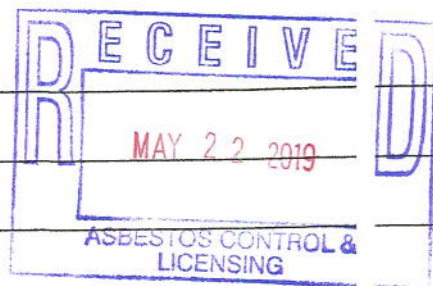


PAID

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



Date of Notification (1) 5/10/2019		Name of Building Owner/Operator (2) BSG Management							
Agencies Notified	Type Notification	Street Address 285-289 Newark Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ, 07302							
		Name of Contact BSG Management	Telephone Number 201-869-1155						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BSG Management		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 285-289 Newark Ave.		Square Feet	# of Floors 1						
City (5) Jersey City		Bldg. # +50							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) Acm Solutions Services LLC						
Street Address N/A		Street Address 1435 51st Street							
City, State, Zip Code N/A		City, State, Zip Code Noerth Bergen, NJ 07047							
Project Manager for Monitoring Firm N/A		Telephone No. 201-552-9685	License No. 01384						
Start Date (10) 05/25/2019	Scheduled Completion Date (11) 06/02/2019	Name of OSHA Monitor Iris Enviromental Laboratories							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07803							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
Roof			x	Main Roof	4000 SF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill					
City, State PO Box 5670			Disposal Date	City, State 2335 Applebutter Rd. Bethlehem					
Completed by Galo Zumba		Title Principal	Signature 			Date 05/10/201			

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NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)

5/11/2019

Name of Building Owner/Operator (2)

Jessica Moro

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial Notification☐ Amended Notification☐ EMERGENCY☐ Cancellation

Street Address

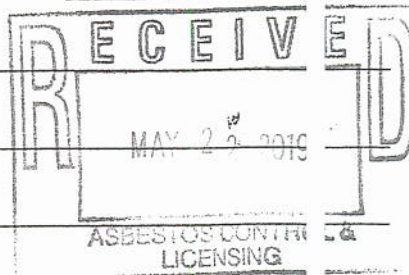
City, State, Zip Code

Hillsdale, NJ, 07642

Name of Contact

Jessica Moro

Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Jessica Moro

Type of Facility (4)

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

Street Address

Square Feet

of Floors

Bldg. Ag

City

County

County Code (7)
(STATE USE ONLY)

Hillsdale

Bergen

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 30 19

Month Day Year

Sched. Completion Date (11)

05 31 19

Month Day Year

Occupancy Status During Abatement (Check only one)

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

Name of OSHA Monitor

N/A

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	
Basement			X	Pipe insulation	65 LF	X		

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste

Hauler ID No.
17040Cubic Yards
of Waste 1.5

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date
07/03/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

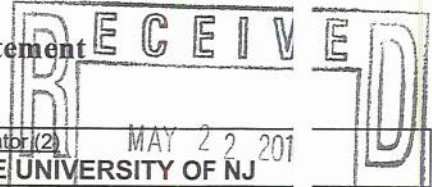
Date

5/11/2019

342 Liberty Ave

NOCK

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



GAC Project # 060-19

Date of Notification (1) May 11, 2019		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 – Typographical error on dates should have been “06” not “05” <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT., 74 STREET 1603, BLDG 4116, LIVINGSTON CA
			City, State, Zip Code PISCATAWAY, NJ 08854
		Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY	Telephone Number 848-445-2550
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) LIPMAN HALL, BLDG# 6025		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Occupied <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years	
Street Address COOK CAMPUS			
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 00098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 511 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN R. KEARNEY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 06/17/2019	Scheduled Completion Date (11) 06/27/19	Name of OSHA Monitor ENVIROVISION, 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: Bldg. Occupied Work Area Vacated - Schedule: 5PM – 5AM (24 HOURS & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
		City, State, Zip Code FAIRLAWN, NJ 07410	
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"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) 350 LF
Rooms 310, 312, 313	<input checked="" type="checkbox"/>	TSI	<input checked="" type="checkbox"/>
Rooms 310, 312, 313	<input checked="" type="checkbox"/>	VAT	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 25 CY
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 06/27/2019	Name of Registered Landfill G.R.O.W.S. North Landfill
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date May 11, 2019

