code caldwell, nj 07006	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact lance hoffman, project manager	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) commercial building			Type of Facility (4)		
Street Address 333 bloomfield avenue			<input type="checkbox"/> School (K - 12)		
City (5) caldwell			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
County (6) ESSEX			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
County Code (7) (State use only)			Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (Prior if being demolished)		
Street Address					
City, State, Zip Code					
Project Manager for Monitoring Firm			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Phone Number			Street Address 20 California Ave.		
Start Date (10) 06/01/17			City, State, Zip Code Paterson, NJ 07503		
Sched. Completion Date (11) 06/30/17			Telephone Number 973-345-8020		
Occupancy Status During Abatement (Check only one)			License Number 01169		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			Name of OSHA Monitor D & S Restoration, Inc.		
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____			Street Address 20 California Avenue		
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			City, State, Zip Code Paterson, NJ 07503		

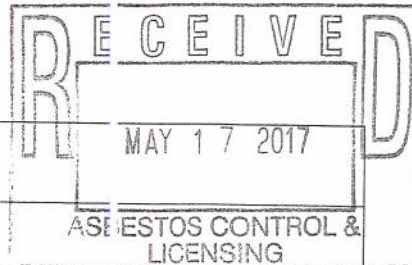
Scope of Work (check all that apply)

<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/r negative pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT south		<input checked="" type="checkbox"/>		PIPE INSULATION	80 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT north		<input checked="" type="checkbox"/>		PIPE fitting INSULATION	30 elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
office vault right side		<input checked="" type="checkbox"/>		VAT & MASTIC	12 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd floor		<input checked="" type="checkbox"/>		VAT	20 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 7 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/02/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/10/2017

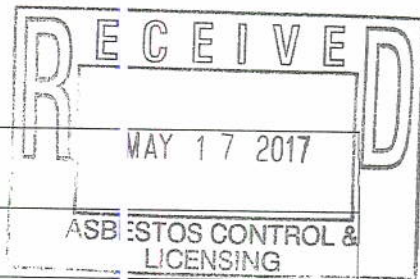
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 5 / 15 / 17		Name of Building Owner/Operator (2) Levin Management Corp		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED MAY 17 2017 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 975 US Hwy 22 West City, State, Zip Code North Plainfield, NJ 07060 Name of Contact Steve Pratt			
<div style="text-align: center;">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) Former Shoprite				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than 11-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 2657 Morris Ave.				Square Feet 40,000					
City (5) Union, NJ 07083				# of Floors 1					
County (6) Union				Bldg. Age 45+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant Retail							
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No. NA		Name of Abatement Contractor (9) Alliance Environmental Systems					
Street Address 700 Turner Way		Street Address 550 East Union St.							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Don Heim		Telephone No. 610-558-8902		Telephone No. 610-701-9000					
Start Date (10) 5 / 30 / 17		Scheduled Completion Date (11) 6 / 23 / 17		License No. 00508					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM				Name of OSHA Monitor Vertex					
Street Address 700 Turner Way				City, State, Zip Code Aston, PA 19014					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	27,300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Pipe	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 120	Name of Registered Landfill Western Berks Community Landfill				
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed By (Print or Type) Mark Griffin		Title Estimator		Signature 		Date 5/15/17			

CK14223

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



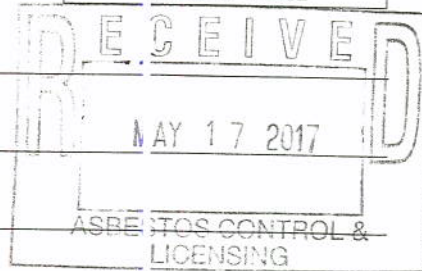
Date of Notification (1) 5 / 15 / 17		Name of Building Owner/Operator (2) ExxonMobil		MAY 17 2017					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #0 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1545 Route 33 East		ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Annandale, NJ 08801							
		Name of Contact Kyle Tucker		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ExxonMobil Clinton Research			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 1545 Route 22 East									
City (5) Annandale, NJ 08801			Square Feet 850,000	# of Floors 3	Bldg. Age 30+				
County (6) Hunterdon		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Research						
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address 700 Turner Way		Street Address 550 East Union St.							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Don Heim		Telephone No. 610-558-8902	Telephone No. 610-701-9000	License No. 00508					
Start Date (10) 5 / 30 / 17	Scheduled Completion Date (11) 7 / 21 / 17		Name of OSHA Monitor Vertex						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM- PM/3:30PM- AM			Street Address 700 Turner Way						
			City, State, Zip Code Aston, PA 19014						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Labs LF-LH-1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	12,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Veola		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 120	Name of Registered Landfill Western Berks Community Landfill					
City, State Flanders, NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed By (Print or Type) Mark Griffin	Title Estimator		Signature 		Date 5-15-17				

ASB-41
MAY 11

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

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

Check # 15941



Date of Notification (1) 5/12/2017		Name of Building Owner/Operator (2) Robert Ehrenbeck	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Garwood, NJ, 07027	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Robert Ehrenbeck	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

Name of Facility Where Abatement is Taking Place (3) Robert Ehrenbeck			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		
City (5) Garwood			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address				Street Address 86 Christopher St.	
City, State, Zip Code				City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm		Telephone Number N/A		Telephone Number (973) 744-8800	
Scheduled Start Date (10) 05 22 2017		Sched. Completion Date (11) 05 24 2017		License Number 00371	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Name of OSHA Monitor N/A		Street Address	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:				City, State, Zip Code	
<input type="checkbox"/> Other - Describe:					

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

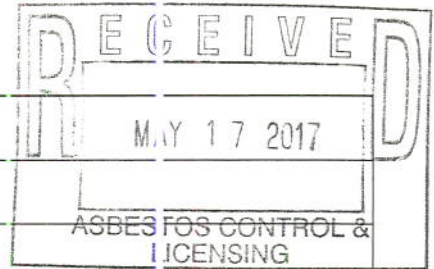
☒ Renovation
☐ Demolition

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

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

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040		Cubic Yards of Waste 1.5	Name of Registered Landfill Minerva Enterprise INC	
City, State Montclair, NJ 07042		Disposal Date 05/25/2017		City, State Waynesburg, Ohio 44688		
Completed By (Print or Type) Constantine Vivian		Title President		Signature 		Date 5/12/2017

