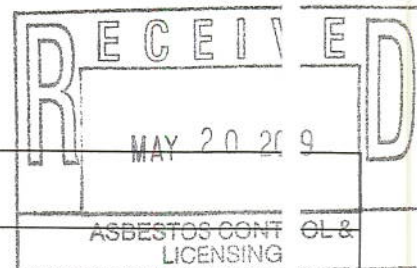


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



CH1306

Date of Notification (1) <b>5 / 16 / 19</b>		Name of Building Owner/Operator (2) <b>GIC Murray Hill LLC</b>		<div style="border: 1px solid black; padding: 5px;"> ASBESTOS CONTROL &amp; LICENSING </div>				
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <b>18201 Von Karman, #1170</b> City, State, Zip Code <b>Irvine, CA 92612</b> Name of Contact <b>Bryant Mork</b>		
				Telephone Number <b>(949)407-0117</b>				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Commerical Building</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>433 Murray Hill Parkway</b>								
City (5) <b>East Rutherford</b>			Square Feet <b>100,039</b>	# of Floors <b>1</b>	Bldg. Age <b>50</b>			
County (6) <b>Bergen</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Commerical</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Health Investigations, Inc.</b>		ASCM No. <b>29737</b>	Name of Abatement Contractor (9) <b>SAI Environmental Services, LLC</b>					
Street Address <b>655 West Shore Trail</b>		Street Address <b>277 Fairfield Road, Suite 102</b>						
City, State, Zip Code <b>Sparta, NJ 07834</b>		City, State, Zip Code <b>Fairfield, NJ 07004</b>						
Project Manager for Monitoring Firm <b>Bill Kerbel</b>		Telephone No. <b>973-729-5649</b>	Telephone No. <b>(973) 852-3444</b>	License No. <b>01349</b>				
Start Date (10) <b>5 / 28 / 19</b>		Scheduled Completion Date (11) <b>05 / 29 / 19</b>		Name of OSHA Monitor <b>SAI Environmental Services, LLC</b>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00PM-3:30AM</b>			Street Address <b>277 Fairfield Road, Suite 102</b> City, State, Zip Code <b>Fairfield, NJ 07004</b>					
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Lunchroom Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile/Mastic	720 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>Minerva Landfill</b>				
City, State <b>New Castle, DE</b>		Disposal Date <b>5/21/2019</b>	City, State <b>Waynesburgh, OH</b>					
Completed By (Print or Type) <b>Mary Petrovski</b>		Title <b>Manager</b>	Signature 		Date <b>5/16/2019</b>			



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

<b>RECEIVED</b>	
MAY 20 2019	
ASBESTOS CONTROL & LICENSING	

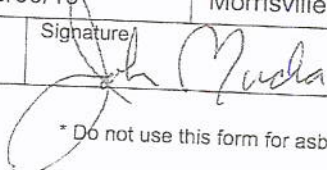
Date of Notification (1) 5 / 16 / 19		Name of Building Owner/Operator (2) County of Passaic							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 401 Grand Street City, State, Zip Code Paterson, NJ 07505 Name of Contact Andrew Thompson Telephone Number (973) 881-4424							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse Annex Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial building, homes, etc.)							
Street Address 63 Hamilton Street		Square Feet 35,000	# of Floors 3						
City (5) Paterson		Bldg. Area 127 sq ft							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Langan	ASCM No. 00099	Name of Abatement Contractor (9) Superior Abatement Inc							
Street Address 300 Kimball Drive		Street Address 2 Henderson Drive							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Vijay Patel	Telephone No. (973) 560-4900	Telephone No. (973) 808-1616	License No. 00411						
Start Date (10) 05 / 17 / 19	Scheduled Completion Date (11) 5 / 20 / 19	Name of OSHA Monitor Superior Abatement Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006							
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 type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure	Type
	Yes	No	N/A			Removal	Repair		
2nd Floor (Inactive elevator shaft)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall Plaster	70 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 Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date Various		City, State Waynesburgh, OH					
Completed By (Print or Type) Nick Petrovski		Title President		Signature <i>Nick Petrovski</i>		Date 5-16-2019			



CH002764

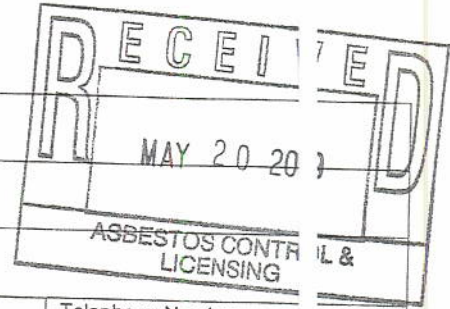
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 Pursuant to NJAC 8:50 and 12:120

<b>RECEIVED</b>	MAY 20 2019
	ASBESTOS CONTROL LICENSING

Date of Notification (1) 4/17/19		Name of Building Owner/Operator (2) NJDPMC						
Agencies Notified	Type Notification	Street Address 33 West State St.						
<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 Trenton, NJ						
		Name of Contact Regina Bruno	Telephone Number 609-433-8745					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) former residence, BLUE ACRES DEMOLITION		Type of Facility (4)						
Street Address 29 Stephen St.		<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) South River, NJ		Square Feet 2,000	# of Floors 2 1/2					
County (6) Middlesex		Bldg. Age 50+						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Abandoned, BLUE ACRES						
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Group, Inc.					
Street Address		Street Address 135 Kinnelon Rd.						
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-218-0880					
Start Date (10) 5/14/19		Scheduled Completion Date (11) 5/30/19	License No. 01228					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Yannuzzi Group, Inc.						
<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 135 Kinnelon Rd. Suite 102						
		City, State, Zip Code Kinnelon, NJ 07405						
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			Enclosure
	Yes	No			N/A	Removal	Repair	
Interior			Plaster	3100 sf	x			
Interior			Sheetrock	1400 sf	x			
Exterior			Siding	1320 sf	x			
errior & porch & basement damproofi		x	oring & subfloor & damproofing	1380 sf	x			
Name of Registered Waste Hauler Yannuzzi Group, Inc		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 80	Name of Registered Landfill Grows Fairless				
City, State Kinnelon, NJ		Disposal Date 5/30/19		City, State Morrisville, PA				
Completed by John Mucha		Title AHERA Project Designer		Signature 			Date 4/17/19	



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:20)



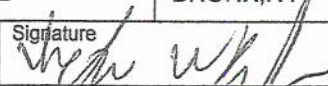
Date of Notification (1) 4/17/19		Name of Building Owner/Operator (2) NJDPMC						
Agencies Notified	Type Notification	Street Address 33 West State St.						
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ						
<input type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Regina Bruno	Telephone Number 609-433-8745					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) former residence, BLUE ACRES DEMOLITION		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, etc.)						
Street Address 27 Stephen St.		Square Feet 2,000	# of Floors 2 1/2					
City (5) South River, NJ		Bldg. A 50+						
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned, BLUE ACRES						
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Group, Inc.					
Street Address		Street Address 135 Kinnelon Rd.						
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405						
Project Manager for Monitoring Firm		Telephone No. 908-218-0880	License No. 01228					
Start Date (10) 5/14/19	Scheduled Completion Date (11) 5/30/19	Name of OSHA Monitor Yannuzzi Group, 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 Other - Describe:		Street Address 135 Kinnelon Rd. Suite 102						
		City, State, Zip Code Kinnelon, NJ 07405						
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-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure
	Yes	No	N/A			Removal	Repair	
Interior/ bathroom			x	thermal paper insulation	10 sf	x		
Name of Registered Waste Hauler Yannuzzi Group, Inc		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 80	Name of Registered Landfill Grows Fairless				
City, State Kinnelon, NJ		Disposal Date 5/30/19		City, State Morrisville, PA				
Completed by John Mucha		Title AHERA Project Designer	Signature <i>John Mucha</i>		Date 4/17/19			



Ch 711

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

<b>RECEIVED</b>	11 Form
MAY 20 2019	
<b>ASBESTOS CONTAMINATION &amp; LICENSING</b>	

Date of Notification (1) 05/06/2019		Name of Building Owner/Operator (2) La Casa Don Pedro						
Agencies Notified	Type Notification	Street Address 317 Roseville Avenue						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input 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 Newark, NJ, 07107						
		Name of Contact Cris Pagan		Telephone Number 973-485-0701				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Private House			Type of Facility (4)					
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Newark		Square Feet N/A	# of Floors N/A	Bldg. Age N/A				
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) PRIVATE HOUSE				
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) EHW ABATEMENT LLC				
Street Address		Street Address 89 FRANKLIN STREET						
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-333-5144	License No. 01274			
Start Date (10) 05/07/2019		Scheduled Completion Date (11) 05/08/2019		Name of OSHA Monitor EHW ABATEMENT LLC				
Occupancy Status During Abatement (Check Only One)				Street Address 89 FRANKLIN STREET				
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED				City, State, Zip Code PATERSON, NJ, 07524				
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
Basement		X		PIPE INSULATION	35 LF	X		
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095		Cubic Yards of Waste N/A	Name of Registered Landfill TRI STATE TRANSFER			
City, State PATERSON, NJ		Disposal Date TBD		City, State BRONX, NY				
Completed by Victor Espiritu		Title Project Manager		Signature 		Date 05/06/2019		



05714

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

<b>RECEIVED</b>	
MAY 20 2019	
<b>ASBESTOS CONTROL LICENSING</b>	

Date of Notification (1) 05/10/2019		Name of Building Owner/Operator (2) La Casa Don Pedro							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 3178 Roseville Avenue		City, State, Zip Code Newark, NJ, 07107							
Name of Contact CHRIS PAGAN		Telephone Number 973-485-7555							
Name of Facility Where Abatement is Taking Place (3) Private House									
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark		Square Feet N/A	# of Floors N/A						
County (6) Essex		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Private House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-333-5144						
Start Date (10) 05/11/2019		Scheduled Completion Date (11) 05/12/2019	License No. 01274						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIE		Name of OSHA Monitor EHW ABATEMENT LLC							
Street Address 89 FRANKLIN STREET		City, State, Zip Code PATERSON, NJ, 07524							
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 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) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Licensure
Basement		X		PIPE INSULATION	80 LF	X			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill TRI STATE TRANSFER					
City, State PATERSON, NJ, 07524		Disposal Date TBD		City, State BRONX, NY					
Completed by Victor Espiritu		Title Project Manager		Signature <i>[Signature]</i>		Date 05/10/2019			