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

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

RECEIVED
MAY 22 2019

GAC Project # 060-19

<u>Date of Notification (1)</u> May 10, 2019		<u>Name of Building Owner/Operator (2)</u> RUTGERS, THE STATE UNIVERSITY OF NJ	
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	<u>Notification Type</u> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 – New start & completion dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		<u>Street Address</u> ENVIRONMENTAL HEALTH & SAFETY DEPT. (EHS) PUS 74 STREET 1603, BLDG 4116, LIVINGSTON CA
			<u>City, State, Zip Code</u> PISCATAWAY, NJ 08854
		<u>Name of Contact</u> MICHAEL F. SMITH, ENV. HEALTH & SAFETY	<u>Telephone Number</u> 848-445-2550
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> LIPMAN HALL, BLDG# 6025		<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Occupied <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
<u>Street Address</u> COOK CAMPUS		<u>Sq. Feet:</u> N/A <u># of Floors:</u> 4 <u>Bldg. Age:</u> 80+ years	
<u>City (5)</u> NEW BRUNSWICK	<u>County (6)</u> MIDDLESEX	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ATC		<u>ASCM No.</u> 00098	
<u>Street Address</u> 3 TERRI LANE		<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.	
<u>City, State, Zip Code</u> BURLINGTON, NJ 08016		<u>Street Address</u> 511 MAIN STREET	
<u>Project Manager for Monitoring Firm</u> BRIAN R. KEARNEY		<u>Telephone Number</u> 609-386-8800	<u>License Number</u> 00840
<u>Scheduled Start Date (10)</u> 05/17/2019		<u>Scheduled Completion Date (11)</u> 05/27/19	
<u>Occupancy Status During Abatement (Check only one)</u> <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: Bldg. Occupied Work Area Vacated - Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		<u>Name of OSHA Monitor</u> ENVIROVISION, INC.	
		<u>Street Address</u> 20-21 WARGARAW ROAD, BLDG# 35E	
		<u>City, State, Zip Code</u> FAIRLAWN, NJ 07410	
<u>Scope of Work (Check all that apply)</u> <input type="checkbox"/> > 3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
Rooms 310, 312, 313	<input checked="" type="checkbox"/>	TSI	350 LF
Rooms 310, 312, 313	<input checked="" type="checkbox"/>	VAT	600 SF
<u>Name of Reg. Waste Hauler</u> See Hauler Below #1 & 2		<u>NJDEP Waste Hauler ID #</u> See Below	<u>Cubic Yards of Waste:</u> 25 CY
<u>Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405</u> NJDEP # 12561		<u>Disposal Date</u> 05/27/2019	<u>Name of Registered Landfill</u> G.R.O.W.S. North La dfill
<u>Hauler #2) Newark Carting, Inc., Newark, NJ 04509</u> NJ DEP # 4509			<u>City, State</u> 100 New F d Mill Rd. Morris lle, Pa 19067 215-736-17 0
<u>Completed by (Print or Type)</u> RAYMOND C. PEDALINO	<u>Title</u> SENIOR PROJECT MANAGER	<u>Signature</u> <i>Raymond C. Pedalino</i>	<u>Date</u> May 10, 2019

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

GAC Project # 060-19

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MAY 22 2019

Date of Notification (1) April 30, 2019		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY	Telephone Number 848-445-2550
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) LIPMAN HALL, BLDG# 6025		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Occupied <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address COOK CAMPUS		Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years	
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 00098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 511 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN R. KEARNEY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 05/10/2019	Scheduled Completion Date (11) 05/20/19	Name of OSHA Monitor ENVIROVISION, 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: Bldg. Occupied Work Area Vacated - Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
		City, State, Zip Code FAIRLAWN, NJ 07410	
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"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) Abatement Type Remove Repair Enclose
Rooms 310, 312, 313	<input checked="" type="checkbox"/>	TSI	350 LF <input checked="" type="checkbox"/>
Rooms 310, 312, 313	<input checked="" type="checkbox"/>	VAT	600 SF <input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 25 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 05/20/2019	Name of Registered Landfill G.R.O.W.S. North La dfill
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i> Date April 30, 2019

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

CK 3244

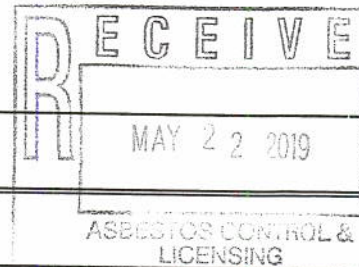
PAID

Check # 3244

Date of Notification (1) May, 17 2019		Name of Building Owner/Operator (2) CELGENE CORPORATION	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input 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 86 MORRIS AVENUE		City, State, Zip Code SUMMIT, NJ 07901	
Name of Contact Mr. Janos Angeli - Director		Telephone Number (908) 897-4646	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) CELGENE CORPORATION - SUMMIT WEST "S-1" 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 buildings, homes, etc.)	
Street Address 556 MORRIS AVENUE		Sq. Feet: ~57,000 # of Floors: 3 Bldg. Age: ~55+ years	
City (5) SUMMIT	County (6) MORRIS	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) EWMA		ASCM No. N/A	
Street Address 100 Lanidex Plaza		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code Parsippany, NJ 07054		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm Craig Gorczyca		Telephone Number 973-560-1400	License Number 00840
Scheduled Start Date (10) 05/28/2019		Scheduled Completion Date (11) 06/04/2019	
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"/> Facility Occupied During Entire Period of Abatement Area Vacated (NOT SUB 8 Friday 7am - 12 mid & 24 hrs throughout the weekends)		Name of OSHA Monitor ENVIROVISION, INC.	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> > 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure (Tent) <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
1 st Floor Perimeter (1F-FT15)	<input checked="" type="checkbox"/>	VAT & Mastic	~600 SF
Abatement Type Remove Repair Enclose		<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID # NJ DEP # 4509	Cubic Yards of Waste: 30 CY
Name of Registered Landfill G.R.O.W.S. North La		City, State 100 New F Mill Rd. Morrisville, NJ 07967	
Notes: None		Disposal Date 06/04/2019	City, State 215-736-17
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date May 17, 2019

