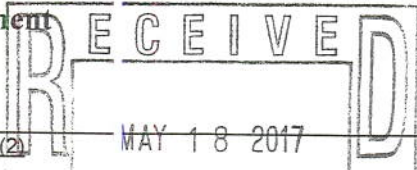


State of New Jersey - Notification of Asbestos Abatement

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

CK 2012

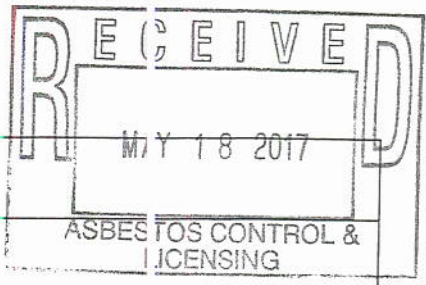


Date of Notification (1) May 15, 2017		Name of Building Owner/Operator (2) The Valley Hospital	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type Initial Notification <input checked="" type="checkbox"/> Amendment # 8 Emergency (including justification)	
Street Address 223 North Van Dien Avenue		City, State, Zip Code Ridgewood, NJ 07450-2736	
Name of Facility Where Abatement is Taking Place (3) The Valley Hospital--Cheel Wing- Orthopedic Replacement		Name of Contact William Stasiak	
Street Address 223 North Van Dien Avenue		Telephone Number	
City (5) Ridgewood		County (6) Bergen	
County Code (7) (State Use Only)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Colden Corporation		ASCM No.	
Street Address 28 Washington Street		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code Ballston Spa, NY 12020		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm Jim Miades		Telephone Number 347.435.3561	
Telephone Number 347.435.3561		License Number 00840	
Scheduled Start Date (10) September 19, 2016		Scheduled Completion Date (11) August 30, 2017	
Name of OSHA Monitor EMSL inc.		Street Address 1056 Stelton Road	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: Phase 1- September 19- 30 th - Day Shift Phase 2- November 7- 13 th -Day Shift Phase 3- January 3, 2017- January 12, 2017 Phase 4- February 20, 2017- March 3, 2017 Phase 5- April 10, 2017 - April 22, 2017 Cheel 4 th Fl Rooms# 4127&4128 & Cheel Bsmt January 16, 2017-Jan 23, 2017 Cheel Bsmt-Rm#B-23, Clinical Support Rm & Storage & Hallway Bergen Lower Level Hot Lab New Work Bergen Mechanical Rm - Tank Kitchen- May 19, 2017 to May 23, 2017		City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		Renovation Demolition	
Location of Asbestos-Containing Material (ACM) in Facility (13) Patient Rooms		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)		Amount (Specify SF or LF)	
Abatement Type Remove Repair Encap Enclose		Abatement Type	
Patient Rooms -4127 & 4128		<input checked="" type="checkbox"/>	
Cheel Bsmt- Rm# B3, & Storage Rm&Hallway		<input checked="" type="checkbox"/>	
Bergen Lower Level Hot Lab		<input checked="" type="checkbox"/>	
Bergen Bsmt Mech Room		<input checked="" type="checkbox"/>	
Bergen Bsmt Mech Room		<input checked="" type="checkbox"/>	
Ortho Nurses Station		<input checked="" type="checkbox"/>	
Kitchen		<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	
Cubic Yards of Waste: 120		Name of Registered Landfill Meadow Hill Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Disposal Date August 30, 2017	
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784	
Completed by (Print or Type) Marin Graure		Title Sr. PROJECT MANAGER	
Signature Marin Graure		Date May 15, 2017	

GAC # 2016-581-Please Note: Amendment # 8 -Additional ACM Quantities: Starts: May 19, 2017 to May 23, 2017-Kitchen

CH9168

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

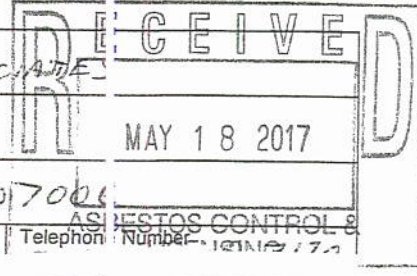


Date of Notification (1) <u>5</u> / <u>15</u> / <u>17</u>		Name of Building Owner/Operator (2) NJ DOT/ Job #1705-5159 Check #9168							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> 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 200 Stierli Court							
		City, State, Zip Code Mt. Arlington, NJ 07856							
		Name of Contact Nart Appesh	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJ DOT Route 78 & Route 22		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 334 Frelinghuysen Avenue		Square Feet	# of Floors						
City (5) Newark, NJ 07114		Bldg. Age							
County (6)	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) AbateTech, Inc.						
Street Address		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm		Telephone No. 609-265-2107	License No. 00529						
Start Date (10) <u>5</u> / <u>24</u> / <u>17</u>	Scheduled Completion Date (11) <u>5</u> / <u>31</u> / <u>17</u>	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contaminated Debris	320,000 SF area	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 5/31/17		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator	Signature 		Date 5/15/17				