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

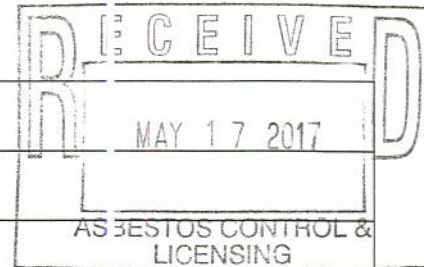


CR 2080

Date of Notification (1) 5-11-17		Name of Building Owner/Operator (2) Township of Wayne							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	475 Valley rd							
		City, State, Zip Code Wayne NJ							
		Name of Contact building dept	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) abandoned flood house		Type of Facility (4)							
Street Address 260 Dorsa ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K- 2) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) wayne nj	Square Feet 2000	# of Floors 2	Bldg. Age						
County (6) passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) AFlood House Empty							
Name of Monitoring Firm Hired by Building Owner (8) same	ASCM No.	Name of Abatement Contractor (9) All County Services llc							
Street Address	Street Address 128 little falls rd								
City, State, Zip Code	City, State, Zip Code cedar grove nj 07009								
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973 508 9244	License No. 1249						
Start Date (10) 5-20-17	Scheduled Completion Date (11) 5-22-17	Name of OSHA Monitor same							
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: <u>abandoned demo house</u>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
siding garage		X		siding garage	300	X			
Name of Registered Waste Hauler scc contractors	NJDEP Waste Hauler ID No. 32720	Cubic Yards of Waste 10	Name of Registered Landfill grows						
City, State woodland park nj	Disposal Date 5-25-17	City, State morristown pa							
Completed by vincent scirca	Title member	Signature				Date 5-11-17			

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

Ch 2079



Date of Notification (1) 5-11-17		Name of Building Owner/Operator (2) Township of Wayne	
Agencies Notified	Type Notification	Street Address Valley rd	ASBESTOS CONTROL & LICENSING
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne NJ	
Name of Contact building dept		Telephone Number	

FACILITY INFORMATION

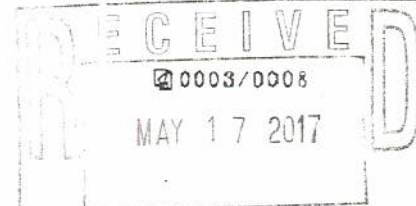
Name of Facility Where Abatement is Taking Place (3) abandoned flood house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 523 riverside drive		Square Feet 2000	# of Floors 2
City (5) wayne nj		Bldg. Age	
County (6) passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Flood House Smoky	
Name of Monitoring Firm Hired by Building Owner (8) same		ASCM No.	Name of Abatement Contractor (9) All County Services llc
Street Address		Street Address 128 little falls rd	
City, State, Zip Code		City, State, Zip Code cedar grove nj 07009	
Project Manager for Monitoring Firm		Telephone No. 973 508 9244	Licence No. 1243
Start Date (10) 5-20-17	Scheduled Completion Date (11) 6-3-17	Name of OSHA Monitor same	
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: abandoned demo house		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 checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure
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Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
interior house		x		joint compound	3000	x			

Name of Registered Waste Hauler scc contractors	NJDEP Waste Hauler ID No. 32720	Cubic Yards of Waste 30	Name of Registered Landfill grows
City, State woodland park nj		Disposal Date 5-25-17	City, State morristown pa
Completed by vincent scirica	Title member	Signature 	Date 5-11-17



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

CH 4712

Date of Notification (1) 05/10/2017		Name of Building Owner/Operator (2) Park East Terrace Cooperative Apartments		ASBESTOS CONTROL & ABATEMENT	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 789-807 Eleventh Avenue City, State, Zip Code Paterson, NJ 07514 Name of Contact Rafael Marrero	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Building #801			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 789-807 Eleventh Avenue			Square Feet		
City (5) Paterson			# of Floors		
County (6) Passaic			Bldg. Age		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Building Owner (8) Datall Associates, Inc.		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation	
Street Address 300 Grand Avenue		City, State, Zip Code Englewood, NJ 07631		Street Address 806 McBride Ave	
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-565-6708		City, State, Zip Code Woodland Park, New Jersey	
Start Date (10) 05/15/2017		Scheduled Completion Date (11) 05-16-2017		Telephone No. 973-225-8400	
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 Iris Environmental Laboratories, LLC		License No. 01104	
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		Street Address 2333 Route 22 West	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		City, State, Zip Code Union, NJ 07083	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type Removal Repair Encapsulate Enclosure	
Basement-mechanical room		15 LF		<input checked="" type="checkbox"/>	
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 16724		Cubic Yards of Waste	
City, State Woodland Park, New Jersey		Disposal Date		Name of Registered Landfill G.R.O.W.S. Landfill	
Completed by Adriana Olejarova		Title president		City, State Morrisville, PA	
Signature [Signature]		Date 05/10/2017			

03/28/2034 13:25 FAX

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

RECEIVED
00003/0004
MAY 17 2017
DOL-10 DAY
ASBESTOS CONTROL &
WAVES APPROVED

CH 4713

Date of Notification (1)
05/10/2017

Name of Building Owner/Operator (2)
Park East Terrace Cooperative Apartments

Agencies Notified

☐ EPA
☒ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial
☐ Amended
Amendment #
☒ Emergency
(Including Justification)
☐ Cancellation

Street Address
789-807 Eleventh Avenue

City, State, Zip Code
Paterson, NJ 07614

Name of Contact
Rafael Marrero

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Building #803

Street Address
789-807 Eleventh Avenue

City (5)
Paterson

County (6)
Passaic

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than 1-12)
☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet # of Floors Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)
Detail Associates, Inc.

ASCM No.