D&S Proj. #: 19-98

PAID



Date of Notification (1) 05/11/16		Name of Building Owner/Operator (2) J. Campoli & Sons	
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 28 Milton St.		City, State, Zip Code Cresskill, NJ 07626	
Name of Contact John Campoli		Telephone Number 201-568-1100	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Warehouse Basement			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 437 Tonnelle Ave.			Square Feet 40,000	# of Floors 01
City (5) Jersey City, NJ 07302	County (6) Hudson	County Code (7) (State use only)	Bldg. Age 7	
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address		Street Address 20 California Ave.		
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 05/30/19	Sched. Completion Date (11) 06/04/19		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

☒ >3 sf or >3 lf ☒ Renovation ☒ Full Containment w/negative pressure

☐ ≥160 sf or ≥260 lf ☐ Demolition ☐ Mini-enclosure

☐ Non-Exempted (*) and Non-friable procedure

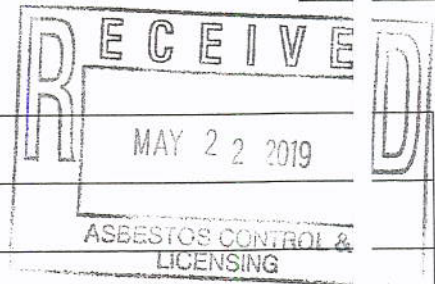
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Warehouse Basement		<input checked="" type="checkbox"/>		Boiler Insulation	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse Basement		<input checked="" type="checkbox"/>		Pipe Insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse Basement		<input checked="" type="checkbox"/>		Boiler Packing/Debris	10 CY	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 13 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature <i>Bogdan Joldzic</i>	Date 05/16/19

062004

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

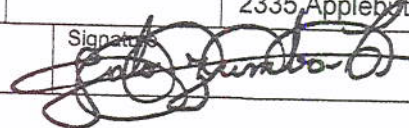


Date of Notification (1) 05-17-19		Name of Building Owner/Operator (2) United Assets Managements LLC					
Agencies Notified	Type Notification	Street Address 641 Broadway Suite 3					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> 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 Paterson, NJ 07514					
		Name of Contact Andy Reid	Telephone Number (973) 296-8264				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4)					
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Paterson		Square Feet	# of Floors				
County (6) Passaic		County Code (7) (STATE USE ONLY) _____	Bldg. Age				
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.				
Street Address		Street Address 522 7th St.					
City, State, Zip Code		City, State, Zip Code Union City NJ 07087					
Project Manager for Monitoring Firm		Telephone No.	License No.				
		201 216-9603	01206				
Start Date (10) 05-28-19	Scheduled Completion Date (11) 06-07-19	Name of OSHA Monitor Delfa Contracting LLC					
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union City NJ 07087					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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	
All Floors		x		Ceiling & Wall Plaster	14,400 SF	x	
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 356240	Cubic Yards of Waste 30	Name of Registered Landfill Tullytown Resource Recovery Facility			
City, State Union City, NJ		Disposal Date 06-07-19		City, State Tullytown, PA			
Completed by Jaime Delgado		Title Proj. Manager.	Signature 		Date 05-17-19		

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

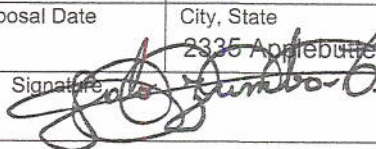
CK# 1114

Date of Notification (1) 05/13/2019		Name of Building Owner/Operator (2) Private Property						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ, 07307						
		Name of Contact Ben Fontanez						
Telephone Number _____								
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4)						
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Jersey City		Square Feet 1500SF	# of Floors 2					
County (6) Hudson		Bldg. A +50						
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC					
Street Address N/A		Street Address 1435 51st Street						
City, State, Zip Code N/A		City, State, Zip Code North Bergen, NJ 07047						
Project Manager for Monitoring Firm N/A		Telephone No. 201-552-9685	License No. 01384					
Start Date (10) 05/15/2019	Scheduled Completion Date (11) 05/19/2019	Name of OSHA Monitor Iris Environmental Laboratories						
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union, NJ 07803						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf								
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure
	Yes	No	N/A			Removal	Repair	
Bathroom			X	Joint Compound	196SF	x		
Kitchen			X	Joint Compound	336SF	x		
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill				
City, State PO Box 5670		Disposal Date		City, State 2335 Applebutter Rd. Bethlehem PA				
Completed by Galo Zumba		Title Principal	Signature 	Date 05/13/2019				