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



Ch 712

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

<b>RECEIVED</b>	Form
	MAY 20 2019
<b>ASBESTOS CONTAMINATION &amp; LICENSING</b>	

Date of Notification (1) 05/06/2019		Name of Building Owner/Operator (2) La Casa Don Pedro						
Agencies Notified	Type Notification	Street Address 317 Roseville Avenue						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input 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 Newark, NJ, 07107						
		Name of Contact Cris Pagan	Telephone Number 973-485-0701					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4)						
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) East Orange		Square Feet N/A	# of Floors N/A					
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) EHW ABATEMENT LLC					
Street Address		Street Address 89 FRANKLIN STREET						
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524						
Project Manager for Monitoring Firm		Telephone No. 973-333-5144	License No. 01274					
Start Date (10) 05/08/2019		Scheduled Completion Date (11) 05/09/2019						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor EHW ABATEMENT LLC						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: OCCUPIED		Street Address 89 FRANKLIN STREET						
		City, State, Zip Code PATERSON, NJ, 07524						
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
Basement		x		PIPE INSULATION	30 LF	x		
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill TRI STATE TRANSFER				
City, State PATERSON, NJ		Disposal Date TBD		City, State BRONX, NY				
Completed by Victor Espiritu		Title Project Manager		Signature 		Date 05/06/2019		



B &amp; G proj. #: 2019-117

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

Check # 9296

Date of Notification (1) 05/17/19		Name of Building Owner/Operator (2) Michael O'Brien		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; margin: 0 auto;">RECEIVED</div> <div style="margin-top: 10px;">MAY 20 2019</div> <div style="margin-top: 10px; font-weight: bold;">ASBESTOS CONTROL &amp; REMEDIATION</div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Pompton Plains, NJ 07444		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Michael O'Brien		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number		
<input checked="" type="checkbox"/> DOH				
<input type="checkbox"/> DCA				

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Michael O'Brien			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address [REDACTED]			Square Feet	# of Floors
City (5) Pompton Plains, NJ 07444			County (6) Morris	County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address			Street Address 105 Ryerson Road	
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 05/29/2019		Sched. Completion Date (11) 05/31/2019		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe:				
Name of OSHA Monitor B & G Restoration, Inc.			Street Address 105 Ryerson Road	
			City, State, Zip Code Lincoln Park, NJ 07035	

## Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Encap	Encl
	Yes	No	N/A					
lower level family room & office			X	VAT only	340 SF	X		

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 4	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 05/31/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 05/17/2019



B &amp; G proj. #: 2019-119

State of NJ  
**PAID**  
 Notification of Asbestos Abatement  
 (Pursuant to NJAC 8:30-7 and 12:120-7)

Check # 9297

Date of Notification (1) 05/17/19		Name of Building Owner/Operator (2) Casey Bradford		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="margin-top: 10px;">MAY 20 2019</div> <div style="margin-top: 10px;">ASBESTOS CONTROL &amp; REMEDIATION</div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Maplewood, NJ 07040		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Casey Bradford		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number		
<input checked="" type="checkbox"/> DOH				
<input type="checkbox"/> DCA				

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Casey Bradford			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet    # of Floors    Bldg. Age		
City (5) Maplewood, NJ 07040	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 05/30/2019		Sched. Completion Date (11) 05/31/2019		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: _____				Street Address 105 Ryerson Road	
				City, State, Zip Code Lincoln Park, NJ 07035	

## Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Encap	Encl
	Yes	No	N/A					
basement main room corner,			<input checked="" type="checkbox"/>	pipe insulation	90 lf	<input checked="" type="checkbox"/>		
boiler room, storage room,								
hallway & bathroom								

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 05/31/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 05/17/2019



B &amp; G proj. #: 2019-117

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:26-7 and 12:120-7)

Check # 9295

Date of Notification (1) 05/17/19		Name of Building Owner/Operator (2) Mario Battista		<div style="border: 1px solid black; padding: 5px;"> RECEIVED MAY 20 2019 ASBESTOS CONTROL &amp; INSULATION </div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Ramsey, NJ 07746		
		Name of Contact Mario Battista		
Telephone Number				

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Mario Battista			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) Ramsey, NJ 07746	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		
Sched. Start Date (10) 05/28/2019		Sched. Completion Date (11) 05/30/2019	License Number 00378		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: _____			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Encap	Encl
	Yes	No	N/A					
basement			<input checked="" type="checkbox"/>	pipe (cur & wrap)	100 lf	<input checked="" type="checkbox"/>		
basement			<input checked="" type="checkbox"/>	boiler insulation	28 sf	<input checked="" type="checkbox"/>		

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 05/30/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 05/17/2019



CH 2558

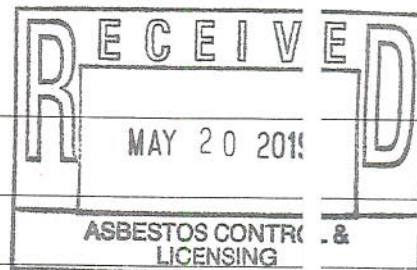
**PAID**  
 State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 Pursuant to NJAC 8:60 and 5:16)

<b>RECEIVED</b>	
MAY 20 2019	
<b>ASBESTOS CONTROL &amp; LICENSING</b>	

Date of Notification (1) 05 / 17 / 19		Name of Building Owner/Operator (2) Mercer County Improvement Authority				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 80 Hamilton Ave., Trenton, NJ 08611				
		City, State, Zip Code Trenton, NJ 08611				
		Name of Contact Al Collins	Telephone Number 609-278-8100			
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) Roebling Block 3 - Building 104		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 30 Elmer Street						
City (5) Trenton	Square Feet 13500	# of Floors 1	Bldg. Age 100+			
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant				
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC			
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane				
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026				
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 973-650-0932	Telephone No. 973-928-4888			
License No. 1188						
Start Date (10) 05 / 18 / 19	Scheduled Completion Date (11) 06 / 07 / 19	Name of OSHA Monitor ALL PRO MANAGEMENT LLC				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane				
		City, State, Zip Code Garfield, NJ 07026				
Scope of Work (Check all that apply)						
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) 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	Enclosure
	Yes	No				
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	80 LF	<input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Clean Up- Wet Wipe and HEPA Vac.	500 SF	<input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate
Name of Registered Waste Hauler Mercer Group / Horizon Disposal		NJDEP Waste Hauler ID No. 10416	Cubic Yards of Waste As Needed	Name of Registered Landfill Fairless Landfill		
City, State Ewing, NJ		Disposal Date TBD	City, State Morrisville, PA			
Completed By (Print or Type) Allen Monchik		Title Project Manager	Signature Allen Monchik		Date 5/17/19	



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 8:27)



Date of Notification (1) <b>05 / 14 / 19</b>		Name of Building Owner/Operator (2) <b>Pennsville Board of Education</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>30 Church Street</b>							
		City, State, Zip Code <b>Pennsville, NJ 08070</b>							
		Name of Contact <b>Mike Simpkins</b>	Telephone Number <b>856-540-6200</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Valley Park Elementary School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>63 Mahoney Road</b>		Square Feet <b>65,000</b>	# of Floors <b>2</b>						
City (5) <b>Pennsville</b>		Bldg. # <b>70</b>							
County (6) <b>Salem</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health and Safety Services, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>						
Street Address <b>PO Box 365</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>856-452-1311</b>	Telephone No. <b>856-755-0099</b>						
License No. <b>00842</b>									
Start Date (10) <b>06 / 18 / 19</b>	Scheduled Completion Date (11) <b>06 / 21 / 19</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
Toilet Rooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet Rooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Glue Dots	100 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 <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Fairless Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>06/21/2019</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Christina Lynch</b>		Title <b>Vice President of Operations</b>		Signature 		Date <b>5-14-19</b>			



PAID

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

RECEIVED  
MAY 20 2019  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/14/19		Name of Building Owner/Operator (2) Township of Wayne	
Agencies Notified	Type Notification	Street Address 475 Valley Road	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Wayne, NJ 07470	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Glen Vanas c/o Vanas Construction	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Telephone Number 201-883-1944	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

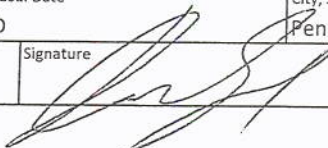
  

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Wayne Police Department		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address 475 Valley Road		Square Feet 30,000	# of Floors 1
City (5) Wayne		Bldg. Age 55+	
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) NV5		ASCM No.	
Street Address 7 Campus Drive, Suite 300		Name of Abatement Contractor (9) Unicorn Contracting Corp.	
City, State, Zip Code Parsippany, NJ 07054		Street Address 32 Willow Way	
Project Manager for Monitoring Firm Ryan Broadwater		City, State, Zip Code Woodland Park, NJ 07424	
Telephone No. 973-946-5600		Telephone No. 973-333-9176	License No. 01331
Start Date (10) 5/29/19	Scheduled Completion Date (11) 06/12/19	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: 7AM-3:30 PM		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Fair Lawn, NJ 07410	
		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Abatement Type	
	Yes	No	N/A				Encapsulate	Enclosure
Maintenance Boiler Room	X			Boiler Insulation	1,440 SF	X		
Maintenance Boiler Room	X			Breeching Insulation	480 SF	X		
Maintenance Boiler Room	X			Fittings Assoc. w Fiberglass Insulation	175 LF	X		

Name of Registered Waste Hauler Newark Carting	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 20+	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Newark, New Jersey	Disposal Date TBD	City, State Pen Argyl, PA	
Completed by Dimo Golcev	Title General Manager	Signature 	Date 5/14/19