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
300 Grand Avenue

Street Address
605 McBride Ave

City, State, Zip Code
Englewood, NJ 07631

City, State, Zip Code
Woodland Park, New Jersey

Project Manager for Monitoring Firm
Anthony Valentine

Telephone No
201-533-5708

Telephone No
973-225-8400

License No.
01104

Start Date (10)
05/15/2017

Scheduled Completion Date (11)
05-16-2017

Name of OSHA Monitor
Iris Environmental Laboratories, LLC

Occupancy Status During Abatement (Check Only One)

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

Street Address
2333 Route 22 West

City, State, Zip Code
Union, NJ 07083

Scope of Work (Check All That Apply)

☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 280 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure/ Limited Containment
☐ Non-Exempted (*) and Non-Frangible Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Basement-mechanical room	xx			Pipe insulation	30 LF	x		

Name of Registered Waste Hauler
Lilich Corporation

NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste

Name of Registered Landfill
G.R.O.W.S Landfill

City, State
Woodland Park, New Jersey

Disposal Date

City, State
Morrisville, PA

Completed by
Adriana Ojarova

Title
president

Signature

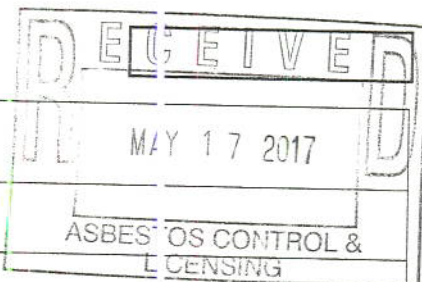
Date
05/10/2017

ASB-41 (R-05-03)

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

Check#2781

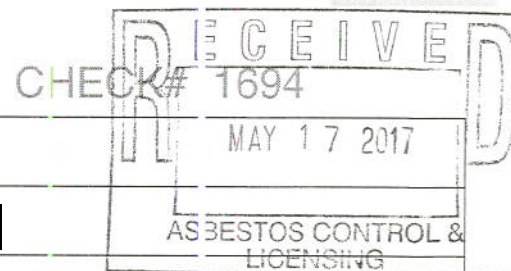
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 05 / 12 / 17		Name of Building Owner/Operator (2) Sal Adamo							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Belleville, NJ 07109 Name of Contact Sal Adamo Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Belleville, NJ 07109 County (6) Essex		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470	Telephone No. License No. 973-638-1777 01127						
Start Date (10) 05 / 22 / 17	Scheduled Completion Date (11) 05 / 24 / 17	Name of OSHA Monitor Envirovision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410							
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		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"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Clean up of roofing debris&decontamination	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Clean up of roofing debris&decontamination	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature [Signature]			Date 5/12/17			

NEW

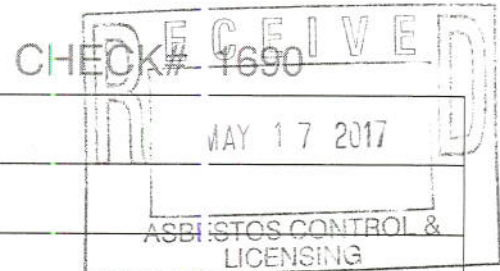
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 05/03/2017		Name of Building Owner/Operator (2) HOWARD CRESSMAN							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code PITMAN NJ 08071							
		Name of Contact HOWARD CRESSMAN							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1391	# of Floors 1						
City (5) PITMAN		Bldg. Age 87							
County (6) GLOUCESTER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN							
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202	Telephone No. 610-304-4676						
Start Date (10) 05/17/2017		Scheduled Completion Date (11) 05/18/2017	License No. 01115						
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: RESIDENTIAL-VACANT DURING REMOVAL		Name of OSHA Monitor EMSL							
		Street Address 200 RT. 130 NORTH							
		City, State, Zip Code CINNAMINSON NJ 08077							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Removable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	PIPE INSULATION	50 LF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 6	Name of Registered Landfill MINERVA LANDFILL					
City, State MULLICA HILL NJ			Disposal Date 05/19/2017	City, State WAYNESBURG, OH					
Completed by RON SWANSON		Title GENERAL MANAGER	Signature 	Date 05/03/2017					

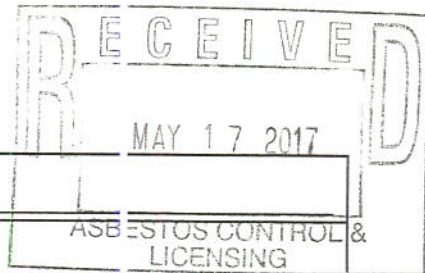
OLD

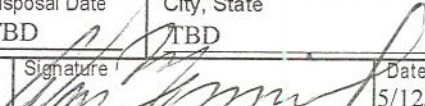
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 05/03/2017		Name of Building Owner/Operator (2) HOWARD CRESSMAN							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED] City, State, Zip Code PITMAN NJ Name of Contact HOWARD CRESSMAN Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) PITMAN		Square Feet 1391	# of Floors 1						
County (6) GLOUCESTER		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL						
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN							
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202	Telephone No. 610-304-4676						
Start Date (10) 05/15/2017		Scheduled Completion Date (11) 05/16/2017	Name of OSHA Monitor EMSL						
Occupancy Status During Abatement (Check Only One)		Street Address 200 RT. 130 NORTH							
<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: RESIDENTIAL-VACANT DURING REMOVAL		City, State, Zip Code CINNAMINSON NJ 08077							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Fixable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	PIPE INSULATION	50 LF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 6	Name of Registered Landfill MINERVA LANDFILL					
City, State MULLICA HILL NJ			Disposal Date 05/17/2017	City, State WAYNESBURG, OH					
Completed by RON SWANSON		Title GENERAL MANAGER	Signature 	Date 05/03/2017					

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



Date of Notification (1) <u>5/12/17</u>		Name of Building Owner/Operator (2) <u>Lois L. Fauver Estate</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code <u>Millville, NJ</u>	
		Name of Contact <u>Joe Fauver</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private 8 commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (s) <u>Millville, NJ</u>		Square Feet <u>1900 SF</u>	# of Floors <u>2</u>
County (6) <u>Cumberland</u>		Bldg. Age <u>40 yrs</u>	
County Code(7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>Residence</u>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) <u>AEi2, LLC</u>	
City, State, Zip Code		Street Address <u>361 E. Fleming Pike</u>	
Project Manager for Monitoring Firm		City, State, Zip Code <u>Hammonton, NJ 08037</u>	
Telephone No.		Telephone No. <u>609-481-2122</u>	License No. <u>00689</u>
Start Date (10) <u>5/22/17</u>	Scheduled Completion Date (11) <u>5/27/17</u>	Name of OSHA Monitor <u>AEi2, LLC</u>	
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>Separate Area</u>		Street Address <u>361 E. Fleming Pike</u>	
		City, State, Zip Code <u>Hammonton, NJ 08037</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Basement			X
Name of Registered Waste Hauler <u>AEi2, LLC</u>		NJDEP Waste Hauler ID No. <u>21376</u>	Cubic Yards of Waste <u>2</u>
City, State <u>Hammonton, NJ</u>		Disposal Date <u>TBD</u>	Name of Registered Landfill <u>TBD</u>
Completed By <u>Wm. Minnick</u>		Title <u>Program Mgr.</u>	Signature 
			Date <u>5/12/17</u>

ASB-41

Do not use this form for asbestos licensure exempted activities.