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

CK# 1184


Date of Notification (1) 05/08/2019		Name of Building Owner/Operator (2) Private Property		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 22 2019 </div>			
Agencies Notified		Type Notification				Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Fair Lawn NJ 07410 Name of Contact _____ Telephone Number _____	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Private Property				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) Fair Lawn				Square Feet	# of Floors 2		
County (6) Bergen County				County Code (7) (STATE USE ONLY) _____	Bldg. # +50		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) ACM Solutions Serices LLC			
Street Address N/A		City, State, Zip Code N/A		Street Address 1435 51st Street			
Project Manager for Monitoring Firm N/A		Telephone No. N/A		City, State, Zip Code North Bergen, NJ 04047			
Start Date (10) 05/20/2019		Scheduled Completion Date (11) 05/25/2019		Telephone No. 201-552-9685			
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Iris Enviromental Laboratories		License No. 01384			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West		City, State, Zip Code Union City, NJ 07803			
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Floor Tile			x	First Floor throughtout	1800SF		
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill		
City, State PO BOX 5670		Disposal Date		City, State 2335 Applebush Rd Bethlehem PA			
Completed by Galo Zumba		Title Principal		Signature 		Date 05/08/2019	

* Emergency
OK 7382


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

RECEIVED
MAY 22 2019

Date of Notification (1) 5/17/19		Name of Building Owner/Operator (2) Allrisk (Operator) Owner Diocese of Camden						
Agencies Notified	Type Notification	Street Address 801 East Clements Bridge Road						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 Runnemede NJ 08078						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Vince	Telephone Number 609-941-1186					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Our Lady of Hope Regional School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial building homes, etc.)						
Street Address 420 South Black Horse Pike		Square Feet 1000	# of Floors 1					
City (5) Blackwood NJ 08012		Bldg 35+						
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental LLC		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.					
Street Address 1000 Maplewood Drive Suite 207		Street Address PO Box 329						
City, State, Zip Code Maple Shade NJ 08052		City, State, Zip Code West Berlin NJ 08091						
Project Manager for Monitoring Firm Chris Macri		Telephone No. 856-753-9800	License No. 00727					
Start Date (10) 5/20/19	Scheduled Completion Date (11) 5/24/19	Name of OSHA Monitor Same						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: SECTION OF SCHOOL CLOSED OFF		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 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 Process								
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	Encapsulate	Enclosure
Library Wing			x	Floor Tile & Mastic	800 SF	x		
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ		Disposal Date 5/24/19		City, State Morrisville PA 19067				
Completed by Anthony T Perna		Title President		Signature 			Date 5/17/19	

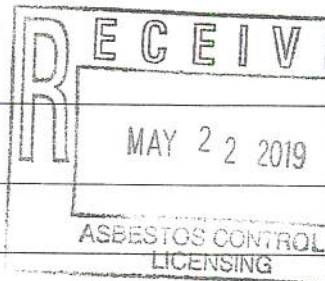
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 5/16/19		Name of Building Owner/Operator (2) Frank Kucsan Private Home		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 22 2019 ASBESTOS CONTROL LICENSING </div>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address [REDACTED]		City, State, Zip Code Maple Shade NJ 08052		Name of Contact Brian			
				Telephone Number [REDACTED]			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Frank Kucsan 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 building homes, etc.)			
Street Address [REDACTED]				Square Feet 1000			
City (5) Maple Shade NJ 08052				# of Floors 2			
County (6) Burlington				Bldg. ge 35+			
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.			
Street Address				Street Address PO Box 329			
City, State, Zip Code				City, State, Zip Code West Berlin NJ 08091			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800			
				License No. 00727			
Start Date (10) 5/29/19		Scheduled Completion Date (11) 6/5/19		Name of OSHA Monitor Same			
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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement type	
	Yes	No	N/A			Removal	Repair
Kitchen, Bathroom Laundry			x	Floor Tile only	259 SF	x	
& Pantry							
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.		
City, State Elm NJ		Disposal Date 6/5/19		City, State Morrisville PA 19067			
Completed by Anthony T Perna		Title President		Signature 		Date 5/16/19	

OK 5723

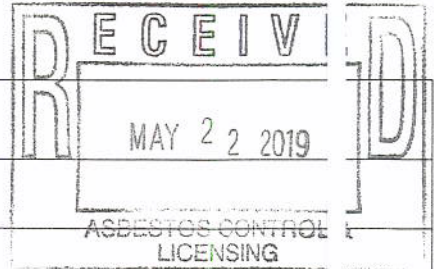
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 05 / 17 / 19		Name of Building Owner/Operator (2) Pennsauken Public Schools					
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 1695 Hylton Road City, State, Zip Code Pennsauken, NJ 08110					
		Name of Contact Jack Killion	Telephone Number 856-662-8505 x 6519				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Baldwin 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 3901 Sharon Terrace		Square Feet 67,000	# of Floors 2				
City (5) Pennsauken		Bldg. A 80					
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Arcadis U.S., Inc.		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC				
Street Address 10 Friends Lane, Suite 100		Street Address 623 Cutler Avenue					
City, State, Zip Code Newtown, PA 18940		City, State, Zip Code Maple Shade, NJ 08052					
Project Manager for Monitoring Firm David Hilinski		Telephone No. 908-635-4069	License No. 00842				
Start Date (10) 06 / 19 / 19	Scheduled Completion Date (11) 07 / 12 / 19	Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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	
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulking	2,370 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"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30	Name of Registered Landfill Fairless Landfill			
City, State Freehold, NJ		Disposal Date 07/12/2019	City, State Morrisville, PA				
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations	Signature 		Date 5/17/19		