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

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

Check # 9480



Date of Notification (1) <u>5/16/17</u>		Name of Building Owner/Operator (2) <u>GOLDBERG REALTY ASSOCIATES</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>33 CLINTON ROAD</u>	
		City, State, Zip Code <u>WEST CALDWELL, NJ 07006</u>	
		Name of Contact <u>GINA UNICK</u>	

Name of Facility Where Abatement is Taking Place (3) <u>MANLEY COURT APTS</u>		Type of Facility (4)	
Street Address <u>548 SPRINGFIELD AVE.</u>		<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) <u>SUMMIT</u>		Square Feet <u>14,000</u>	# of Floors <u>2</u>
County (6) <u>UNION</u>		Bldg. Age <u>62</u>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>APTS</u>	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address			A. Mac Contracting Inc.	
City, State, Zip Code			Street Address <u>185 Vreeland Ave.</u>	
Project Manager for Monitoring Firm		Telephone No.	Telephone No.	License No.
			<u>201-262-5841</u>	<u>00156</u>

Start Date (10) <u>5/25/17</u>	Scheduled Completion Date (11) <u>7/25/17</u>	Name of OSHA Monitor <u>Omega Environmental Services Inc.</u>	
Occupancy Status During Abatement (Check Only One)		Street Address <u>280 Huyler Street</u>	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code <u>Hackensack, N.J. 07606</u>	

Scope of Work (Check All That Apply)

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

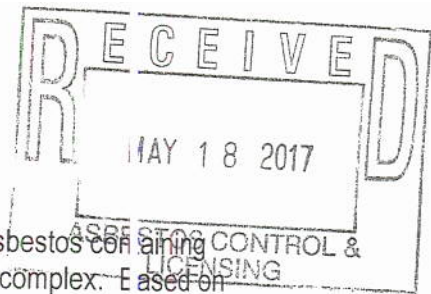
Renovation
 Demolition

Full Containment with Negative Pressure
 Mini-Enclosure
 Glovebag Procedure
 Non-Exempted (*) and Non-Removable 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
<u>SEE ATTACHED</u>			<u>X</u>	<u>PIPE</u>	<u>5,740</u>	<u>X</u>			

Name of Registered Waste Hauler <u>Newark Carting, Inc.</u>		NJDEP Waste Hauler ID No. <u>04509</u>	Cubic Yards of Waste <u>45</u>	Name of Registered Landfill <u>Grand Central Sanitary Landfill</u>	
City, State <u>Newark, N.J. 07105</u>		Disposal Date <u>5/25/17 on</u>		City, State <u>Pen Argyl, PA 08072</u>	
Completed by <u>R. McDonald</u>	Title <u>President</u>	Signature <u>[Signature]</u>		Date <u>5/16/17</u>	

Executive Summary



On March 21 2017 Neil Wendt of LEW Corporation performed a survey for asbestos containing materials at 548 Springfield Ave Summit NJ. The buildings are an apartment complex. Based on the laboratory analysis, building components considered to be asbestos containing materials (ACM) are listed in Table 1 below. The locations listed included all those locations where the material is found along with the total approximate quantity for all those areas.

Table 1: Asbestos Containing Materials

548 Springfield Ave

HA#	Sample #	Material	Location(s)	Friable	Asbestos Content	Condition	Approximate Quantities
1	548-01	6" pipe TSI	basements, boiler rooms crawl space	Yes	30% Chrysotile	Damaged	700 LF
1	548-02						
1	548-03						
2	548-04	6" pipe joint compound	basements, boiler rooms crawl space	Yes	70% Chrysotile	Damaged	80 LF
2	548-05						
2	548-06						
3	548-07	2" pipe TSI	basements	Yes	30% Chrysotile	Damaged	2600 LF
3	548-08						
3	548-09						
4	548-10	2" pipe joint compound	basements	Yes	70% Chrysotile	Damaged	280 LF
4	548-11						
4	548-12						
5	548-13	1" copper pipe TSI	basements	Yes	40% Chrysotile	Damaged	1920 LF
5	548-14						
5	548-15						
6	548-16	1" copper pipe joint compound	basements	Yes	70% Chrysotile	Damaged	160 LF
6	548-17						
6	548-18						

Check # 9481

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

RECEIVED
 MAY 18 2017

Date of Notification (1) 5/16/17		Name of Building Owner/Operator (2) STEVE PILIP	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED] PALISADES PARK, NJ 07653	PALISADES PARK, NJ 07653
		Name of Contact STEVE PILIP	Telephone Number