CH8179

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

RECEIVED	MAY 20 2019
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 05/16/19		Name of Building Owner/Operator (2) Matt's Construction							
Agencies Notified	Type Notification	Street Address 14 Irene Court							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 08701							
		Name of Contact Matt's Construction	Telephone Number 732-905-4494						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 44 East 13th Street		Type of Facility (4)							
Street Address 44 East 13th Street		<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) Lakewood		Square Feet	# of Floors						
County (6) Ocean		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		732-668-9078	1200						
Start Date (10) 05/27/19	Scheduled Completion Date (11) 05/31/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulation	
INTERIOR				TILE AND MASTIC	50SF	x			
EXTERIOR				SIDING	2500SF				
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 05/31/19		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date 05/16/19		



Print Form

RECEIVED

MAY 20 2019

ASBESTOS CONTROL  
LICENSING

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

Date of Notification (1) May 15, 2019		Name of Building Owner/Operator (2) NJIT						
Agencies Notified	Type Notification	Street Address						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	323 Dr. Martin Luther King Jr. Blvd.						
		City, State, Zip Code Newark, NJ 07102						
		Name of Contact Christopher Mizzone	Telephone Number 973-249-1818					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) NJIT Tiernan Hall Forenics Lab Room 209		Type of Facility (4)						
Street Address 161 Warren Street		<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	# of Floors					
County (6) Essex		Bldg. Age						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Institute						
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services Inc		ASCM No.	Name of Abatement Contractor (9) Osiyo Inc					
Street Address 280 Huyler Street		Street Address 292 Main Street, #261						
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Harleysville, PA 19438						
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 201-489-8700	License No. 01373					
Start Date (10) May 28, 2019	Scheduled Completion Date (11) June 6, 2019	Name of OSHA Monitor Schneider Laboratories Global Inc.						
Occupancy Status During Abatement (Check Only One)		Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Work area vacated during entire period of abatement</u>		2512 West Cary Street						
		City, State, Zip Code Richmond, VA 23220						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" 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"/> 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
Room 209		X		Counter Tops	102SF	X		
Room 209		X		Vent Hood Material	90SF	X		
Room 209		X		Floor Tile with Mastic	2,050SF	X		
Name of Registered Waste Hauler Century Waste Services LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill				
City, State Elizabeth, NJ			Disposal Date	City, State Morrisville, PA				
Completed by Carol Bradford		Title President	Signature <i>Carol Bradford</i>	Date May 15, 2019				



# State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:00-7 and 12:120-7)

GAC Project # 060-19

**PAID**

**RECEIVED**  
MAY 20 2019  
RUTGERS, THE STATE UNIVERSITY OF NJ  
ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS)  
74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS  
PISCATAWAY, NJ 08854  
ASBESTOS CONTRACTORS & LICENSING

Date of Notification (1) <b>May 14, 2019</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>		Telephone Number <b>848-445-2550</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>GRADUATE MUSIC HOUSE, BLDG# 8306</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>DOUGLASS CAMPUS</b>		Sq. Feet: <b>N/A</b> # of Floors: <b>2</b> Bldg. Age: <b>100+ years</b>	
City (5) <b>NEW BRUNSWICK</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Street Address <b>511 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		Telephone Number <b>609-386-8800</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>05/23/2019</b>		Scheduled Completion Date (11) <b>05/25/19</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5PM - 5AM (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> > 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"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>001 MER</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>GASKETS</b>	Amount (Specify SF or LF) <b>&lt;20 SF</b>
Abatement Type Remove Repair Enclose <input checked="" type="checkbox"/>			
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>	NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>5 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>05/25/2019</b>	City, State <b>100 New Falls Mill Rd. Morrisville, Pa 19067 215-736-1711</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>May 14, 2019</b>

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

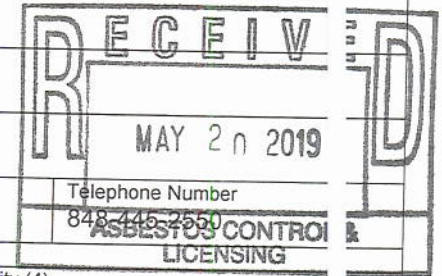


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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Print Form

CHECK #26226

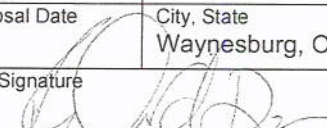


Date of Notification (1) 05-08-19		Name of Building Owner/Operator (2) Rutgers, The State University of NJ							
Agencies Notified	Type Notification	Street Address 74 Street 1603							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Piscataway NJ 08854							
		Name of Contact Michael F Smith							
		Telephone Number 848-445-2550							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Nicholas Hall		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 43 Dudley Rd		Square Feet 4							
City (5) New Brunswick		# of Floors 4							
County (6) Middlesex		Bldg. Age 60+yrs							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Academic							
Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services		ASCM No.							
Street Address 3 Terri Ln		Name of Abatement Contractor (9) Pinnacle Environmental Corp.							
City, State, Zip Code Burlington NJ 08016		Street Address 200 Broad Street							
Project Manager for Monitoring Firm Brian Kearney		City, State, Zip Code Carlstadt, NJ 07072							
Telephone No. 609-386-8800		Telephone No. 201-939-6565							
License No. 00756									
Start Date (10) 05-24-19		Scheduled Completion Date (11) 08-31-19							
Name of OSHA Monitor Even-Air Inc.									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Incapsculate	
1st Floor			x	VAT/Mastic	10,141SF	x			
2nd Floor			x	VAT/Mastic	12,288SF	x			
3rd Floor			x	VAT/Mastic	10,767SF	x			
Name of Registered Waste Hauler ATC, Inc. / Newark Carting, Inc. (04509)		NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY / Newark, NJ		Disposal Date TBD		City, State Waynesburg, OH 44688					
Completed by Richard Doran		Title Project Manager		Signature 		Date 05-08-19			



**PAID**  
 State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to N.J.A.C. 17:27 and 17:28)

CHECK # 26227

Date of Notification (1) 05-08-19		Name of Building Owner/Operator (2) Rutgers, The State University of NJ		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <b>MAY 20 2019</b>  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>					
Agencies Notified		Street Address 74 Street 1603							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code Piscataway NJ 08854  Name of Contact Michael F Smith							
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Telephone Number 848-445-2558							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Richardson Apartments				Type of Facility (4)					
Street Address 187 Bevier Road				<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Piscataway				Square Feet	# of Floors 3				
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services		ASCM No. _____		Name of Abatement Contractor (9) Pinnacle Environmental Corp.					
Street Address 3 Terri Ln				Street Address 200 Broad Street					
City, State, Zip Code Burlington NJ 08016				City, State, Zip Code Carlstadt, NJ 07072					
Project Manager for Monitoring Firm Brian Kearney		Telephone No. 609-386-8800		Telephone No. 201-939-6565	License No. 00756				
Start Date (10) 06-03-19		Scheduled Completion Date (11) 08-31-19		Name of OSHA Monitor Even-Air Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 10-59 Jackson Avenue					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Long Island City, NY 11101					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
2nd Floor			x	VAT/Mastic	1,600SF	x			
3rd Floor			x	VAT/Mastic	1,600SF	x			
Name of Registered Waste Hauler ATC, Inc. / Newark Carting, Inc. (04509)		NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY / Newark, NJ				Disposal Date TBD	City, State Waynesburg, OH 44688				
Completed by Richard Doran			Title Project Manager		Signature 		Date 05-08-19		



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STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

04-0100

Date of Notification (1) 04 / 29 / 19		Name of Building Owner / Operator (2) HACKENSACK UNIVERSITY MEDICAL CENTER					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation					
Street Address 30 PROSPECT AVENUE		City, State, Zip Code HACKENSACK, NJ 07601					
Name of Contact DONAL FERRELL		Telephone Number 551-996-3778					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) HUMC LAUNDRY BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)					
Street Address 30 PROSPECT AVENUE		Building Age 40 +					
City (5) HACKENSACK	County (6) BERGEN	County Code (7)	Square Feet 10,000				
			# Of Floors 2				
			Current Use (Prior if being demolished) HOSPITAL/LAUNDRY				
Name of Monitoring Firm Hired by Bldg. Owner (8) LANGAN ENGINEERING		ASCM NO. NORTHSTAR CONTRACTING GROUP, INC.					
Street Address 300 KIMBALL DR, 4TH FLOOR		Street Address 32 Williams Parkway					
City, State, Zip Code PARSIPPANY, NJ 07054		City, State, Zip Code East Hanover, NJ 07936					
Project Mngr. For Monitoring Firm BRIAN FEURY		Telephone Number 973-560-4857					
Sched. Start Date (10) 05 / 29 / 19		Sched. Completion Date (11) 07 / 31 / 19					
		Telephone Number 973-884-8682					
		License Number 00860					
Occupancy Status During Abatement (Check Only 1) <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: 7:00 AM-3:30 PM		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.					
		Street Address 32 Williams Parkway					
		City, State, Zip Code East Hanover, NJ 07936					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos Containing <b>TO BE ABATED</b> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type R E M O V A L R E P A I R E N C A P S U L E N C L O S U R E			
LAUNDRY EXTERIOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	VAPOR BARRIER/WATER PROOFING	1,160 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC		NJDEP Waste Hauler ID No. 30534	Cubic Yards Of Waste	Name of Registered Landfill FAIRLESS LANDFILL			
City, State EAST HANOVER, NJ		Disposal Date		City, State MORRISVILLE, PA			
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>	Date 05/11/19			