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

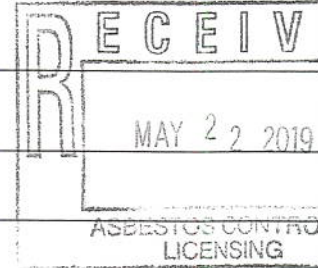


Date of Notification (1) 05 / 16 / 19		Name of Building Owner/Operator (2) Lorraine Walijeski							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code South River, NJ 08882 Name of Contact Lorraine Walijeski Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Walijeski Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial building, homes, etc.)							
Street Address [REDACTED]		Square Feet 1,698							
City (5) South River		# of Floors 2	Bldg. A 48						
County (6) Middlesex		County Code (7) (STATE USE ONLY) 							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	License No. 00842						
Start Date (10) 05 / 29 / 19	Scheduled Completion Date (11) 05 / 31 / 19	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> 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) <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		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
Living Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	138 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 05/31/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 5/26/19			

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

OK 5719

PAID



Date of Notification (1) 05 / 16 / 19		Name of Building Owner/Operator (2) Holmdel Board of Education						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 65 McCampbell Road					
			City, State, Zip Code Holmdel, NJ 07733					
			Name of Contact Dr. Robert McGarry					
		Telephone Number 732-946-1800						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Indian Hill Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 735 Holmdel Road								
City (5) Holmdel		Square Feet 80,000	# of Floors 2					
		Bldg. Age 67						
County (6) Monmouth		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Incorporated		ASCM No. 0057	Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 385		Street Address 623 Cutler Avenue						
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 856-755-0099					
		License No. 00842						
Start Date (10) 06 / 14 / 19		Scheduled Completion Date (11) 06 / 21 / 19						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Name of OSHA Monitor EMSL Analytical, Inc.						
		Street Address 200 Route 130 North						
		City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> 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		
	Yes	No	N/A			Removal	Repair	Enclosure
Classrooms 10, 13 and 14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Joint Compound	79 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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30	Name of Registered Landfill Fairless Landfill				
City, State Freehold, NJ		Disposal Date 06/21/2019		City, State Morrisville, PA				
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 5/16/19		

15.05.2019 06:46 AM A. Mac Contracting

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

MAY 22 2019

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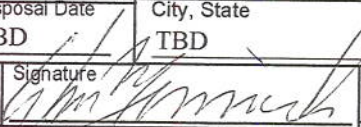
Date of Notification (1) 5/15/19		Name of Building Owner/Operator (2) John Brown		ASBESTOS CONTROL & LICENSING WAIVER APPROVED	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input 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 Middletown, NJ 07748 Name of Contact Monique Curohy Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Brown			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet 2500		
City (5) Middletown			# of Floors 2		Bldg. Age 55
County (6) Monmouth			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Res
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.
Street Address			Street Address 165 Vreeland Ave		
City, State, Zip Code			City, State, Zip Code Midland Park, NJ 07432		
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 201-262-5841
Start Date (10) 5/15/19			Scheduled Completion Date (11) 5/25/19		License No. 00156
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 O&HA Monitor Omega Environmental Services Inc.		
			Street Address 280 Huyler Street		
			City, State, Zip Code Hackensack, NJ 07806		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥150 sf or ≥250 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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)
	Yes	No	N/A		
Bedroom			X	VAT	250 SF
Name of Registered Waste Hauler Newark Carting Inc.			NJDEP Waste Hauler ID No. 04609	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Newark, NJ 07105			Disposal Date 5/15/19	City, State Pan Argyll, PA 08072	
Completed by R. McDonald			Title President	Signature [Signature]	Date 5/15/19

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

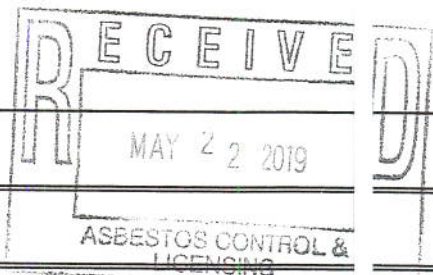
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MAY 22 2019