Project #

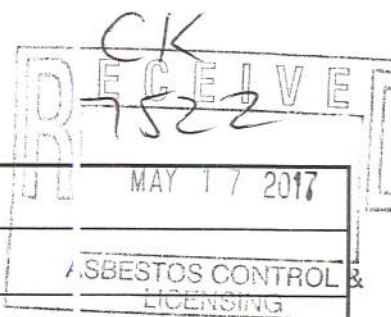
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check #: 791

MAY 17 2017

Date of Notification (1) 05/12/2017		Name of Building Owner/Operator (2) Berkshire Hathaway Home Services						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 264 South St		City, State, Zip Code Morristown, 07950						
Name of Contact Adrienne Knight		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 12-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age						
City (5) Dover, NJ		Current Use (Prior if being demolished)						
County (6) Somerset		County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) Nick Restoration LLC						
City, State, Zip Code		Street Address 72 Brookside Rd						
Project Manager for Monitoring Firm		City, State, Zip Code Randolph, NJ 07869						
Telephone No.		Telephone No. 973933-2550						
Start Date (10) 05/21/2017		License No. 011133						
Scheduled Completion Date (11) 05/22/2017		Name of OSHA Monitor IRIS						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Rt 22 West						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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		City, State, Zip Code Union, NJ 07083						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement area		x	TSI	60 LF	x			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 0033782		Cubic Yards of Waste TBD		Name of Registered Landfill G.R.O.W.S		
City, State Randolph, NJ		Disposal Date TBD		City, State Tullytown, Pa				
Completed by Elvira Mrda		Title President		Signature <i>Elvira Mrda</i>		Date 05/12/2017		

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



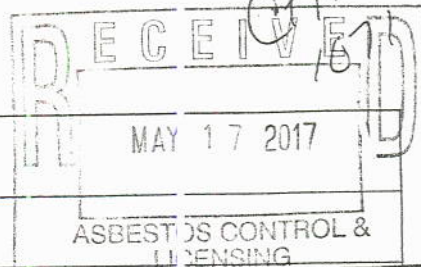
Date of Notification 5/9/17		Name of Building Owner / Operator (2) Infineum		MAY 17 2017	
Agencies Notified EPA DEP X DOL X DOH DCA	Type of Notification X Emergency Notification Initial Notification Amended Notification Cancellation	Street Address 1900 E. Linden Ave		ASBESTOS CONTROL & LICENSING	
		City, State & Zip Code Linden, NJ 07036			
		Name of Contact Matt McNeill		Telephone Number	
		FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Infineum Main Entrance			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) X Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 1900 E. Linden Ave			Square Feet 50,000	# of Floors 1	Bldg. Age 80+
City (5) Linden	County (6) Union	County Code (7)	Current Use (Prior if being demolished) Petroleum Production		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No. N/A	Name of Abatement Contractor (9) Global Abatement Services, LLC		
Street Address 64 Broad Street		Street Address 443 Schoolhouse Road			
City, State & Zip Code Matawan, NJ 07716		City, State & Zip Code Monroe Township, NJ 08831			
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062	License Number 00714	
Scheduled Start Date (10) 5/11/17	Scheduled Completion Date (11) 5/12/17		Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:			Street Address 443 Schoolhouse Road		
			City, State & Zip Code Monroe Township, NJ 08831		
Scope of Work (Check all that apply)					
Demolition		X Renovation		Full Containment with Negative Pressure	
Large Project				Mini-Enclosure	
X Quantity is ≥ 3 SF or ≥ 3 LF ACM				X Glovebag Procedure	
Quantity is ≥ 160 SF or ≥ 260 LF ACM				Other: Non-friable	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)	
Main Entrance	N/A	TSI Pipe	16 LF	Removal	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 2	Name of Registered Landfill Cumberland County	
City, State Freehold, NJ		Disposal Date 5/12/17		City, State Newburg, PA	
Completed By (Print or Type) Dominick Tringali	Title Manager	Signature <i>Dominick Tringali</i>			Date 5/9/17

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



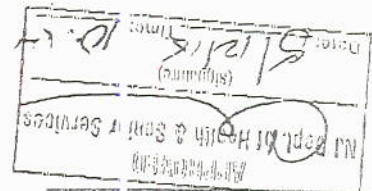
Date of Notification (1) 05 / 09 / 17		Name of Building Owner/Operator (2) Beth Frederick	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code West Cape May NJ 08204	
		Name of Contact Beth Frederick	
		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Resident		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K- 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1,316Sf	# of Floors 2 Floors
City (5) Haddonfield, NJ		Bldg. Age 1921	
County (6) Camden COUNTY	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Resident	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Graham-Tech Environmental Service, L.C.	
Street Address		Street Address 14 Read Drive	
City, State, Zip Code		City, State, Zip Code Sicklerville, NJ 08081	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-318-1341	License No. 01158
Start Date (10) 05 / 22 / 17	Scheduled Completion Date (11) 05 / 25 / 17	Name of OSHA Monitor Graham-Tech Environmental Services, L.C.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-11:30PM PM-____AM		Street Address 14 Read Drive	
		City, State, Zip Code Sicklerville, NJ 08081	
Scope of Work (Check all that apply)			
<input type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount (Specify SF or LF) 600SF		Abatement Type	
		Removal	Repair
		Encapsulate	Enclosure
		<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"/>
Name of Registered Waste Hauler Graham-Tech Environmental Service, LLC		NJDEP Waste Hauler ID No. 0034600	Name of Registered Landfill G.R.O.W. North Landfill & Tullytown
City, State 14 Read Drive Sicklerville, NJ 08081		Disposal Date	City, State 1513 Brodowntown Rd. Morrisville, PA
Completed By (Print or Type) Vernice Graham	Title President	Signature 	Date 5-10-17