**STATE OF NEW JERSEY**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

CP# 0101

Date of Notification (1) 04 / 29 / 19		PAID		Name of Building Owner / Operator (2) HACKENSACK UNIVERSITY MEDICAL CENTER		RECEIVED MAY 20 2019 ASBESTOS CONTROL LICENSING					
Street Address 30 PROSPECT AVENUE				City, State, Zip Code HACKENSACK, NJ 07601							
Name of Contact DONAL FERRELL		Telephone Number 551-996-3778									
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation									
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) HUMC MAIN BUILDING				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)							
Street Address 30 PROSPECT AVENUE				<div style="display: flex; justify-content: space-between;"> <div>City (5) HACKENSACK</div> <div>County (6) BERGEN</div> <div>County Code (7)</div> </div>							
<div style="display: flex; justify-content: space-between;"> <div>Square Feet 20,000</div> <div># Of Floors 3</div> <div>Building Age 40 +</div> </div>				Current Use (Prior if being demolished) HOSPITAL							
Name of Monitoring Firm Hired by Bldg. Owner (8) LANGAN ENGINEERING				ASCM NO. NORTHSTAR CONTRACTING GROUP, INC.							
Street Address 300 KIMBALL DR, 4TH FLOOR				Street Address 32 Williams Parkway							
City, State, Zip Code PARSIPPANY, NJ 07054				City, State, Zip Code East Hanover, NJ 07936							
Project Mngr. For Monitoring Firm BRIAN FEURY				Telephone Number 973-560-4857							
Scheduled Start Date (10) 05 / 29 / 19		Sched. Completion Date (11) 07 / 31 / 19		Telephone Number 973-884-8682		License Number 00860					
Occupancy Status During Abatement (Check Only 1) <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: <u>7:00 AM-3:30 PM</u>				Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.							
				Street Address 32 Williams Parkway							
				City, State, Zip Code East Hanover, NJ 07936							
Scope of Work (Check All That Apply)											
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> Demolition  <input type="checkbox"/> &gt;3sf or &gt;3lf  <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div style="width: 50%;"> <input type="checkbox"/> Renovation  <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 </div> </div>											
Location of Asbestos Containing  <b>TO BE ABATED</b> in Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A		Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
								R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
MAIN		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		WINDOW/LINTEL CAULK		590 LF		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
MAIN		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		GLAZING		600 LF		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
MAIN		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		CAULK		165 LF		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
MAIN		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		ROOF FLASHING		800 SF		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC				NJDEP Waste Hauler ID No. 30534		Cubic Yards Of Waste		Name of Registered Landfill FAIRLESS LANDFILL			
City, State EAST HANOVER, NJ				Disposal Date		City, State MORRISVILLE, PA					
Completed by (Print or Type) Steven Stiles				Title Project Manager		Signature <i>Steven Stiles</i>		Date 05/17 19			



CH4539

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

PAID

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MAY 20 2019  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) May 17, 2019		Name of Building Owner/Operator (2) United States Postal Service Central NJ District							
Agencies Notified	Type Notification	Street Address Kilmer P&DC, 21 Kilmer Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Edison, NJ 08899-9991							
		Name of Contact Sandra Chong	Telephone Number 860-285-1631						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) U.S Post Office Somerville		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 39 Division Street									
City (5) Somerville	Square Feet 27,000	# of Floors 2	Bldg. Age 86						
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Post Office							
Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 3 Terri Lane, Suite 4-5		Street Address 303 B National Road							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Francis Pierre		Telephone No. 212-353-8280	Telephone No. 484-872-8884						
			License No. 01161						
Start Date (10) 6/3/19	Scheduled Completion Date (11) 6/28/19	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: Work area isolated from active areas		Street Address 200 Route 130							
		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
Throughout basement		X		Thermal pipe insulation	1,125 LF	X			
1st floor loading dock		X		Thermal pipe insulation	20 LF	X			
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 30	Name of Registered Landfill GROWS Landfill					
City, State Trenton, NJ			Disposal Date 6/24/19	City, State Morrisville, PA					
Completed by Joseph K. White		Title Project Manager	Signature <i>Joseph K. White</i>			Date 5/17/19			



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

CK #1000

Date of Notification (1) <b>06 / 17 / 19</b>		Name of Building Owner/Operator (2) <b>Santander Bank, N.A.</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>   MAY 20 2019   <b>ASBESTOS CONTR</b>  <b>LICENSING</b> </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 <b>75 State Street</b>	
		City, State, Zip Code <b>Boston, MA</b>				Name of Contact <b>Susan Peck</b>	
						Telephone Number <b>617-757-5632</b>	
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Santander Bank</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial building homes, etc.)			
Street Address <b>463 Washington Avenue</b>							
City (5) <b>Belleville, NJ 07109</b>				Square Feet <b>2,500</b>	# of Floors <b>1</b>		
County (6) <b>Essex</b>		County Code (7)(STATE USE ONLY)		Bldg. Age <b>45</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillmann Consulting</b>		ASCM No. <b>62252</b>		Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>			
Street Address <b>1600 Route 22 East</b>				Street Address <b>47 Foster Road</b>			
City, State, Zip Code <b>Union NJ 07083</b>				City, State, Zip Code <b>Staten Island NY 10309</b>			
Project Manager for Monitoring Firm <b>Tammy Lomax</b>		Telephone No. <b>908-577-6171</b>		Telephone No. <b>718-605-6256</b>	License No. <b>00774</b>		
Start Date (10) <b>06 / 03 / 19</b>		Scheduled Completion Date (11) <b>07 / 31 / 19</b>		Name of OSHA Monitor <b>Testor Tech</b>			
Occupancy Status During Abatement (Check only one) <input checked="" 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: <u>AM</u> - <u>PM</u> <b>6:00 PM-2:30 AM</b>				Street Address <b>10 59 Jackson Avenue</b>			
				City, State, Zip Code <b>LIC NY 11101</b>			
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No	N/A			Removal	Repair
Basement HVAC Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	125 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Basement HVAC Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct Insulation	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Basement HVAC Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vibration Cloth	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>NJ-566</b>		Cubic Yards of Waste <b>25</b>	Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>		
City, State <b>Newark, NJ</b>		Disposal Date <b>06/20 /19</b>		City, State <b>Pen Argyl, Pa</b>			
Completed By (Print or Type) <b>Ignatius Marraccino</b>		Title <b>Project Manager</b>		Signature <i>Ignatius Marraccino</i>		Date <b>5/17/19</b>	



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

CK-1202

Date of Notification (1) 05/15/2019		Name of Building Owner/Operator (2) David's Home Improvement Inc.		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  MAY 20 2019  ASBESTOS CONTROL &amp; LICENSING </div>				
Agencies Notified	Type Notification	Street Address 89 Hill St						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bloomfield, NJ 07003						
		Name of Contact David		Telephone Number 973-980-9460				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Private home			Type of Facility (4)					
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Bloomfield			Square Feet	# of Floors	Bldg. Area			
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Removal Safety LLC					
Street Address			Street Address 8 Crosby Ave					
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07502					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-400-8711	License No. 01332				
Start Date (10) 05/24/2019		Scheduled Completion Date (11) 05/27/2019		Name of OSHA Monitor Same as (9)				
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: 08:00 -16:30			City, State, Zip Code					
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure
	Yes	No	N/A			Removal	Repair	
Basement			x	Pipe insulation	60 LF	x		
Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 2	Name of Registered Landfill Fairless				
City, State Paterson, NJ		Disposal Date TBD	City, State Morrisville, PA					
Completed by Lasko Veskov		Title President	Signature <i>Lasko Veskov</i>			Date 05/15/2019		



CK# 1204

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

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MAY 20 2019	
ASBESTOS CONTR LICENSING	

Date of Notification (1) 05/18/2019		Name of Building Owner/Operator (2) All American Builders						
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 2 Stratford Terrace		City, State, Zip Code Cranford, NJ 07016						
Name of Contact Bill		Telephone Number 908-591-0194						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings etc.)						
Street Address [REDACTED]		Square Feet						
City (5) Cranford		# of Floors						
County (6) Union		Bldg. #						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) Removal Safety LLC						
City, State, Zip Code		Street Address 8 Crosby Ave						
Project Manager for Monitoring Firm		City, State, Zip Code Paterson, NJ 07502						
Telephone No.		Telephone No. 973-400-8711						
Start Date (10) 05/28/2019		License No. 01332						
Scheduled Completion Date (11) 05/31/2019		Name of OSHA Monitor Same as (9)						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 - 16:30		Street Address						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code						
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure
	Yes	No	N/A			Removal	Repair	
External siding			X	Transite	2000 SF	X		
Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007		Cubic Yards of Waste 7		Name of Registered Landfill Fairless		
City, State Paterson, NJ		Disposal Date TBD		City, State Morrisville, PA				
Completed by Lasko Veskov		Title President		Signature <i>Lasko Veskov</i>		Date 05/17/2019		



CH2067

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

RECEIVED	MAY 20 2019
	ASBESTOS CONTR &
	LICENSING

Date of Notification (1) 5/15/2019		Name of Building Owner/Operator (2) Sayerville BOE							
Agencies Notified	Type Notification	Street Address 150 Lincoln Street							
<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	City, State, Zip Code Sayerville, NJ 08872							
		Name of Contact James Kolmansperger	Telephone Number 732-525-5200						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Truman Elementary School		Type of Facility (4)							
Street Address 1 Taft Pace		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Parlin	Square Feet	# of Floors	Bldg. Age						
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Management International Inc.		ASCM No.	Name of Abatement Contractor (9) VMC Company Inc.						
Street Address 500 Atlantic Ave		Street Address 208 Piaget Ave							
City, State, Zip Code Ventnor City, NJ 08406		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm Ken Bolton		Telephone No. 609-823-5900	Telephone No. 973-253-8828						
Start Date (10) 05/24/2019		Scheduled Completion Date (11) 05/25/2019	License No. 00704						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor VMC Company Inc.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: Fri. 3pm -Sat.		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
classroom		x		pipe fittings	9 LF	x			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Newark, NJ		Disposal Date		City, State Morrisville, PA					
Completed by Voytek Roszkowski		Title President	Signature <i>V. Roszkowski</i>			Date 05/15/2019			