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) PALISADES PARK	Square Feet 1750	# of Floors 2	Bldg. Age 250
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address			A.MAC Contracting Inc.	
City, State, Zip Code		Street Address 185 Vreeland Ave		
Project Manager for Monitoring Firm		Telephone No.	Telephone No.	License No.
			201-262-5841	00156

Start Date (10) 5/25/17	Scheduled Completion Date (11) 5/31/17	Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler Street	
<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 Hackensack, NJ 07606	

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 or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			<input checked="" type="checkbox"/>	THERMAL SYSTEM (BOILER)	75SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 004509	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, NJ 07105		Disposal Date 5/25/17	City, State Pen Argyl, PA 08072		
Completed by Joseph Vocauro	Title Vice President	Signature <i>J Vocauro</i>		Date 5/16/17	

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

CK # 8136

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



Date of Notification (1) 5/17/17		Name of Building Owner/Operator (2) PSEG	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 HADLEY ROAD	
		City, State, Zip Code SOUTH PLAINFIELD, NJ 07068	
		Name of Contact KEITH RETTAS	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSEG		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than 1-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 341 MOUNT PLEASANT AVE.		Square Feet 7200	# of Floors 2
City (5) WEST ORANGE		Bldg. Age Appx 96yrs	
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SWITCH STATION	

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA	
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.		
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882		
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350	Licens. No. 01111

Start Date (10) 5/22/17	Scheduled Completion Date (11) 6/23/17	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA		
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: necessary repairs only		Street Address 396 WHITEHEAD AVE.		
		City, State, Zip Code SOUTH RIVER, NJ 08882		

Scope of Work (Check All That Apply)

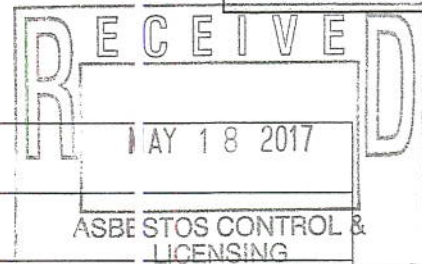
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" 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		ACM ELBOWS	15 LF	X			
2 ND FLOOR		X		WIRE SOCK	235 LF	X			

Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste Appx 10	Name of Registered Landfill GROWS NORTH	
City, State ELIZABETH, NJ		Disposal Date TAD		City, State MORRISVILLE, PA	
Completed by CAROL RAIMO		Title OFFICE MGR	Signature <i>Carol Raimo</i>		Date 5/17/17

CK # 8129

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) PSEG	
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07068	
		Name of Contact KEITH RETTAS	Telephone Number

Name of Facility Where Abatement is Taking Place (3) PSEG		Type of Facility (4)	
Street Address 341 MOUNT PLEASANT AVE.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) WEST ORANGE	Square Feet 7200	# of Floors 2	Bldg. Age Appx 96 yrs
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS	ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA	
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.	
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882	
Project Manager for Monitoring Firm TOM GEIGER	Telephone No. 732-290-2217	Telephone No. 732-432-8350	License No. 01111

Start Date (10) 5/22/17	Scheduled Completion Date (11) 5/23/17	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA	
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.	
<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: necessary operations only		City, State, Zip Code SOUTH RIVER, NJ 08882	

Scope of Work (Check All That Apply)

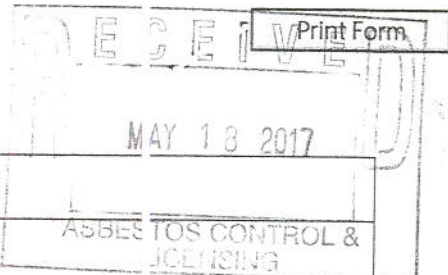
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		ACM ELBOWS	15 LF	X			

Name of Registered Waste Hauler WASTE MANAGEMENT	NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste Appx 2	Name of Registered Landfill GROWS NORTH
City, State ELIZABETH, NJ	Disposal Date TBD	City, State MORRISVILLE, PA	
Completed by CAROL RAIMO	Title OFFICE MGR	Signature <i>Carol Raimo</i>	Date 5/11/17

CK 521

**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) Anthony Del Guercio								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]								
		City, State, Zip Code Union NJ 07083								
		Name of Contact Anthony Del Guercio	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K 12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A							
City (5) Union NJ 07083		Bldg. Age N/A								
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Solution		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC							
Street Address 1130 W Chestnut St		Street Address PO BOX 734								
City, State, Zip Code Union NJ 07083		City, State, Zip Code Woodland Park NJ 07424								
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973 692 6298							
Start Date (10) 05-25-2017		Scheduled Completion Date (11) 05-27-2017	License No. 01266							
Name of OSHA Monitor Amax Contracting LLC										
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO BOX 734								
		City, State, Zip Code Woodland Park								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Garage			x	Duct Insulation	60 SF	x				
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 3 CY	Name of Registered Landfill Fairless Hills						
City, State Woodland Park NJ 07424		Disposal Date 05-30-2017		City, State Morrisville PA						
Completed by Tome Maslarkov		Title Project Manager		Signature 			Date (5-15-2017)			