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



Date of Notification (1) 04 / 17 / 17		Name of Building Owner/Operator (2) Opus-KTV LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment ##1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 24 N Bryn Mawr Avenue Suite 286							
		City, State, Zip Code Bryn Mawr Pa 19010							
		Name of Contact Gary Toll							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Fomer Office Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K- 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 222 Cameron Drive		Square Feet 132,000Sf	# of Floors 4 Floors						
City (5) Phillipsburg NJ 08865		Bldg. Age 1913							
County (6) Warren COUNTY	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Office Building							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC							
Street Address		Street Address 14 Read Drive							
City, State, Zip Code		City, State, Zip Code Sicklerville, NJ 08081							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-318-1341	License No. 01158						
Start Date (10) 04 / 26 / 17	Scheduled Completion Date (11) 06 / 10 / 17	Name of OSHA Monitor Graham-Tech Environmental Services, LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-11:30PM / ____PM-____AM		Street Address 14 Read Drive							
		City, State, Zip Code Sicklerville, NJ 08081							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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
1st, 2nd, 3rd and 4th floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Floor Tile	67,000S :	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st and 2nd Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Pipe Insulation	1150LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Graham-Tech Environmental Service, LLC		NJDEP Waste Hauler ID No. 0034600		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W. North Landfill & Tullytown				
City, State 14 Read Drive Sicklerville, NJ 08081				Disposal Date	City, State 1513 Brodowntown Rd. Morrisville, PA				
Completed By (Print or Type) Vernice Graham		Title President		Signature 		Date 5-9-17			

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



NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

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

RECEIVED

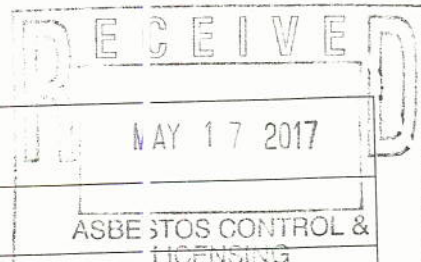
MAY 17 2017

ASBESTOS CONTROL & LICENSING

NO ch

I. NOTIFICATION INFORMATION			
Date of Notification:	5	12	2017
<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amended	<input type="checkbox"/> Cancellation	<input checked="" type="checkbox"/> Emergency (must include justification)
Type of Work:	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	
II. BUILDING INFORMATION			
Name of Building Owner/Operator:	Dawn Whiton		
Street Address:	412 Deaborne Avenue	City: Blackwood	State: NJ Zip: 08012
Name of Contact:	Dawn Whiton Telephone N:		
III. FACILITY INFORMATION			
Name of Facility Where Work Activity is to Take Place:	Whiton Residence		
Describe Facility Use:	Residence		
Street Address:	[REDACTED]	City: Blackwood	State: NJ Zip: 08012
County Name:	Camden	County Code (State Use Only):	
Scheduled Start Date:	5	16	2017
Scheduled Completion Date:	5	17	2017
Occupancy Status During Activity (check only one):			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Activity			
<input type="checkbox"/> Activity Performed Outside Normal Facility Hours—Describe: _____			
<input type="checkbox"/> Other—Describe: _____			
Scope of Work (check all that apply):			
<input checked="" type="checkbox"/> Floor Tile	Square Footage:	240 SF	Percentage Asbestos: %
<input type="checkbox"/> Mastic	Square Footage:		Percentage Asbestos: %
IV. CONTRACTOR INFORMATION			
Company Name:	Shade Environmental, LLC		Telephone No.: 856-751-0099
Street Address:	623 Cutler Avenue	City: Maple Shade	State: NJ Zip: 08052
New Jersey Asbestos License Number (if applicable):	00842		
Monitoring Firm (if applicable):	Mgmt. & Enviro. Consulting Services	Telephone No.:	609-291-4070
V. SIGNATURE			
Completed By (type or print legibly):	Christina Lynch		Title: Vice President of Operations
Signature:			Date: May 12, 2017

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



NO CK

Date of Notification (1)
5 / 12 / 17

Name of Building Owner/Operator (2)
New Jersey American Water Company

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

Type Notification
☐ Initial
☒ Amended Amendment # 1
☐ Emergency (including justification)
☐ Cancellation

Street Address
1025 Laurel Oak Road

City, State, Zip Code
Voorhees, NJ 08043

Name of Contact
Joe Bolland - B&H Contracting

Telephone Number

FACILITY INFORMATION

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

Street Address
30-32 Lakewood Road

City (5)
New Egypt

County (6)
Ocean

County Code (7) (STATE USE ONLY)

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

Square Feet
3,000

of Floors
2

Bldg. Age
80

Current Use (Prior if being demolished)
Residential

Name of Monitoring Firm Hired by Building Owner (8)
Mgmt. & Environmental Consulting Services

ASCM No.

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
623 Cutler Avenue

City, State, Zip Code
Maple Shade, NJ 08052

Project Manager for Monitoring Firm
Bill Weisgarber

Telephone No.
609-298-4070

Telephone No.
856-755-0099

License No.
00842

Start Date (10)
04 / 24 / 17

Scheduled Completion Date (11)
05 / 19 / 17

Name of OSHA Monitor
EMSL Analytical, Inc.

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

Street Address
200 Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

Scope of Work (Check all that apply)

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

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
House Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stucco	1,850 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stucco	540 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
40

Name of Registered Landfill
GROWS North Landfill

City, State
Freehold, NJ

Disposal Date
05/19/2017

City, State
Morrisville, PA

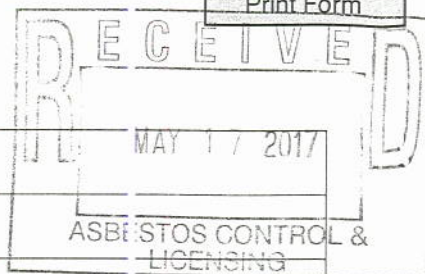
Completed By (Print or Type)
Christina Lynch

Title
Vice President of Operations

Signature

Date
5/12/17

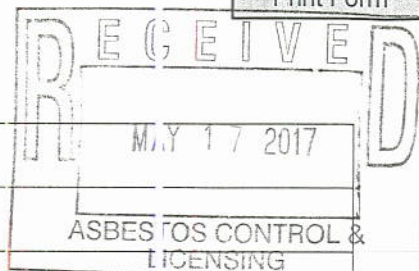
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