Ch 25880

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

Check # 25880

Print Form

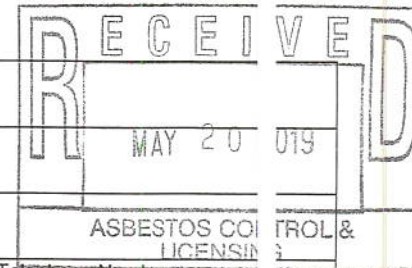
Date of Notification (1) 5/17/2019		Name of Building Owner/Operator (2) Capital Gateway		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>  MAY 20 2019  ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified	Type Notification	Street Address 415 Greenwood Ave.							
<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 Trenton, NJ 08611							
		Name of Contact Paul Schorr							
				Telephone Number (609) 933-3900					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4)						
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Trenton, NJ 08611			Square Feet 3500	# of Floors 3	Bldg. Age 150 +/-				
County (6) Mercer		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.					
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070		Telephone No. 609 259-9688	License No. 00493				
Start Date (10) 5/28/2019		Scheduled Completion Date (11) 5/31/2019		Name of OSHA Monitor MECS					
Occupancy Status During Abatement (Check Only One)				Street Address PO Box 341					
<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 Chesterfield, NJ 08515					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulation	
Basement		X		Thermal Pipe Insulation	20 lf	X			
Crawl Space	X			Thermal Pipe Debris	30 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill				
City, State Allentown, NJ				Disposal Date 6/3/2019	City, State Morrisville, PA				
Completed by Mahlon E. Stevens		Title Project Manager		Signature 		Date 5/17/2019			



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

Check # 25881

Print Form



Date of Notification (1) 5/17/2019		Name of Building Owner/Operator (2) Harris							
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 Princeton, NJ 08540							
		Name of Contact Mark Harris	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 3000	# of Floors 2						
City (5) Princeton, NJ 08540		Bldg. Age 45 +/-							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	License No. 00493						
Start Date (10) 5/30/2019	Scheduled Completion Date (11) 6/7/2019	Name of OSHA Monitor MECS							
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 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
Attic	X			Vermiculite	800 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 15	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ		Disposal Date 6/7/2019		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature 		Date 5/17/2019			

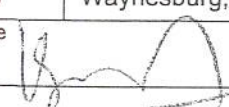


CH9678

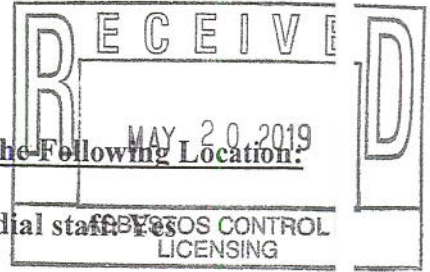
PAID

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

RECEIVED	Print Form
MAY 20 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 05/17/2019		Name of Building Owner/Operator (2) County of Essex			
Agencies Notified	Type Notification	Street Address 900 Bloomfield Avenue			
<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 Verona, NJ			
		Name of Contact Mr. Sanjeev Varghese	Telephone Number 973-226-8500		
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Veterans Courthouse		Type of Facility (4)			
Street Address 465-479 Dr. Martin Luther King Jr. Blvd.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
City (5) Newark	Square Feet 240,000	# of Floors 12	Bldg Age 80		
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Courthouse			
Name of Monitoring Firm Hired by Building Owner (8) Mott MacDonald		ASCM No. 00140	Name of Abatement Contractor (9) DIA General Construction, Inc.		
Street Address 111 Wood Avenue South		Street Address 1360 Clifton Ave., PMB Suite 218			
City, State, Zip Code Iselin, NJ 08830		City, State, Zip Code Clifton, NJ 07012			
Project Manager for Monitoring Firm Kevin Herrigthy		Telephone No. 973-379-3400	Telephone No. 973-389-0089		
		License No. 00693			
Start Date (10) 05/27/2019	Scheduled Completion Date (11) 06/27/2019	Name of OSHA Monitor DIA General Construction, Inc.			
Occupancy Status During Abatement (Check Only One)		Street Address 1360 Clifton Ave., PMB Suite 218			
<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: 4:00 PM - 12:00 AM		City, State, Zip Code Clifton, NJ 07012			
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 Process					
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			
SEE ATTACHED			DUST CONTROL		Removal
					Encapsulate
					Enclosure
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 90	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 06/27/2019	City, State Waynesburg, OH 44688		
Completed by Krutarth Jagad		Title Project Manager	Signature 	Date 05/17/2019	





**List of Asbestos Containing Materials to be Removed from the Following Location:**

**Note:** Is location normally used solely by maintenance/custodial staff? ☒ Yes ☐ No

**Veterans Courthouse**  
**465 – 479 Dr. Martin Luther King Jr. Blvd.**  
**Newark, NJ**

Location of ACM to be abated in facility	Description of ACM (i.e. thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
North End Lawyer's Conference Room	Non-ACM ceiling tiles	225 SF
North End Jury Room 1	Non-ACM ceiling tiles	345 SF
North End Toilets in Jury Room 1	Non-ACM ceiling tiles	70 SF
North End Jury Room 2	Non-ACM ceiling tiles	345 SF
North End Toilets in Jury Room 2	Non-ACM ceiling tiles	70 SF
North End Corridor	Non-ACM ceiling tiles	785 SF
North End Law Library	Non-ACM ceiling tiles	324 SF
North End Secretary Office 1	Non-ACM ceiling tiles	322 SF
North End Judge's Chamber 1 including toilets and closets	Non-ACM ceiling tiles	483 SF
North End Storage 1	Non-ACM ceiling tiles	40 SF
North End Electrical Closet 1	Non-ACM ceiling tiles	81 SF
North End Secretary Office 2	Non-ACM ceiling tiles	322 SF
North End Judge's Chamber 1 including toilets and closets	Non-ACM ceiling tiles	483 SF
North End Storage 1	Non-ACM ceiling tiles	40 SF
North End Electrical Closet 1	Non-ACM ceiling tiles	81 SF
South End Jury Room 1	Non-ACM ceiling tiles	345 SF
South End Toilets in Jury Room 1	Non-ACM ceiling tiles	70 SF
South End Jury Room 2	Non-ACM ceiling tiles	345 SF
South End Toilets in Jury Room 2	Non-ACM ceiling tiles	70 SF
South End Corridor	Non-ACM ceiling tiles	785 SF
South End Law Library	Non-ACM ceiling tiles	324 SF
South End Secretary Office 1	Non-ACM ceiling tiles	322 SF
South End Judge's Chamber 1 including toilets and closets	Non-ACM ceiling tiles	483 SF
South End Storage 1	Non-ACM ceiling tiles	40 SF
South End Electrical Closet 1	Non-ACM ceiling tiles	81 SF
South End Secretary Office 2	Non-ACM ceiling tiles	322 SF
South End Judge's Chamber 1 including toilets and closets	Non-ACM ceiling tiles	483 SF
South End Storage 1	Non-ACM ceiling tiles	40 SF
South End Electrical Closet 1	Non-ACM ceiling tiles	81 SF



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

**RECEIVED**  
MAY 20 2019  
ASBESTOS CONTROL & LICENSING

079654

Date of Notification (1)  
05/06/2019

Name of Building Owner/Operator (2)  
County of Essex

Street Address  
900 Bloomfield Avenue

City, State, Zip Code  
Verona, NJ

Name of Contact  
Mr. Sanjeev Varghese

Telephone Number  
973-226-8500

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

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

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
Veterans Courthouse

Street Address  
465-479 Dr. Martin Luther King Jr. Blvd.

City (5)  
Newark

County (6)  
Essex

County Code (7)  
(STATE USE ONLY)

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

Square Feet  
240,000

# of Floors  
12

Bldg. Age  
80

Current Use (Prior if being demolished)  
Courthouse

Name of Monitoring Firm Hired by Building Owner (8)  
Mott MacDonald

ASCM No.  
00140

Name of Abatement Contractor (9)  
DIA General Construction, Inc.

Street Address  
111 Wood Avenue South

Street Address  
1360 Clifton Ave., PMB Suite 218

City, State, Zip Code  
Iselin, NJ 08830

City, State, Zip Code  
Clifton, NJ 07012

Project Manager for Monitoring Firm  
Kevin Herrighty

Telephone No.  
973-379-3400

Telephone No.  
973-389-0089

License No.  
00693

Start Date (10)  
05/08/2019

Scheduled Completion Date (11)  
05/18/2019

Name of OSHA Monitor  
DIA General Construction, Inc.

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

Street Address  
1360 Clifton Ave., PMB Suite 218

City, State, Zip Code  
Clifton, NJ 07012

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
11th Floor			X	Debris Cleanup	9,000 SF	X		

Name of Registered Waste Hauler  
Service Transport Group

NJDEP Waste Hauler ID No.  
20990

Cubic Yards of Waste  
5

Name of Registered Landfill  
Minerva Landfill

City, State  
New Castle, DE

Disposal Date  
05/18/2019

City, State  
Waynesburg, OH 44688

Completed by  
Krutharth Jagad

Title  
Project Manager

Signature


Date  
05/07/2019



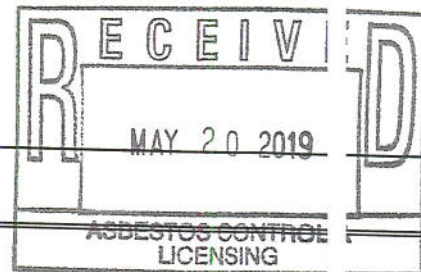
CK4023

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

RECEIVED	MAY 20 2019
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05/16/19		Name of Building Owner/Operator (2) Buhler Realty, LLC						
Agencies Notified	Type Notification	Street Address 105 Route 36						
<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 Eatontown, NJ 07724						
		Name of Contact Gary Foltz	Telephone Number 732 264 5000					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Car Dealership		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 105 Route 36		Square Feet 11,250	# of Floors 2					
City (5) Eatontown		Bldg. Age 50+						
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Car Dealership						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.					
Street Address		Street Address 265 Route 46 Suite 3D						
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512						
Project Manager for Monitoring Firm		Telephone No. 973 256 7010	License No. 00666					
Start Date (10) 06/03/19	Scheduled Completion Date (11) 06/08/19	Name of OSHA Monitor Bako Construction & Restoration, Inc.						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 265 Route 46 Suite 3D						
		City, State, Zip Code Totowa, NJ 07512						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No			N/A	Removal	Repair	
West Lower Roof			X	Roof Flashing	1,250 SF	X		
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste TBD	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Newark, NJ		Disposal Date TBD		City, State Tullytown, PA				
Completed by Goran Kojic		Title Project Manager	Signature 	Date 05/16/19				



Date of Notification (1)  
05/15/19

Name of Building Owner/Operator (2)

Berry Shore

Street Address

City, State, Zip Code

South Orange, NJ 07079

Name of Contact

Berry Shore

Telephone Number

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amended

Amendment #:

☐ Emergency  
(including justification)☐ Cancellation

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Residential

Street Address

City (5)

South Orange, NJ 07079

County (6)

Essex

County Code (7)  
(State use only)

Type of Facility (4)

☐ School (K - 12)☐ Subchapter 8 (Other than K - 12)☒ Other (Private/Commercial  
Bldgs./Homes, etc.)Square Feet  
1,600# of Floors  
02Bldg. Age  
60

Current Use (Prior if being demolished)

Residential

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

N/A

ASCM No.