CK 522

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

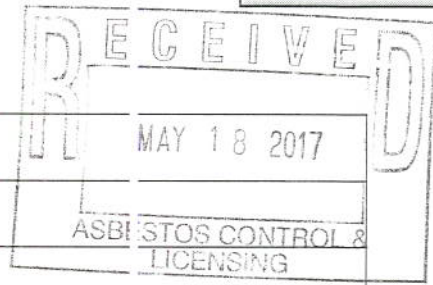
RECEIVED
 MAY 18 2017
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05-15-2017		Name of Building Owner/Operator (2) Stanley O.Sullivan						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]					
	City, State, Zip Code Neptune NJ 07753		Telephone Number					
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Name of Contact Stanley O.Sullivan						
Street Address [REDACTED]		FACILITY INFORMATION						
City (5) Neptune NJ 07753		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	Square Feet N/A					
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____	# of Floors N/A					
Name of Monitoring Firm (8) Bioterra Solution		ASCM No.	Bldg. Age N/A					
Street Address 1130 W Chestnut St		Name of Abatement Contractor (9) Amax Contracting LLC						
City, State, Zip Code Union NJ 07083		Street Address PO BOX 734						
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	City, State, Zip Code Woodland Park NJ 07424					
Start Date (10) 05-26-2017		Telephone No. 973 692 6298	License No. 01266					
Scheduled Completion Date (11) 06-17-2017		Name of OSHA Monitor Amax Contracting LLC						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO BOX 734						
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Removable Procedure					
City, State, Zip Code Woodland Park		City, State, Zip Code Woodland Park						
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Exterior			Transite Siding	1600 SF	X			
First Floor Wall Rear Room			Brown Plaster Finish Layer	480 SF	X			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 25 CY	Name of Registered Landfill Fairless Hills				
City, State Woodland Park NJ 07424		Disposal Date 06-25-2017	City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager	Signature 		Date 05-15-2017			

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

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

MO 93054904-1



Date of Notification (1) 05/13/2017		Name of Building Owner/Operator (2) Karen Meima	
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 Rahway, NJ 07965	
		Name of Contact Karen Meima	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)		
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Rahway	Square Feet N/A	# of Floors N/A	Bldg. Age N/A	
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House		

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.		
Street Address		Street Address 11 Rosengren Avenue		
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512		
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8685	License No. 01311	

Start Date (10) 05/24/2017	Scheduled Completion Date (11) 05/26/2017	Name of OSHA Monitor D&S Abatement, Inc.		
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Occupancy Status During Abatement (Check Only One)	Street Address 11 Rosengren Avenue			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement	City, State, Zip Code Totowa, NJ 07512			
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours				
<input checked="" type="checkbox"/> Other - Describe: Occupied				

Scope of Work (Check All That Apply)

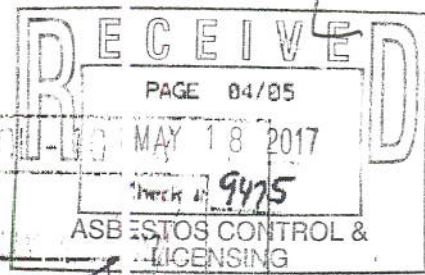
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation	100 LF	x			
Basement		x		Furnace Insulation	30 SF	x			

Name of Registered Waste Hauler D&S Abatement, Inc.	NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA	
City, State Totowa, NJ		Disposal Date TBD	City, State Morrisville, PA	
Completed by Ned Joksimovic	Title Project Manager	Signature 	Date 05/13/2017	

05/12/2017 19:56 2012528321

AMAC



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

Date of Notification (7) 5 / 12 / 17

Name of Building Owner/Operator (2) JOHN MILLER

Agencies Notified: EPA, DOLWD, DOH, DCA (NJAC 8:23-8)

Type Notification: Initial, Amended, Emergency (including justification), Cancellation

Street Address: [REDACTED]

City, State, Zip Code: MIDLAND PARK, N.J. 07432

Name of Contact: JOHN MILLER

Telephone Number: [REDACTED]

FACILITY INFORMATION

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

Street Address: [REDACTED]

City (6) MIDLAND PARK

County (8) BERGEN

County Code (7) (STATE USE ONLY)

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

Square Feet: 2200, # of Floors: 2, Bldg Age: +50

Current Use (Prior if being demolished): RESIDENCE

Name of Monitoring Firm Hired by Building Owner (5) _____

ASCM No. _____

Name of Abatement Contractor (9) AMAC Contracting Inc.