CH 4055

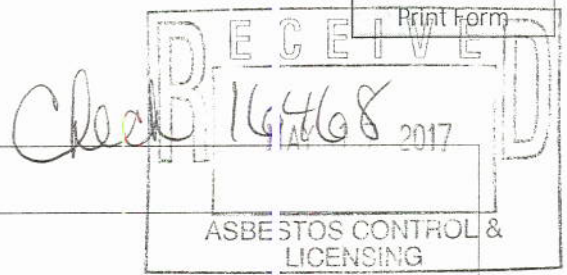
Date of Notification (1) 05/11/2017		Name of Building Owner/Operator (2) Provident Group-Kean Properties LLC							
Agencies Notified	Type Notification	Street Address 1000 Morris Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union, NJ 07083							
		Name of Contact Mike Fader	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kean University Freshman Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1000 Morris Avenue		Square Feet	# of Floors						
City (5) Union		Bldg. Age 25+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Dorm Rooms							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO Box 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 609-567-1250						
Start Date (10) 03/17/2017		Scheduled Completion Date (11) 05/19/2017	License No. 01172						
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: Vacant		Name of OSHA Monitor Health & Safety Services, Inc.							
		Street Address PO Box 365							
		City, State, Zip Code Berlin, NJ 08009							
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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Child Study			X	Transit Pipe	30 lf	X			
Child Study			X	Transit Transom	120 sf	X			
South Building			X	Transit Pipe	65 lf	X			
South Building			X	Transit Transom	100 sf	X			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill Tullytown Landfill					
City, State 6626 Delilah Road Egg Harbor Township, NJ			Disposal Date 05/19/2017	City, State Bristol, PA					
Completed by Eric Keys		Title OM	Signature 			Date 05/11/2017			

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



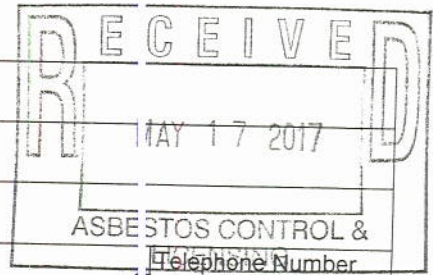
Date of Notification (1) 05/10/2017		Name of Building Owner/Operator (2) Provident Group-Kean Properties LLC							
Agencies Notified	Type Notification	Street Address 1000 Morris Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union, NJ 07083							
		Name of Contact Mike Fader	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kean University Freshman Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1000 Morris Avenue		Square Feet	# of Floors						
City (5) Union		Bldg. Age 25+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Dorm Rooms							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc						
Street Address PO Box 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 609-567-1250						
Start Date (10) 03/17/2017		Scheduled Completion Date (11) 05/19/2017	License No. 01172						
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>Vacant</u>		Name of OSHA Monitor Health & Safety Services, Inc.							
		Street Address PO Box 365							
		City, State, Zip Code Berlin, NJ 08009							
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) 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
West Building			X	Crawl Space Tunnel	TBD	X			
West Building			X	Fittings	TBD	X			
West Building			X	Bathroom Walls	TBD	X			
East Building			X	Crawl Space Tunnel	TBD	X			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220		Cubic Yards of Waste 20 cy	Name of Registered Landfill Tullytown Landfill				
City, State 6626 Delilah Road Egg Harbor Township, NJ				Disposal Date 05/19/2017	City, State Bristol, PA				
Completed by Eric Keys		Title OM		Signature 		Date 05/10/2017			

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



Date of Notification (1) 5/11/17		Name of Building Owner/Operator (2) Phil Puccio							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elwood Park NJ 07407							
		Name of Contact Phil	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 2300	# of Floors 2						
City (5) Park Ridge		Bldg. Age 68							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 5/20/17	Scheduled Completion Date (11) 5/31/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior - roof			x	roof/felt	1,000 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland Landfill					
City, State Freehold NJ		Disposal Date TBD		City, State Newburg PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 5/11/17			

NO CK



Date of Notification (1) 2/2/17		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #5-5/10/17 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address 67 Bloomfield Avenue		City, State & Zip Code Newark New Jersey	
Name of Contact Alex Baylor		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Humboldt Central Office			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 67 Bloomfield Avenue			Square Feet 46596		
City (5) Newark			County (6) Essex		# of Floors 4
County Code (7)			Bldg. Age 75		
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT			ASCM No.		
Street Address 8436 ENTERPRISE AVE			Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
City, State & Zip Code PHILADELPHIA PA 19153			Street Address 1123 BEAVER STREET		
Project Manager for Monitoring Firm MARK JENKINS			Telephone Number 215-365-5810		License Number 00509
Scheduled Start Date (10) ON Site 5/1/17		Scheduled Completion Date (11) On site 5/11/17 - 5/16/17		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5:00 PM -1:30 AM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 BEAVER STREET		
City, State & Zip Code BRISTOL, PA 19007			City, State & Zip Code BRISTOL, PA 19007		

Scope of Work (Check all that apply)

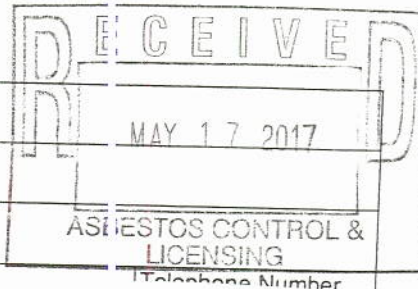
- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥ 160 sf ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2 nd Floor Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust duct insulation	55 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust duct insulation	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 3	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date		City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) PATRICK T. DECARO		Title PROJ. MGR.	Signature <i>Patrick T. Decaro</i>		Date 2/2/17

NOTIFICATION OF ASBESTOS ABATEMENT

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



Date of Notification (1) 2/2/17		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
Agencies Notified	Type Notification	Street Address 67 Bloomfield Avenue	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #4-5/2/17 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Newark New Jersey	
		Name of Contact Alex Baylor	

FACILITY INFORMATION

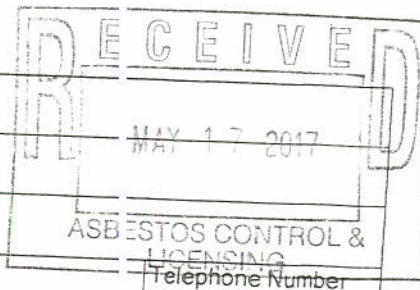
Name of Facility Where Abatement is Taking Place (3) Humboldt Central Office			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 67 Bloomfield Avenue			Square Feet 46596	# of Floors 4	Bldg. Age 75
City (5) Newark	County (6) Essex	County Code (7)	Current Use (Prior if being demolished) COMMUNICATIONS		
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 8436 ENTERPRISE AVE			Street Address 1123 BEAVER STREET		
City, State & Zip Code PHILADELPHIA PA 19153			City, State & Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm MARK JENKINS		Telephone Number 215-365-5810	Telephone Number 215-788-6040	License Number 00509	
Scheduled Start Date (10) ON Site 5/1/17		Scheduled Completion Date (11) ON HOLD		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5:00 PM -1:30 AM <input type="checkbox"/> Facility Occupied During Abatement			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 checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glove Bag Procedures |
| | | <input type="checkbox"/> Non-Exempted and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
nd Floor Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust duct insulation	55 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nd Floor Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust duct insulation	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 3	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date	City, State WAYNESBURG, OH 44688		
Completed By (Print or Type) PATRICK T. DECARO		Title PROJ. MGR.	Signature <i>Patrick T. Decaro / jil</i>		Date 2/2/17