Name of Abatement Contractor (9)

KLOMAX, LLC

Street Address

309 W. End Ave

City, State, Zip Code

Hopatcong, NJ 07843

Telephone Number

833-455-6629

License Number

02007

Name of OSHA Monitor

KLOMAX, LLC

Street Address

309 W. End Ave

City, State, Zip Code

Hopatcong, NJ 07843

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

05/24/19

Sched. Completion Date (11)

05/31/2019

Occupancy Status During Abatement (Check only one)

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

Describe:

☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

☒ >3 sf or >3 lf☒ Renovation☐ ≥160 sf or ≥260 lf☐ Demolition☐ Full Containment w/negative pressure☒ Mini-enclosure☒ Glovebag procedure☐ Non-Exempted (\*) and Non-friable procedureLocation of  
asbestos-containing  
material (acm) to be  
abated in facility (13)Is location normally used solely  
by maintenance/custodial  
staff (12)

Yes

No

N/A

Description of asbestos-containing  
material (ACM)Amount  
(Specify SF or  
LF)R  
e  
m  
o  
v  
eR  
e  
p  
a  
i  
rE  
n  
c  
l  
o  
s  
u  
r  
e

Basement

☐☒☐

PIPE INSULATION

11 ft

☒☐☐Registered Waste Hauler  
KLOMAX, LLCNJDEP Hauler ID#  
038241Cubic Yards of Waste  
1 yd

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

City, State

Hopatcong, NJ 07843

Disposal Date

TBD

City, State

TULLYTOWN, PA

Completed by (Print or Type)

Paige Boylan

Title

Owner

Signature

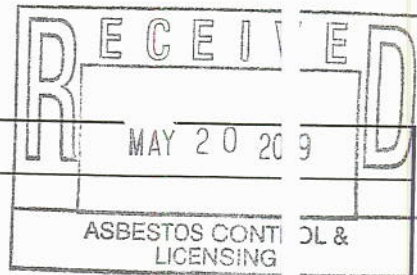
Date

05/15/19



CH 1977

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



Date of Notification (1) <b>May 15, 2019</b>		Name of Building Owner / Operator (2) <b>Bank of America</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <b>Emergency</b> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	Street Address <b>211 Old Tappan Road</b>  City, State & Zip Code <b>Old Tappan, NJ 07675</b>  Name of Contact <b>Dino Nappi</b>	
		Telephone Number <b>516-972-880</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Bank of America</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address <b>211 Old Tappan Road</b>		Square Feet <b>8,000</b>	# of Floors <b>2</b>
City (5) <b>Old Tappan</b>		Bldg. Age <b>56</b>	
County (6) <b>Bergen</b>		Current Use (Prior if being demolished) <b>Bank</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Arcadis U.S., Inc.</b>		ASCM No.	
Street Address <b>35 Columbia Road</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
City, State & Zip Code <b>Branchburg, NJ 08876</b>		Street Address <b>829 Radio Road</b>	
Project Manager for Monitoring Firm		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Telephone Number		Telephone Number <b>609-296-6916</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>May 16, 2019</b>	Scheduled Completion Date (11) <b>May 19, 2019</b>		Name of OSHA Monitor <b>Synatech, Inc.</b>
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
	Yes    No    N/A		
<b>Mechanical Room</b>	<b>X</b>	<b>Pipe Fitting Insulation</b>	<b>10 LF</b>
Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>&lt; 1</b>	Name of Registered Landfill <b>Fairless Hills</b>
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>May 20, 2019</b>	City, State <b>Morrisville, PA</b>
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>	Date <b>May 15, 2019</b>

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



CH 24336

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

RECEIVED  
MAY 20 2019  
ASBESTOS CONTAMINATION & LICENSING

Date of Notification (1) 5/16/2019		Name of Building Owner/Operator (2) TOWNSHIP OF WOODBRIDGE							
Agencies Notified	Type Notification	Street Address 1 MAIN STREET	ASBESTOS CONTAMINATION & LICENSING						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code WOODBIDGE, NJ 07095							
		Name of Contact CHRIS KOSTY	Telephone Number 732-634-4500						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) WOODBIDGE WOMEN'S CLUB		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 11 CORRIELLE STREET		Square Feet	# of Floors						
City (5) FORDS		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) PEAK ENVIRONMENTAL, LLC		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 74 MAIN STREET, 2ND FLOOR		Street Address 11 VREELAND AVENUE							
City, State, Zip Code WOODBIDGE, NJ 07095		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm ROB EDGAR		Telephone No. 732-326-1010	License No. 00494						
Start Date (10) 5/28/2019	Scheduled Completion Date (11) 6/11/2019	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
KITCHEN & MAIN ROOM		X		TILE	1,400 SF	X			
EXTERIOR		X		ROOF SHINGLES	1,500 SF	X			
EXTERIOR		X		TRANSITE SIDING	2,000 SF				
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 20	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 6/11/2019		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 5/16/2019					



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

CK188605

PAID

check 188605

RECEIVED  
MAY 20 2019

ASBESTOS CONTAINING

DL 8

Date of Notification (1) 5/14/19		Name of Building Owner/Operator (2) John Dupont							
Agencies Notified	Type Notification	Street Address							
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code							
		Name of Contact Ottavia Kurdyla							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Carteret		Square Feet 1400	# of Floors 2						
County (6) Middlesex		Bldg. Age 68							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 5/15/19	Scheduled Completion Date (11) 5/30/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
roof			x	roofing materials	800 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President		Signature			Date 5/14/19		



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

CH18874

PAID

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ASBESTOS CONTAMINATION LICENSING

OL &

Date of Notification (1) 5/15/19		Name of Building Owner/Operator (2) Raymond Brown							
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 Westfield NJ 07090							
		Name of Contact Raymond Brown							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Westfield		Square Feet 1800	# of Floors 2						
County (6) Union		Bldg. Age 75							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		ABS Environmental Services, LLC							
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 5/25/19	Scheduled Completion Date (11) 5/31/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement &amp; crawl space</u>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
basement & crawl space			X	pipe fittings	20 LF	X			
Name of Registered Waste Hauler ABS Environmental Services LLC		NJDEP Waste Hauler ID No. 104248	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Glenwood, NJ		Disposal Date TBD		City, State Easton, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 5/15/19			

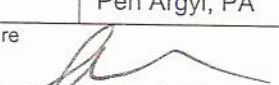


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**CK18872**

**PAID** *check 18872*

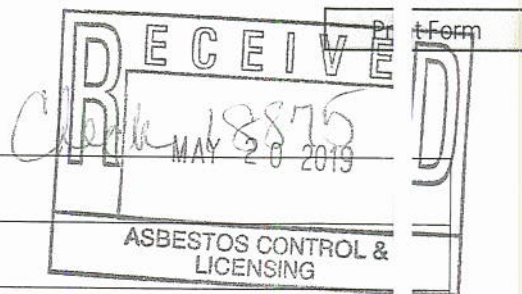
**RECEIVED**  
MAY 20 2019  
**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) 5/15/19		Name of Building Owner/Operator (2) Eileen Lodder							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hawthorne NJ 07506							
		Name of Contact Eileen	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hawthorne		Square Feet 1700	# of Floors 2						
County (6) Passaic		County Code (7) (STATE USE ONLY)	Bldg. Age 72						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		ABS Environmental Services, LLC							
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 5/24/19	Scheduled Completion Date (11) 5/31/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
basement			X	pipe insulation	80 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 5/15/19			



Ch 18875

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

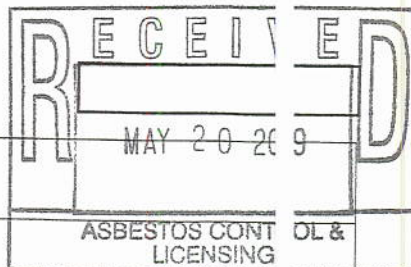


Date of Notification (1) 5/15/19		Name of Building Owner/Operator (2) Colleen Fallon						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Trenton, NJ 08628						
		Name of Contact Robert Rafalko	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4)						
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, home, etc.)						
City (5) West Trenton		Square Feet 2000	# of Floors 2					
County (6) Mercer		County Code (7) (STATE USE ONLY)	Bldg. Age 68					
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) home						
ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive						
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418						
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703					
Start Date (10) 5/18/19	Scheduled Completion Date (11) 5/31/19	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)		Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf								
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
kitchen			x	floor tile	200 SF	x		
Name of Registered Waste Hauler ABS Environmental Services LLC		NJDEP Waste Hauler ID No. 104248	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill				
City, State Glenwood, NJ		Disposal Date TBD		City, State Easton, PA				
Completed by A. Scott Higgins		Title President	Signature 			Date 5/15/19		



Check#3348

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



Date of Notification (1)

05 / 14 / 19

Name of Building Owner/Operator (2)

Yvette N. Sterling

Street Address

City, State, Zip Code

East Orange, NJ 07017

Name of Contact

Yvette N. Sterling

Telephone Number

Agencies Notified

- ☐ EPA  
☒ DOLWD  
☒ DHSS  
☐ DCA  
(NJAC 5:23-8)

Type Notification

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

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

Private house

Street Address

City (5)

East Orange, NJ 07017

County (6)

Essex

County Code (7) (STATE USE ONLY)

Type of Facility (4)

- ☐ School (K-12)  
☐ Subchapter 8 (Other than K-1 2)  
☒ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet

# of Floors

Bldg. Age

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.