Date of Notification (1) <u>5/17/19</u>		Name of Building Owner/Operator (2) <u>Princeton Charter School</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>100 Bunn Drive</u>							
		City, State, Zip Code <u>Princeton, NJ 08540</u>							
		Name of Contact <u>Larry Patton</u>	Telephone Number <u>609-924-0575</u>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Administration Building</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private 8 commercial buildings, homes, etc.)							
Street Address <u>100 Bunn Drive</u>		Square Feet <u>2500 SF</u>	# of Floors <u>2</u>						
City (s) <u>Princeton, NJ 08540</u>		Bldg. Age <u>75 yrs</u>							
County (6) <u>Mercer</u>	County Code(7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Administration Building</u>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>AEi2, LLC</u>						
Street Address		Street Address <u>361 E. Fleming Pike</u>							
City, State, Zip Code		City, State, Zip Code <u>Hammonton, NJ 08037</u>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>609-481-2122</u>	License No. <u>00689</u>						
Start Date (10) <u>6/1/19</u>	Scheduled Completion Date (11) <u>6/3/19</u>	Name of OSHA Monitor <u>AEi2, LLC</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>361 E. Fleming Pike</u>							
		City, State, Zip Code <u>Hammonton, NJ 08037</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation 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 IN Facility (13)</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>120 LF</u>	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulation	
<u>Basement</u>			<u>X</u>	<u>TSI</u>	<u>120 LF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>AEi2, LLC</u>		NJDEP Waste Hauler ID No. <u>21376</u>	Cubic Yards of Waste <u>10</u>	Name of Registered Landfill <u>TBD</u>					
City, State <u>Hammonton, NJ</u>		Disposal Date <u>TBD</u>		City, State <u>TBD</u>					
Completed By <u>Wm. Minnick</u>		Title <u>Program Mgr.</u>	Signature 			Date <u>5/17/19</u>			

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

D&S Proj. #: 19-94

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Date of Notification (1) 05/14/19		Name of Building Owner/Operator (2) Willie Wright	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Hillside, NJ 07205	
Name of Contact Willie Wright		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than k 12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors B g. Age 1,200 02 60		
City (5) Hillside, NJ 07205	County (6) Union	County Code (7) (State use only)	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) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		
Start Date (10) 05/15/19		Sched. Completion Date (11) 05/20/2019	License Number 01169		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		PIPE INSULATION	11 ft	<input checked="" type="checkbox"/>			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1/2 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature <i>Bohdan Joldzic</i>	Date 05/14/19

D&S Proj. #: 19-94

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:80 and 12:120)

DOL-10 DAY MAY 2 2019

Date of Notification (1) 05/13/19		Name of Building Owner/Operator (2) Willie Wright	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Hillside, NJ 07205	
Name of Contact Willie Wright		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,200		
City (5) Hillside, NJ 07205			# of Floors 02		
County (6) Union			Bldg. Age 60		
County Code (7) (State use only)			Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			Name of Abatement Contractor (6) D & S RESTORATION, INC.		
Street Address [REDACTED]			Street Address 20 California Ave.		
City, State, Zip Code [REDACTED]			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm [REDACTED]			Telephone Number 973-345-8020		
Phone Number [REDACTED]			License Number 01169		
Start Date (10) 05/15/19			Name of OSHA Monitor D & S Restoration, Inc.		
Sched. Completion Date (11) 05/20/2019			Street Address 20 California Avenue		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

- ☒ ≥ 3 sf or ≥ 2 lf ☒ Renovation
☐ ≥ 160 sf or ≥ 260 lf ☐ Demolition

- ☐ Full Containment w/negative pressure
☒ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-frangible procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Menc
	Yes	No	N/A						
Basement		X		PIPE INSULATION	11 ft	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1/2 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature [Signature]	Date 05/14/19

State of NJ

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

B & G proj. #: 2019-111

Extra scope & Monitoring firm

Check # 9294

Date of Notification (1) 05/16/19		Name of Building Owner/Operator (2) Park Ridge School District	
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL LICENSING
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	2 Park Avenue	MAY 22 2019
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amendment	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL		Park Ridge, NJ 07656	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input type="checkbox"/> DCA		Robert Wright	201-573-6000

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Park Ridge High School (NON-Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 2 Park Avenue			Square Feet	# of Floors 2
City (5) Park Ridge	County (6) Bergen	County Code (7) (State use only)	Idg. Age 0 years	
Name of Monitoring Firm Hired by Bldg. Owner (8) Westchester Environmental, LLC			Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 1248 Wrights Lane			Street Address 105 Ryerson Road	
City, State, Zip Code West Chester, PA 19380			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm Matthew Abraham		Phone Number 610-431-7545	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 05/10/2019		Sched. Completion Date (11) 05/20/2019		
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: weekend work only				
<input type="checkbox"/> Other-Describe: start work Friday 4:00 pm				
Name of OSHA Monitor B & G Restoration, Inc.			Street Address 105 Ryerson Road	
City, State, Zip Code Lincoln Park, NJ 07035			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					
2nd Floor classrooms - A wing		<input checked="" type="checkbox"/>		VAT/Mastic 35 sqft from 7 rooms	245 sqft	<input checked="" type="checkbox"/>		
lower level classrooms-A wing		<input checked="" type="checkbox"/>		VAT/Mastic 35sqft from 8 rooms	280 sqft	<input checked="" type="checkbox"/>		
Room # 12		<input checked="" type="checkbox"/>		pipe (wrap & cut)	4 lf	<input checked="" type="checkbox"/>		
						<input type="checkbox"/>		
						<input type="checkbox"/>		