Street Address: _____

City, State, Zip Code: _____

Project Manager for Monitoring Firm _____

Telephone No. _____

Telephone No.: 201-262-5841, License No.: 00150

Start Date (10) 5 / 13 / 17

Scheduled Completion Date (11) 5 / 25 / 17

Name of OSHA Monitor Omega Environmental Services

Occupancy Status During Abatement (Check only one): Facility Closed/Vacated During Entire Period of Abatement

Street Address: 280 Huyler St

City, State, Zip Code: Hackensack, NJ 07608

Scope of Work (Check all that apply): ≥ 3 sf or ≥ 3 lf, ≥ 160 sf or ≥ 260 lf

Renovation, Demolition

Bell Containment with Negative Pressure, Mini-Enclosure, Glovebag Procedure, Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) IN FACILITY (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>BASEMENT</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>PIPE INSULATION</u>	<u>15LF</u>	<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: Newark Carting

City, State: Newark, NJ

NJDEP Waste Hauler ID No.: 04603

Cubic Yards of Waste: 1

Disposal Date: 5/13/17

Name of Registered Landfill: IESI PA Bethlehem Landfill Corp

City, State: Bethlehem, PA

Completed By (Print or Type): Joseph Vaccaro

Title: Vice President

Signature: [Signature]

Date: 5/12/17

ASB-41
JAN 13

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05/12/2017 13:56

2012620321

AMAC

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 DOL-10 DAY PAGE 02/05
 MAY 12 2017
 ASBESTOS CONTROL & REMEDIATION

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 8:16)

Date of Notification (1) 5 / 12 / 17
 Name of Building Owner/Operator (2) KATHLEEN HAWKINS WALKER ASSOCIATES
 Agencies Notified: EPA, DOLWD, DOH, DOA (NJAC 3:23-8)
 Type of Notification: Initial, Amended Amendment # , Emergency (including justification), Cancellation
 Street Address: [REDACTED]
 City, State, Zip Code: GLLEN ROCK, N.J. 07452
 Name of Contact: GLETCHEE PULL

FACILITY INFORMATION
 Name of Facility Where Abatement is Taking Place (3) RESIDENCE
 Street Address: [REDACTED]
 City (5) GLLEN ROCK
 County (6) BERGEN
 County Code (7) (STATE USE ONLY) RESIDENTIAL
 Type of Facility (4): School (K-12), Subchapter 8 (Other than K-12), Other (i.e., private and commercial buildings, homes, etc.)
 Square Feet: 1750, # of Floors: 2, Bldg. Age: + 50
 Current Use (Prior to being demolished) (8) RESIDENTIAL

Name of Monitoring Firm Hired by Building Owner (9) ASGM No. [REDACTED]
 Name of Abatement Contractor (9) AMAC Contracting Inc.
 Street Address: 185 Vreeland Ave
 City, State, Zip Code: Midland Park, NJ 07432
 Telephone No.: 201-262-8841, License No.: 00196
 Project Manager for Monitoring Firm: [REDACTED], Telephone No.: [REDACTED]
 Start Date (10) 5 / 13 / 17, Scheduled Completion Date (11) 5 / 25 / 17
 Name of OSHA Monitor: Omega Environmental Services

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: 280 Huyler St
 City, State, Zip Code: Hackensack, NJ 07805

Scope of Work (Check all that apply): ≥3 sf or ≥3 ft, ≥160 sf or ≥250 ft, Renovation, Demolition, Full Containment with Negative Pressure, Mini-Enclosure, Glovebag Procedure, Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) (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
<u>BASEMENT</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>PIPE INSULATION</u>	<u>50LF</u>	<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: Newark Carting, NJDEP Waste Hauler ID No.: 04508, City, State: Newark, NJ
 Cubic Yards of Waste: 2, Name of Registered Landfill: IESI, PA Bethlehem Landfill Corp, City, State: Bethlehem, PA
 Disposal Date: 5/13/17
 Completed By (Print or Type): Joseph Vocatura, Title: Vice President, Signature: [Signature], Date: 5/12/17

ASB-41 JAN 13

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

NOCK

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

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 Check # 9450
 MAY 16 2017
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1/15/17		Name of Building Owner/Operator (2) K.B. NEWARK LLC	
Agencies Notified	Type Notification	Street Address 500 DOREMUS AVE.	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NEWARK, N.J. 07105	
		Name of Contact LOU CICCHELLA	

Name of Facility Where Abatement is Taking Place (3) KB NEWARK LLC		Type of Facility (4)	
Street Address 500 DOREMUS AVE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) NEWARK	Square Feet 40,000	# of Floors 1	Bldg. Age 60
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) WAREHOUSE / OFFICE	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.	
Street Address		Street Address 185 Vreeland Ave.	
City, State, Zip Code		City, State, Zip Code Midland Park, N.J.	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-262-5841	License No. 00 56