License No.

973-638-1777

01127

Start Date (10)

05 / 14 / 19

Scheduled Completion Date (11)

05 / 15 / 19

Name of OSHA Monitor

Envirovision Consultants, 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

20-21 Wagaraw Road, Bldg. # 35E

City, State, Zip Code

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

- ☒ >3 sf or >3 lf  
☐ > 160 sf or >260 lf

- ☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	15 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

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Gr Tech LLC

0033785

TBD

T.R.R.F. Inc

City, State

Disposal Date

City, State

Wayne, NJ 07470

TBD

Tullytown, PA

Completed By (Print or Type)

Title

Signature

Date

N.Jevtic

Owner

05/14/19

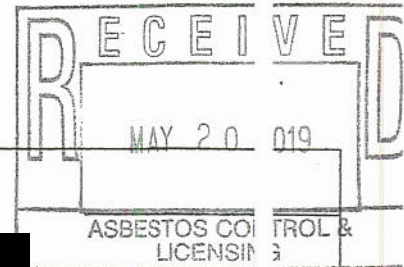
ASB-41

MAY 11

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



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



Date of Notification (1) <b>5/15/19</b>		Name of Building Owner/Operator (2) <b>MS. AMALIA DUHAIME</b>				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	ASBESTOS CONTROL & LICENSING			
		City, State, Zip Code <b>WARREN - NJ. 07059</b>				
		Name of Contact <b>MS. DUHAIME</b>	Telephone Number [REDACTED]			
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>MS. AMALIA DUHAIME</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address [REDACTED]						
City (5) <b>WARREN</b>		Square Feet <b>2100</b>	# of Floors <b>2</b>			
		Bldg. Age <b>1945</b>				
County (6) <b>SOMERSET</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Best Removal Inc</b>				
Street Address		Street Address <b>450 South River St</b>				
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>				
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>			
Start Date (10) <b>5/28/19</b>	Scheduled Completion Date (11) <b>5/30/19</b>	Name of OSHA Monitor <b>Omega Environmental</b>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8:30 AM TO 5:30 PM</b>		Street Address <b>280 Huyler St</b>				
		City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>				
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	Enclosure
	Yes	No				
<b>LOWER LEVEL</b>			<b>VAT + PLASTIC</b>	<b>375#</b>	<b>X</b>	
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>34207</b>	Name of Registered Landfill <b>Minerva Enterprises, L C</b>		
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>5/30/19</b>	City, State <b>Waynesburg, Oh, 44688</b>			
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>	Signature <i>J. Maiorano</i>	Date <b>5/15/19</b>			

ASB-41

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



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

Date of Notification (1)

5/15/2019

Name of Building Owner/Operator (2)

Grissed Liranzo

Street Address

City, State, Zip Code

Paterson, NJ, 07501

Name of Contact

Grissed Liranzo

Telephone Number

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial

Notification

☐ Amended

Notification

☐ EMERGENCY☐ Cancellation

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MAY 20 2019  
ASBESTOS CONTROL & LICENSING

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Grissed Liranzo

Street Address

City

Paterson

County

Passaic

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

Street Address

86 Christopher St.

City, State, Zip Code

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

05 29 19

Month Day Year

Sched. Completion Date (11)

05 30 19

Month Day Year

Name of OSHA Monitor

N/A

Occupancy Status During Abatement (Check only one)

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

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement			Type
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	
Basement			X	Pipe Insulation	25 LF	X			

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste

Hauler ID No. 17040

Cubic Yards of Waste 1.0

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

05/31/19

City, State

Bronx, NY, 10474

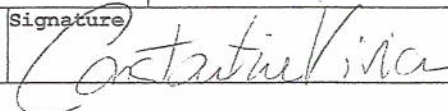
Completed By (Print or Type)

Constantine Vivian

Title

President

Signature



Date

5/15/2019

330 East 18th St



CK10809

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

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MAY 20 2019  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>5-15-19</b>		Name of Building Owner/Operator (2) <b>MARK GRBIC</b>	
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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code <b>RED BANK</b>	
Name of Contact <b>MARK GRBIC</b>		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) <b>RESIDENTIAL</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet <b>1200</b>		
City (5) <b>RED BANK</b>			# of Floors <b>2</b>		
County (6)			Bldg. Age <b>NA</b>		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) <b>RESIDENTIAL</b>		

Name of Monitoring Firm Hired by Building Owner (8) <b>ATLAS ENV. INSPECTIONS</b>		ASCM No.		Name of Abatement Contractor (9) <b>FRYMAR CONSTRUCTION</b>	
Street Address <b>PO BOX 11645</b>		Street Address <b>PO BOX 11587</b>		City, State, Zip Code <b>PHILA PA 19116</b>	
City, State, Zip Code <b>PHILA PA 19116</b>		City, State, Zip Code <b>PHILA PA 19116</b>		Telephone No. <b>267-784-4694</b>	
Project Manager for Monitoring Firm <b>BRIAN</b>		Telephone No. <b>267-784-4693</b>		License No. <b>01276</b>	
Start Date (10) <b>5-18-19</b>		Scheduled Completion Date (11) <b>5-18-19</b>		Name of OSHA Monitor	

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

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

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
<b>BASEMENT</b>				<b>PIPE WRAP</b>	<b>60 LF</b>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>FRYMAR CONSTRUCTION</b>		NJDEP Waste Hauler ID No. <b>6036759</b>		Cubic Yards of Waste <b>1</b>		Name of Registered Landfill <b>WESTERN BERKS C</b>	
City, State <b>PHILA PA</b>		Disposal Date <b>5-20-19</b>		City, State <b>BIRDSBORO PA</b>			
Completed by <b>LEFRANCOIS DUA</b>		Title <b>V. PRES</b>		Signature <i>[Signature]</i>		Date	



CK1989

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

CHECK#1989

RECEIVED
MAY 20 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>5/15/2019</b>			Name of Building Owner/Operator (2) <b>PRIVATE RESIDENCE</b>				
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]			
		City, State, Zip Code <b>Hamilton Sq., N.J.</b>		Name of Contact <b>DAVID D'ANDREA</b>			
				Telephone Number			
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>PRIVATE RESIDENCE</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)			
Street Address [REDACTED]				Square Feet			
City (5) <b>Hamilton Sq., NJ</b>				# of Floors Bldg Age			
County <b>Mercer</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)			
		ASCM No.		Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>			
Street Address		Street Address <b>15 BLACK FOREST ROAD</b>					
		City, State, Zip Code <b>HAMILTON, NJ 08691</b>					
Project Manager for Monitoring Firm		Telephone No.		License No. <b>00676</b>			
Start Date (10) <b>5/16/2019</b>		Scheduled Completion Date (11) <b>5/17/2019</b>		Name of OSHA Monitor <b>MECS</b>			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours 5PM-2 AM				Street Address <b>P.O. BOX 341</b>			
				City, State, Zip Code <b>CROSSWICKS, NJ 08515</b>			
Scope of Work (Check all that apply)							
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure			
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure			
				<input type="checkbox"/> Glovebag Procedure			
				<input checked="" type="checkbox"/> Non-Exempted (*) & 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
<b>BASEMENT</b>		<input checked="" type="checkbox"/>	<b>NFVAT</b>	<b>1484 SQ. FT.</b>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>J. VINCH</b>			NJDEP Waste Hauler ID No.	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>GROWS</b>		
City, State <b>TRENTON</b>			Disposal Date <b>5/20/2019</b>		City, State <b>MORRISVILLE, PA</b>		
Completed By <b>DAVID D'ANDREA</b>		Title <b>PRESIDENT</b>	Signature <i>David D'Andrea</i>			Date <b>5/15/2019</b>	

ASB-41

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



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MAY 20 2019  
Asbestos Control  
LICENSING

Date of Notification (1) <b>5-17-19</b>		Name of Building Owner/Operator (2) <b>Unlimited Builders Const.</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>P.O. Box 9029</b>		City, State, Zip Code <b>Hamilton NJ 08650</b>	
Name of Contact <b>Greg Janusz</b>		Telephone Number <b>609 540-4667</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Single Family Dwelling</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>[REDACTED]</b>		Square Feet <b>2</b>	
City (5) <b>Lawrence NJ 08648</b>		Bldg. Age <b>80</b>	
County (6) <b>Mercer</b>		County Code (7) (STATE USE ONLY) <b>_____</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>	
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>	
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>	
Project Manager for Monitoring Firm <b>Steve Schenker</b>		License No. <b>00394</b>	
Start Date (10) <b>5-28-19</b>		Scheduled Completion Date (11) <b>5-29-19</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <b>EPC Technologies Inc</b>	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		Street Address <b>P.O. Box 337</b>	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code <b>New Egypt NJ 08533</b>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) <b>Basement</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>Pipe Insulation</b>		Amount (Specify SF or LF) <b>30 LF</b>	
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	
City, State <b>New Egypt NJ</b>		Disposal Date <b>5-29-19</b>	
Completed by <b>Steve Schenker</b>		Title <b>President</b>	
Signature <b>Steve Schenker</b>		Date <b>5/17/19</b>	