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 6	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 05/11-21/2019	City, State Pens Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 05/16/2019

MAY 22 2019

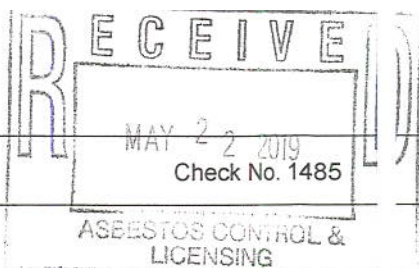
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 12:129)

Date of Notification (1) 05/17/2019		Name of Building Owner/Operator (2) Maple Shade Board of Education		ASBESTOS CONTROL BOARD Check No. 1457				
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input 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 170 Frederick Avenue City, State, Zip Code Maple Shade, New Jersey 08052 Name of Contact Beth Norcia Telephone Number 856-779-1750				
Name of Facility Where Abatement is Taking Place (3) Maple Shade High School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 180 Frederick Avenue City (5) Maple Shade, New Jersey 08052		Square Feet 20,000		# of Floors 2 Bldg. Age 50+				
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) High School				
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation				
Street Address 5434 King Avenue City, State, Zip Code Pennsauken, New Jersey 08109		Street Address 240 Union Boulevard City, State, Zip Code Totowa, New Jersey 07612						
Project Manager for Monitoring Firm Tom Pruno		Telephone No. 856-816-9516		Telephone No. 973-225-8400 License No. 01104				
Start Date (10) 05/23/2019		Scheduled Completion Date (11) 05/27/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07083				
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 3 sf or 23 lf <input type="checkbox"/> ≥180 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Across the Hall from Storage Room			X	Double Transite Panels	6 SF	X		
Across the Hall from Storage Room			X	Blackboard w/ associated glue dots	28 SF	X		
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill			
City, State Totowa, New Jersey		Disposal Date 05/27/2019		City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President		Signature 		Date 05/17/2019		

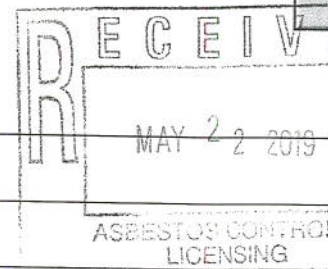
CK1485 PAID

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



Date of Notification (1) 05/17/2019		Name of Building Owner/Operator (2) Southbridge Park, Inc.							
Agencies Notified	Type Notification	Street Address 1500 Palisades Avenue							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fort Lee, New Jersey 07024							
		Name of Contact Kenny Barry	Telephone Number 201-947-3331						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) The Plaza		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 1500 Palisades Avenue		Square Feet 120,000	# of Floors 5						
City (5) Fort Lee, New Jersey 07024		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Condo Bldg							
Name of Monitoring Firm Hired by Building Owner (8) Whitman		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 7 Pleasant Hill Road		Street Address 246 Union Boulevard							
City, State, Zip Code Cranbury, New Jersey 08512		City, State, Zip Code Totowa, New Jersey 07512							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	Telephone No. 973-225-8400						
		License No. 01104							
Start Date (10) 06/03/2019	Scheduled Completion Date (11) 06/07/2019	Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Ventilation <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 of LF)	Abatement Type		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
29th Floor Northern Corridor		X		Acoustical Ceiling Plaster	400 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill					
City, State Totowa, New Jersey		Disposal Date 06/7/2019		City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President		Signature 				Date 06/17/2019	

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

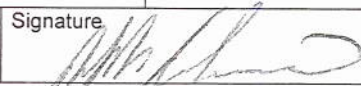


Date of Notification (1) 05/20/19		Name of Building Owner/Operator (2) Bob Greenfield							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <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 [REDACTED]							
		Name of Contact Bob Greenfield	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [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.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Jackson		Bldg. Age							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 05/23/19	Scheduled Completion Date (11) 05/27/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
INTERIOR				POPCORN CEILING	500SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 05/27/19		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date 05/20/19		