Date of Notification (1) 2/2/17		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #3 - 4/26/17 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address 67 Bloomfield Avenue		City, State & Zip Code Newark New Jersey	
Name of Contact Alex Baylor		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Humboldt Central Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 67 Bloomfield Avenue		Square Feet 46596	# of Floors 4
City (5) Newark	County (6) Essex	County Code (7)	Bldg. Age 75
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT		ASCM No.	
Street Address 8436 ENTERPRISE AVE		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC	
City, State & Zip Code PHILADELPHIA PA 19153		Street Address 1123 BEAVER STREET	
Project Manager for Monitoring Firm MARK JENKINS		City, State & Zip Code BRISTOL, PA 19007	
Telephone Number 215-365-5810		Telephone Number 215-788-6040	License Number 00509
Scheduled Start Date (10) ON Site 5/1/17	Scheduled Completion Date (11) 5/9/17		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5:00 PM - 1:30 AM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Fixable Procedure		City, State & Zip Code BRISTOL, PA 19007	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Floor Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust duct insulation	55 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust duct insulation	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 ICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 3	Name of Registered Landfill MINERVA LANDFILL
City, State & Zip Code CASTLE, DE 19720	Disposal Date	City, State WAYNESBURG, OH 44688	
Prepared By (Print or Type) MARK T. DECARO	Title PROJ. MGR.	Signature <i>Patrick T. Decaro</i>	Date 2/2/17

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

RECEIVE
3202
MAY 17 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2/2/17		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #2 - 4/25/17 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address 67 Bloomfield Avenue		City, State & Zip Code Newark New Jersey	
Name of Contact Alex Baylor		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) Humboldt Central Office				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 67 Bloomfield Avenue				Square Feet 46596	
City (5) Newark		County (6) Essex		Bldg. Age 75	
County Code (7)		Current Use (Prior if being demolished) COMMUNICATIONS			
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT			ASCM No.		
Street Address 8436 ENTERPRISE AVE			Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
City, State & Zip Code PHILADELPHIA PA 19153			Street Address 1123 BEAVER STREET		
Project Manager for Monitoring Firm MARK JENKINS			City, State & Zip Code BRISTOL, PA 19007		
Telephone Number 215-365-5810			Telephone Number 215-788-6040		License Number 00508
Scheduled Start Date (10) ON Site 5/1/17		Scheduled Completion Date (11) 5/9/17			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5:00 PM - 1:30 AM <input type="checkbox"/> Facility Occupied During Abatement					
Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC					
Street Address 1123 BEAVER STREET					
City, State & Zip Code BRISTOL, PA 19007					

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

☒ Renovation
☐ Demolition

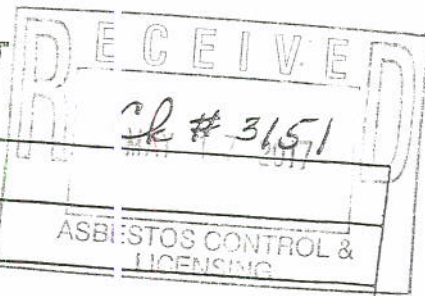
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedures
☐ Non-Exempted and Non-Viable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust duct insulation	55 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust duct insulation	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler E TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 3	Name of Registered Landfill MINERVA LANDFILL	
City, State STLE, DE 19720		Disposal Date		City, State WAYNESBURG, OH 44688	
By (Print or Type) T. DECARO		Title PROJ. MGR.	Signature <i>Patrick D. Decaro</i>		Date 2/2/17

NOTIFICATION OF ASBESTOS ABATEMENT

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



Date of Notification (1) 2/2/17		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
Agencies Notified	Type Notification	Street Address 67 Bloomfield Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Newark New Jersey	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Alex Baylor	
<input checked="" type="checkbox"/> DOL 2972	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH 3405	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

Name of Facility Where Abatement is Taking Place (3) Cumtuck Central Office				Type of Facility (4)	
Street Address 67 Bloomfield Avenue				<input type="checkbox"/> School (K-12)	
City (5) Newark				<input type="checkbox"/> Subchapter 8 (Other than K-12)	
County (6) Essex	County Code (7)		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
			Square Feet 46586	# of Floors 4	Bldg. Age 75
Current Use (Prior if being demolished) COMMUNICATIONS					
Name of Monitoring Firm Hired by Building Owner (8) BRISTOL ENVIRONMENTAL MANAGEMENT			Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address ENTERPRISE AVE			Street Address 1123 BEAVER STREET		
State & Zip Code ADELPHIA PA 19153			City, State & Zip Code BRISTOL, PA 19007		
Manager for Monitoring Firm C. JENKINS			Telephone Number 215-365-5510		License Number 00509
Planned Start Date (10) 2/7		Scheduled Completion Date (11) 2/15/17		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC	
Priority Status During Abatement (Check only one)					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement					
<input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm					
Describe: 5:00 PM - 1:30 AM					
Facility Occupied During Abatement					
Work (Check all that apply)					

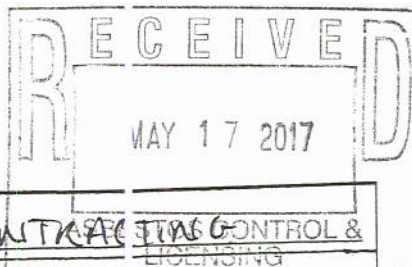
☐ 50 sf or less
☐ 51 to 260 sf
☒ Renovation
☐ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedures
☐ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust duct insulation	55 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler SPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 3	Name of Registered Landfill MINERVA LANDFILL
Permit No. DE 19720	Disposal Date	City, State WAYNESBURG, OH 44688	
Signature PROJ. MGR.	Date 2/2/17		