CH5083

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

RECEIVED  
MAY 20 2019

Date of Notification (1) 5/13/19		Name of Building Owner/Operator (2) MR. ZIGGY HIRSH		
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	ASBESTOS CONTAINMENT & REMEDIATION	
City, State, Zip Code TEANECK, NJ, 07666		Telephone Number		
Name of Contact MR HIRSH				
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) MR HIRSH		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]		Square Feet 2000		
City (5) TEANECK		# of Floors 2		
County (6) BERGEN		Bldg. No. 140		
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENCE		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		
Street Address		Name of Abatement Contractor (9) Best Removal Inc		
City, State, Zip Code		Street Address 450 South River St		
Project Manager for Monitoring Firm		City, State, Zip Code Hackensack, N.J. 07601		
Telephone No.		Telephone No. 201-329-7444		
Start Date (10) 5/29/19		License No. 00388		
Scheduled Completion Date (11) 5/31/19		Name of OSHA Monitor Omega Environmental		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5 PM		Street Address 280 Huyler St		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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		City, State, Zip Code S. Hackensack, N.J. 07606		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) VAT	Amount (Specify SF or LF) 150 SF
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2400	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL
City, State Hackensack, N.J. 07601		Disposal Date 5/30/19	City, State NEWBURGH, PA. 1724	
Completed by J. MAIORANO	Title Estimator	Signature [Signature]	Date 5/13/19	

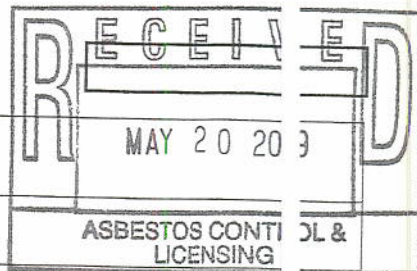
ASB-41

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Check#3349

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



Date of Notification (1)

05 / 14 / 19

Name of Building Owner/Operator (2)

Christopher Dully

Agencies Notified

- ☐ EPA  
☒ DOLWD  
☒ DHSS  
☐ DCA  
 (NJAC 5:23-8)

Type Notification

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

Street Address

City, State, Zip Code

Englewood, NJ 07631

Name of Contact

Christopher Dully

Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

Private house

Street Address

Type of Facility (4)

- ☐ School (K-12)  
☐ Subchapter 8 (Other than K-1 2)  
☒ Other (i.e., private and commercial buildings,  
 homes, etc.)

City (5)

Englewood, NJ 07631

Square Feet

# of Floors

Bldg. Age

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)

Gr Tech LLC

Street Address

Street Address

City, State, Zip Code

576 Valley Rd #283

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

973-638-1777

01127

Start Date (10)

05 / 24 / 19

Scheduled Completion Date (11)

05 / 25 / 19

Name of OSHA Monitor

Envirovision Consultants, 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

20-21 Wagaraw Road, Bldg. # 35E

City, State, Zip Code

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

- ☒ >3 sf or >3 lf  
☐ > 160 sf or >260 lf

- ☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	170 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	60 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

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Gr Tech LLC

0033785

TBD

T.R.R.F. Inc

City, State

Disposal Date

City, State

Wayne, NJ 07470

TBD

Tullytown, PA

Completed By (Print or Type)

Title

Signature

Date

N.Jevtic

Owner

N.Jevtic

05/14/19

ASB-41

MAY 11

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CH5484

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

RECEIVED  
MAY 20 019  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/15/19		Name of Building Owner/Operator (2) Jay Feld EXXAMATY LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Egg Harbor Twp NJ 08234	
Name of Facility Where Abatement is Taking Place (3) Resident		Name of Contact Josephina	
Street Address [REDACTED]		Telephone Number 609-233-8465	
City (5) Cape May Court 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.)	
County (6) Cape May		Square Feet # of Floors Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)	
Street Address [REDACTED]		Name of Abatement Contractor (9) Ani Ice Abatement Demolition LLC	
City, State, Zip Code [REDACTED]		Street Address 1212 Burlington Ave	
Project Manager for Monitoring Firm [REDACTED]		City, State, Zip Code Delanco NJ 08015	
Start Date (10) 5/24/19		Telephone No. 609-346-5916	
Scheduled Completion Date (11) 6/24/19		License No. C1070	
Occupancy/Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor	
Scope of Work (Check All That Apply) <input type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 160 sf or 260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		Street Address	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Outside		City, State, Zip Code	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing VAT, or other miscellaneous) Siding	
		Amount (Specify SF or LF) 2000	
		Abatement Type Removal Rebuild Encapsulate Enclosure	
Registered Waste Hauler WIE LLC		NJDEP Waste Hauler ID No. 20947	
Cubic Yards of Waste		Name of Registered Landfill WM of PA	
Disposal Date TBD		City, State Delanco NJ	
Signature [Signature]		Date 5/15/19	

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



CH50841

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

**RECEIVED**  
MAY 20 1999

Date of Notification (1) <b>5/15/19</b>		Name of Building Owner/Operator (2) <b>NEW BRUNSWICK APARTMENT ASSOCIATES</b>	
Agency 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 <b>119 LIVINGSTON AVE</b>	ASBESTOS CONTROL & LICENSING
		City, State, Zip Code <b>NEW BRUNSWICK, NJ, 08903</b>	
		Name of Contact <b>MR BILL MURPHY</b>	Telephone Number <b>201 655-8266</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>NEW BRUNSWICK APARTMENT ASSOCIATES</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>119 LIVINGSTON AVE</b>		Square Feet <b>36031</b>	# of Floors <b>6</b>
City (5) <b>NEW BRUNSWICK</b>		Bldg. No. <b>128</b>	
County (6) <b>MIDDLESEX</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>APTS</b>	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>	
Street Address		Street Address <b>450 South River St</b>	
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>
Start Date (10) <b>6/3/19</b>	Scheduled Completion Date (11) <b>6/9/19</b>	Name of OSHA Monitor <b>Omega Environmental</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7:30 AM TO 5:00 PM</b>		Street Address <b>280 Huyler St</b>	
		City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <b>BASEMENT</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>THERMAL SYSTEM INSULATION</b>
			Amount (Specify SF or LF) <b>550 LF</b>
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>12 cys</b>
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>6/10/19</b>	Name of Registered Landfill <b>CUMBERLAND COUNTY LANDFILL</b>
Completed by <b>J. MAIORANO</b>	Title <b>Estimator</b>	Signature <i>J. Maiorano</i>	Date <b>5/15/19</b>

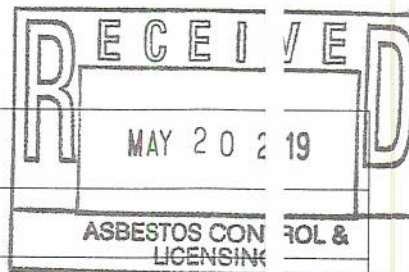
ASB-41

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



Ch 5714

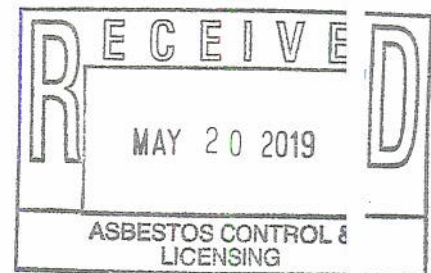
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 5:16)



Date of Notification (1) <b>05 / 14 / 19</b>		Name of Building Owner/Operator (2) <b>Gloucester City Public Schools</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1300 Market Street</b> City, State, Zip Code <b>Gloucester City, NJ 08030</b>						
		Name of Contact <b>John Kenney</b>	Telephone Number <b>609-617-3208</b>					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Gloucester City High School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial building homes, etc.)						
Street Address <b>1300 Market Street</b>		Square Feet <b>80,000</b>	# of Floors <b>2</b>					
City (5) <b>Gloucester City</b>		Bldg. Age <b>67</b>						
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>School</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Management &amp; Enviro. Consulting Services</b>		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>						
Street Address <b>PO Box 341</b>		Street Address <b>623 Cutler Avenue</b>						
City, State, Zip Code <b>Chesterfield, NJ 08515</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>						
Project Manager for Monitoring Firm <b>Bill Weisgarber</b>	Telephone No. <b>609-298-4070</b>	Telephone No. <b>856-755-0099</b>	License No. <b>00842</b>					
Start Date (10) <b>05 / 23 / 19</b>	Scheduled Completion Date (11) <b>05 / 29 / 19</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure
	Yes	No	N/A			Removal	Repair	
Room No. C13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room No. C13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chalkboard Mastic	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room No. C14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chalkboard Mastic	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room No. C16	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chalkboard Mastic	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Freehold, NJ</b>		Disposal Date <b>05/29/2019</b>	City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Christina Lynch</b>		Title <b>Vice President of Operations</b>	Signature 			Date <b>5-14-19</b>		



Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility	Is Location Normally Used Solely by Maintenance/Custodial Staff?			Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal
	Yes	No	N/A			
Room No. C18		X		Chalkboard Mastic	100 SF	X
Room No. C23		X		Chalkboard Mastic	75 SF	X





05712

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 5:16)

RECEIVED	MAY 20 2019
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05 / 14 / 19		Name of Building Owner/Operator (2) Pennsville Board of Education						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 Church Street City, State, Zip Code Pennsville, NJ 08070						
		Name of Contact Mike Simpkins	Telephone Number 856-540-6200					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Penn Beach Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial building, homes, etc.)						
Street Address 96 Kansas Road		Square Feet 80,000	# of Floors 2					
City (5) Pennsville		Bldg. Area 70						
County (6) Salem	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services, Inc.		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 365		Street Address 623 Cutler Avenue						
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 856-452-1311	License No. 00842					
Start Date (10) 06 / 18 / 19	Scheduled Completion Date (11) 06 / 21 / 19	Name of OSHA Monitor EMSL Analytical, Inc.						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement		Type
	Yes	No	N/A			Removal	Repair	
Toilet Rooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet Rooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (Wrap & Cut)	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill				
City, State Freehold, NJ		Disposal Date 06/21/2019		City, State Morrisville, PA				
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 5-14-19		