Start Date (10) 5/15/17	Scheduled Completion Date (11) 6/30/17	Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler Street	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Hackensack, N.J. 07606	

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf Renovation
 ≥160 sf or ≥260 lf Demolition

Full Containment with Negative Pressure
 Mini-Enclosure
 Glovebag Procedure
 Non-Exempted (*) and Non-Removable 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 BUILDING THROUGHOUT			X	PIPE	5090 LF X				
BUILDING 15			X	TRANSITE	600 SF X				
BUILDING 12			X	DUCT	600 SF X				

Name of Registered Waste Hauler Newark Carting, Inc.	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Newark, N.J. 07105	Disposal Date 5/15/17 on	City, State Pen Argyl, PA 08072	
Completed by R. McDonald	Title President	Signature R. McDonald	Date 4/25/17

* POSTPONED * WRONG ADDRESS

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

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 Check # 9450
 MAY 18 2017
 ASBESTOS CONTROL & RESTORATION

Date of Notification (1) 5/8/17		Name of Building Owner/Operator (2) K.B. NEWARK LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 500 DOREMUS AVE.	
		City, State, Zip Code NEWARK, N.J. 07105	
		Name of Contact LOU CICCITELLA	Telephone Number

Name of Facility Where Abatement is Taking Place (3) KB NEWARK LLC		Type of Facility (4)	
Street Address 500 DOREMUS AVE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than I-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) NEWARK	Square Feet 40,000	# of Floors 1	Bldg. Age 60
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) WAREHOUSE / OFFICE	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.	
Street Address	Street Address 185 Vreeland Ave.		
City, State, Zip Code	City, State, Zip Code Midland Park, N.J.		
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-262-5841	Licens. No. 00116

Start Date (10) POSTPONED	Scheduled Completion Date (11)	Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler Street	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Hackensack, N.J. 07606	

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-Flexible 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 BUILDING TRANSIT			X	PIPE	504 LF	X			
BUILDING 15			X	TRANSITE	600 SF	X			
BUILDING 12			X	DUCT	600 SF	X			

Name of Registered Waste Hauler Newark Carting, Inc.	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Newark, N.J. 07105	Disposal Date 5/8/17	City, State Pen Argyl, PA 08072	
Completed by R. McDonald	Title President	Signature <i>R. McDonald</i>	Date 4/25/17

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

RECEIVED
Check # _____
MAY 18 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 4/25/17		Name of Building Owner/Operator (2) K.B. NEWARK LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3500 DOREMUS AVE.	
		City, State, Zip Code NEWARK, N.J. 07105	
		Name of Contact ZOU CICCITELLA	

FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3) KB NEWARK LLC	
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 3500 DOREMUS AVE	
City (5) NEWARK	Square Feet 40,000
County (6) ESSEX	County Code (7) <small>(STATE USE ONLY)</small>
Current Use (Prior if being demolished) WAREHOUSE / OFFICE	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.	
Street Address		Street Address 185 Vreeland Ave.		
City, State, Zip Code		City, State, Zip Code Midland Park, N.J.		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-262-5841	Licensure No. 00116

Start Date (10) 5/8/17	Scheduled Completion Date (11) 5/31/17	Name of OSHA Monitor Omega Environmental Services 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 280 Huyler Street	
		City, State, Zip Code Hackensack, N.J. 07606	

Scope of Work (Check All That Apply)

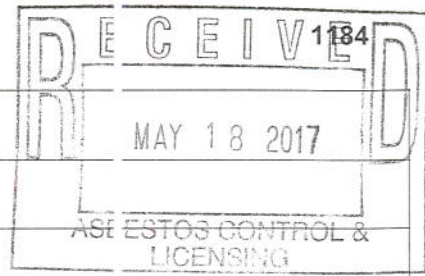
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" 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
MAIN BUILDING THROUGHOUT			X	PIPE	5040 LF	X			
BUILDING 15			X	TRANSITE	600 SF	X			
BUILDING 12			X	DUCT	600 SF	X			

Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, N.J. 07105		Disposal Date 5/8/17 on		City, State Pen Argyl, PA 08072	
Completed by R. McDonald		Title President	Signature <i>R. McDonald</i>		Date 4/25/17

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

NO CK



Date of Notification (1) May 31, 2016		Name of Building Owner/Operator (2) Bridgewater Site	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 FINDERNE AVENUE	
		City, State, Zip Code BRIDGEWATER, NJ 08807	
		Name of Contact Project Manager	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bridgewater Site		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 10 FINDERNE AVENUE		Square Feet	# of Floors
City (5) BRIDGEWATER, NJ 08807		Bldg. Age	
County (6) SOMERSET	County Code (7) <i>(STATE USE ONLY)</i> _____	Current Use (Prior if being demolished) business	

Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC	
Street Address 907 DOOLITTLE DRIVE		Street Address 1500 KINGS HWY N, STE 205		
City, State, Zip Code BRIDGEWATER, NJ 08807		City, State, Zip Code CHERRY HILL, NJ 08034		
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000	License No. 00781

Start Date (10) 6/14/16	Scheduled Completion Date (11) 6/14/17	Name of OSHA Monitor The MACK Group, LLC.		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1500 KINGS HWY N, STE 205		
		City, State, Zip Code CHERRY HILL, NJ 08034		

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 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) (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
Building 6		<input checked="" type="checkbox"/>		Exterior transite panels	192 s/f	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Freehold Disposal		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 1.9	Name of Registered Landfill Cumberland County Landfill	
City, State Freehold, NJ		Disposal Date 6/14/17		City, State Newburg, PA	
Completed by Mike Cooper		Title President	Signature 	Date 05/31/16	

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

1062



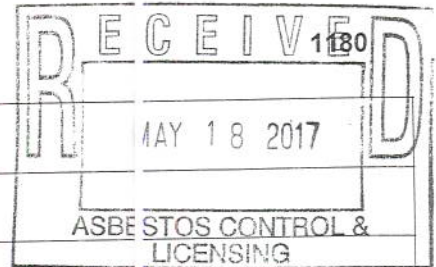
Date of Notification (1) December 15, 2016		Name of Building Owner/Operator (2) Bridgewater Site	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 FINDERNE AVENUE	
		City, State, Zip Code BRIDGEWATER, NJ 08807	
		Name of Contact Project Manager	
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Bridgewater Site		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 10 FINDERNE AVENUE		Square Feet	# of Floors
City (5) BRIDGEWATER, NJ 08807		Bldg. Age	
County (6) SOMERSET		County Code (7) <i>(STATE USE ONLY)</i>	Current Use (Prior if being demolished) business
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC
Street Address 907 DOOLITTLE DRIVE		Street Address 1500 KINGS HWY N, STE 205	
City, State, Zip Code BRIDGEWATER, NJ 08807		City, State, Zip Code CHERRY HILL, NJ 08034	
Project Manager for Monitoring Firm ERIC HOUSEKNECHT		Telephone No. (908) 218-1108	Telephone No. (973) 759-5000
Start Date (10) 6/14/16		Scheduled Completion Date (11) 6/14/17	License No. 00781
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 The MACK Group, LLC.	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If		Street Address 1500 KINGS HWY N, STE 205	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code CHERRY HILL, NJ 08034	
<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
Building 6		<input checked="" type="checkbox"/>		Exterior transite panels	192 sf	<input checked="" type="checkbox"/>			
Bldg 1 - #1116 & hallway		<input checked="" type="checkbox"/>		transite walls	775 sf	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Freehold Disposal	NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 9.7	Name of Registered Landfill Cumberland County Landfill
City, State Freehold, NJ	Disposal Date 6/14/17	City, State Newburg, PA	
Completed by Mike Conner	Title President	Signature 	Date 12/15/16

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



Date of Notification (1) January 13, 2017		Name of Building Owner/Operator (2) Bridgewater Site	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 FINDERNE AVENUE	
		City, State, Zip Code BRIDGEWATER, NJ 08807	
		Name of Contact Project Manager	Telephone Number

Name of Facility Where Abatement is Taking Place (3) Bridgewater Site		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 10 FINDERNE AVENUE		Square Feet	# of Floors
City (5) BRIDGEWATER, NJ 08807		Bldg. Age	
County (6) SOMERSET	County Code (7) <i>(STATE USE ONLY)</i>	Current Use (Prior if being demolished) business	

Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC	
Street Address 907 DOOLITTLE DRIVE		Street Address 1500 KINGS HWY N, STE 209		
City, State, Zip Code BRIDGEWATER, NJ 08807		City, State, Zip Code CHERRY HILL, NJ 08034		
Project Manager for Monitoring Firm ERIC HOUSEKNECHT		Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000	License No. 00 81
Start Date (10) 6/14/16	Scheduled Completion Date (11) 6/14/17		Name of OSHA Monitor The MACK Group, LLC.	

Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1500 KINGS HWY N, STE 209	
		City, State, Zip Code CHERRY HILL, NJ 08034	

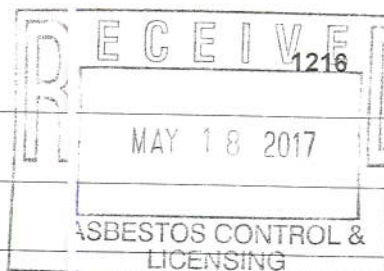
Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input 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) <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
Building 6		<input checked="" type="checkbox"/>		Exterior transite panels	192 s/f	<input checked="" type="checkbox"/>			
Bldg 1 - #1116 & hallway		<input checked="" type="checkbox"/>		transite walls	775 s/f	<input checked="" type="checkbox"/>			
Bldg 7 - Office Area #7147		<input checked="" type="checkbox"/>		transite walls	408 s/f	<input checked="" type="checkbox"/>			
Bldg 7 - Office Area #7157		<input checked="" type="checkbox"/>		transite wall & base	103 s/f	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Freehold Disposal	NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 14.8	Name of Registered Landfill Cumberland County Landfill
City, State Freehold, NJ		Disposal Date 6/14/17	City, State Newburg, PA
Completed by Mike Cooper	Title President	Signature 	Date 1/13/17

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



Date of Notification (1) May 15, 2017		Name of Building Owner/Operator (2) Bridgewater Site								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <u>Amendment # 3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 FINDERNE AVENUE								
		City, State, Zip Code BRIDGEWATER, NJ 08807								
		Name of Contact Project Manager	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Bridgewater Site		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 10 FINDERNE AVENUE		Square Feet	# of floors							
City (5) BRIDGEWATER, NJ 08807		Bldg. Age								
County (6) SOMERSET	County Code (7) <i>(STATE USE ONLY)</i>	Current Use (Prior if being demolished) business								
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC							
Street Address 907 DOOLITTLE DRIVE		Street Address 1500 KINGS HWY N, STE 209								
City, State, Zip Code BRIDGEWATER, NJ 08807		City, State, Zip Code CHERRY HILL, NJ 08034								
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	Telephone No. / License No. (973) 759 - 5000 / 01781							
Start Date (10) 6/14/16	Scheduled Completion Date (11) 6/14/17	Name of OSHA Monitor The MACK Group, LLC.								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1500 KINGS HWY N, STE 209								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If <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		City, State, Zip Code CHERRY HILL, NJ 08034								
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	
Building 6		<input checked="" type="checkbox"/>		Exterior transite panels	192 s/f	<input checked="" type="checkbox"/>				
Bldg 1 - #1116 & hallway		<input checked="" type="checkbox"/>		transite walls	775 s/f	<input checked="" type="checkbox"/>				
Bldg 7 - Office Area #7147		<input checked="" type="checkbox"/>		transite walls	408 s/f	<input checked="" type="checkbox"/>				
Bldg 7 - Office Area #7157		<input checked="" type="checkbox"/>		transite wall & base	103 s/f	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler Freehold Disposal		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 14.8	Name of Registered Landfill Cumberland County Landfill						
City, State Freehold, NJ		Disposal Date 6/14/17		City, State Newburg, PA						
Completed by Mike Cooper		Title President	Signature 	Date 5/15/17						

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.

NOCK

I. NOTIFICATION INFORMATION	
Date of Notification:	<u>5 / 15 / 2017</u>
<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amended
<input type="checkbox"/> Cancellation	<input 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:	<u>Maria Hoffman</u>
Street Address:	<u>1218 Mays Landing Road</u> City: <u>Folsom</u> State: <u>N.J.</u> Zip: <u>08037</u>
Name of Contact:	<u>Maria Hoffman</u> Telephone N _____
III. FACILITY INFORMATION	
Name of Facility Where Work Activity is to Take Place:	<u>Hoffman Residence</u>
Describe Facility Use:	<u>Residence</u>
Street Address:	<u>[REDACTED]</u> City: <u>Folsom</u> State: <u>NJ</u> Zip: <u>08037</u>
County Name:	<u>Atlantic</u> County Code (State Use Only): _____
Scheduled Start Date:	<u>5 / 26 / 2017</u> Scheduled Completion Date: <u>5 / 29 / 2017</u>
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: <u>280 SF</u> Percentage Asbestos: _____ %
<input type="checkbox"/> Mastic	Square Footage: _____ Percentage Asbestos: _____ %
IV. CONTRACTOR INFORMATION	
Company Name:	<u>Shade Environmental, LLC</u> Telephone No.: <u>856-755-0099</u>
Street Address:	<u>623 Cutler Avenue</u> City: <u>Maple Shade</u> State: <u>NJ</u> Zip: <u>08052</u>
New Jersey Asbestos License Number (if applicable):	<u>00842</u>
Monitoring Firm (if applicable):	<u>Mgmt. & Enviro. Consulting Services</u> Telephone No.: <u>609-298-4070</u>
V. SIGNATURE	
Completed By (type or print legibly):	<u>Christina Lynch</u> Title: <u>Vice President of Operations</u>
Signature:	<u>[Signature]</u> Date: <u>May 15, 2017</u>