CK 4234

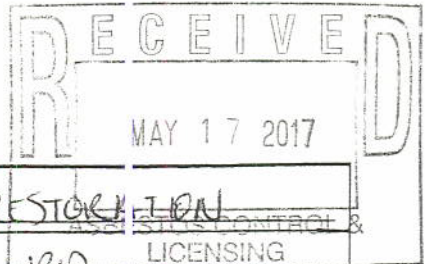
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <u>5-12-17</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING CONTROL & LICENSING</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT 50</u>					
		City, State, Zip Code <u>GREENFIELD NJ 08230</u>					
		Name of Contact <u>BRUCE</u>	Telephone Number _____				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet <u>1500</u>	# of Floors <u>2</u>				
City (5) <u>MARGATE</u>		Bldg. Age <u>50+</u>					
County (6) <u>ATLANTIC</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC</u>					
Street Address		Street Address <u>369 S. SPRUCE AVE</u>					
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE NJ 08052</u>					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>100444</u>				
Start Date (10) <u>5-23-17</u>	Scheduled Completion Date (11) <u>5-30-17</u>	Name of OSHA Monitor <u>N/A</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address					
		City, State, Zip Code					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> 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) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>2250 SF</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
				<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>KLEMMCO INC</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>ACU 4</u>				
City, State <u>MAPLE SHADE NJ</u>		Disposal Date	City, State <u>PLEASANTVILLE</u>				
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>5-12-17</u>				

CK # 4234

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



Date of Notification (1) <u>5-17-17</u>		Name of Building Owner/Operator (2) <u>CAPE ISLAND RESTORATION</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>611 NEW YORK RD</u> City, State, Zip Code <u>SOMERS POINT</u>	
		Name of Contact <u>Bill</u>	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <u>1000</u>	# of Floors <u>1</u>
City (5) <u>WILPOXD CREST</u>		Bldg. Age <u>50+</u>	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMCO INC.</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>
Start Date (10) <u>5-23-17</u>	Scheduled Completion Date (11) <u>5-30-17</u>	Name of OSHA Monitor <u>N/A</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>SIDING</u>			<u>TRANSITE</u>
Name of Registered Waste Hauler <u>KLEMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>C.M.C.M.U.A</u>
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>WOODBURY</u>
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>5-17-17</u>

CK# 4234

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

RECEIVED
MAY 17 2017

Date of Notification (1) <u>5-17-17</u>		Name of Building Owner/Operator (2) <u>HARGROVE DEMOLITION</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>1507 STATE ST</u>	ASBESTOS CONTROL & LICENSING
		City, State, Zip Code <u>CAMDEN N.J. 08105</u>	
		Name of Contact <u>BILL</u>	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) <u>SOMERDALE</u>	Square Feet <u>1000</u>	# of Floors <u>1</u>	Bldg. Age <u>50+</u>
County (6) <u>CAMDEN</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC</u>	
Street Address		Street Address <u>369 S SPRUCE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J.</u>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>02444</u>
Start Date (10) <u>5-23-17</u>	Scheduled Completion Date (11) <u>5-30-17</u>	Name of OSHA Monitor <u>N/A</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN FACILITY</u> (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>SIDING</u>			<u>TRANSITE</u>
Name of Registered Waste Hauler <u>KLEMMCO INC</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>G.R.O.W.S.</u>
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>TULLYTOWN PA</u>
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>5-17-17</u>

CK 4234

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

RECEIVED
MAY 17 2017

Date of Notification (1) <u>5-12-17</u>		Name of Building Owner/Operator (2) <u>TOM WELSH BUILDERS</u>		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> BOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>661 POMONA AVE</u>	
		City, State, Zip Code <u>HADDONFIELD N.J. 08033</u>		Name of Contact <u>TOM</u>	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]				Square Feet <u>1000</u>	
City (5) <u>SEA ISLE CITY</u>				# of Floors <u>1</u>	
County (6) <u>CAPE MAY</u>				Bldg. Age <u>50+</u>	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.		Name of Abatement Contractor (9) <u>KLEMCO INC</u>	
Street Address				Street Address <u>369 S SPRUCE AVE</u>	
City, State, Zip Code				City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <u>856-779-0472</u>	
				License No. <u>00444</u>	
Start Date (10) <u>5-22-17</u>		Scheduled Completion Date (11) <u>5-29-17</u>		Name of OSHA Monitor <u>N/A</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address	
				City, State, Zip Code	
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> 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) <u>SIDING</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	
				Amount (Specify SF or LF) <u>800 SF</u>	
				Abatement Type Removal Repair Encapsulate Enclosure <u>X</u>	
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>		Cubic Yards of Waste <u>3</u>	
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date		Name of Registered Landfill <u>C.M.C. M.U.A</u>	
				City, State <u>WOODBINE</u>	
Completed By <u>MICHAEL KLEMM</u>		Title <u>SUP.</u>		Signature <u>[Signature]</u>	
				Date <u>5-12-17</u>	

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

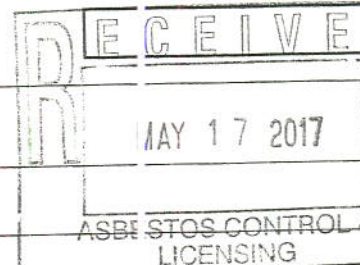


Date of Notification (1) 5/10/2017		Name of Building Owner/Operator (2) St. Joseph Regional Medical Center							
Agencies Notified	Type Notification	Street Address 703 Main Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paterson, NJ 07503							
		Name of Contact Kenneth Anderson	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Joseph's Regional Medical Center (Reagan Bldg.)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 703 Main Street		Square Feet 30,000+	# of Floors 3+						
City (5) Paterson		Bldg. Age 50+							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Hospital (Security Office)							
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. 973-333-9176	License No. 01331						
Start Date (10) 5/20/2017	Scheduled Completion Date (11) 5/22/2017	Name of OSHA Monitor Envirovision Consultants, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: After Hours 8pm - 12am		Street Address 20-21 Wagaraw Rd., Bldg. 35-E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Hallway by the 24 Hr Security Office			X	Pipe Insulation and Fittings	25 LF	XX			
Reagan Building									
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 3+	Name of Registered Landfill Fairless Hills Landfill					
City, State Woodland Park, New Jersey			Disposal Date TBD	City, State Morrisville, PA					
Completed by Dimo Golcev		Title General Manager	Signature 			Date 5/10/2017			

Do not use this form for asbestos license exempted activities.

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

Check#2782



Date of Notification (1) 05 / 12 / 17		Name of Building Owner/Operator (2) Imad Echchachoui	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Edison, NJ 08837	
	Name of Contact Imad Echchachoui		Telephone Number 646-752-9929

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Edison, NJ 08837		Bldg. Age	
County (6) Middlesex	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) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127
Start Date (10) 05 / 23 / 17	Scheduled Completion Date (11) 05 / 24 / 17	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg # 35E City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	125 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470	Disposal Date TBD	City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 05/12/17