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

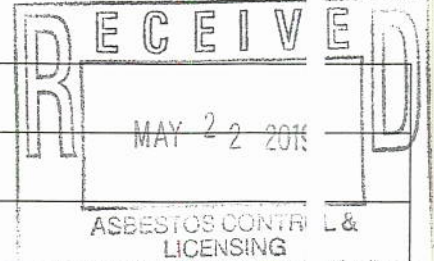
CK #1001

Date of Notification (1) 05 / 21 / 19		Name of Building Owner/Operator (2) Bank of America		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 22 2019 ASBESTOS CONTROL LICENSING </div>				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 84 Park Avenue City, State, Zip Code Hillside, NJ 07642 Name of Contact Dino Nappi		
						Telephone Number 516-972-8809		
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Bank of America				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 84 Park Avenue								
City (5) Hillside, NJ 07642				Square Feet 5,000	# of Floors 1			
County (6) Bergen				County Code (7) (STATE USE ONLY)	Bldg. Ag 45			
Name of Monitoring Firm Hired by Building Owner (8) ARCADIS U.S Inc.		ASCM No.		Name of Abatement Contractor (9) JVN Restoration Inc				
Street Address 44 South Broadway				Street Address 47 Foster Road				
City, State, Zip Code White Plains, NY 10601				City, State, Zip Code Staten Island NY 10309				
Project Manager for Monitoring Firm Dino Nappi		Telephone No. 516-972-8809		Telephone No. 718-605-6256	License No. 00774			
Start Date (10) 06 / 01 / 19		Scheduled Completion Date (11) 06 / 16 / 19		Name of OSHA Monitor Testor Tech				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-2:00PM/11:30 PM-Saturday, Sunday 9:00 am to 3:00 pm. AM				Street Address 10- 59 Jackson Avenue				
				City, State, Zip Code LIC 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement		Type
	Yes	No	N/A			Removal	Repair	
1st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	650 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cove Base Mastic	75 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 Newark Carting		NJDEP Waste Hauler ID No. NJ-566		Cubic Yards of Waste 15	Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark, NJ		Disposal Date 06/08/2018		City, State Pen Argyl, PA				
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 		Date 05-21-2019		

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

Check No. **5882**

OK 5882 PAID



Date of Notification (1) May 16, 2019		Name of Building Owner/Operator (2) New Jersey Transit Corporation	
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10:27-2.4</small> <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 One Penn Plaza East	
		City, State, Zip Code Newark, NJ 07105-2246	
		Name of Contact William R. Goetchius	Telephone Number 973-491-8347

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hoboken Terminal - Pullman 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 buildings, homes, etc.)	
Street Address 1 Hudson Place			
City (5) Hoboken, NJ 07030		Square Feet 8,645	# of Floors 2
		Bldg. Age 111	
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Train Station/Office	
Name of Monitoring Firm Hired by Building Owner (8) Iris Labs of Union NJ		Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.	
Street Address 333 Highway 22		Street Address 223 Randolph Avenue /	
City, State, Zip Code West Union, NJ 07083		City, State, Zip Code Clifton, NJ 07011	
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 973-494-3762	Telephone No. 973-494-4681	License No. 0120
Start Date (10) May 29, 2019	Scheduled Completion Date (11) August 31, 2019	Name of OSHA Monitor Iris Labs of Union NJ	
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 333 Highway 22	
		City, State, Zip Code West Union, NJ 07083	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

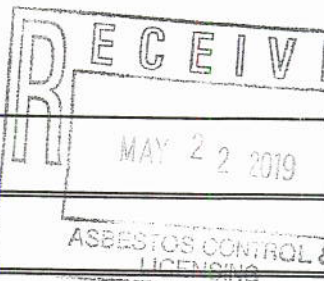
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Encapsulate	Enclosure
2nd Floor Rear RT Room & Locker Room		<input checked="" type="checkbox"/>		Floor Tiles & Mastic	1130 sq ft	<input checked="" type="checkbox"/>		
2nd Floor Middle Room		<input checked="" type="checkbox"/>		Linoleum Flooring	561 sq ft	<input checked="" type="checkbox"/>		
2nd Floor Middle Room		<input checked="" type="checkbox"/>		Debris Cleanup of collapsed wall	170 sq ft	<input checked="" type="checkbox"/>		

Name of Registered Waste Hauler B&N&K Restoration Co., Inc. / Jimmy Byrne Trucking		NJDEP Waste Hauler ID No. 12695 / 19551	Cubic Yards of Waste 15	Name of Registered Landfill Cumberland County Landfill / Minerva Enterprises, Inc.	
City, State Clifton, NJ 07011 / Bronx, NY		Disposal Date 05/30/2019 to 08/31/2019		City, State Newburg / Waynesburg	
Completed by G. Roger Woodman	Title Project Manager	Signature 			Date 5/16/2019

D&S Proj. #: 19-99

CK1007

PAID



Date of Notification (1) 10/15/17/19		Name of Building Owner/Operator (2) Patricia & Leonard Kozzi	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Roselle Park, NJ 07204	
Name of Contact Patricia & Leonard Kozzi		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than -12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,600		
City (5) Roselle Park, NJ 07204			County (6) Union		# of Floors 02
County Code (7) (State use only)			Age 60		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			ASCM No.		
Street Address			Name of Abatement Contractor (9) KLOMAX, LLC		
City, State, Zip Code			Street Address 309 W. End Ave		
Project Manager for Monitoring Firm			Telephone Number 833-455-6629		License Number 02007
Start Date (10) 05/28/19			Sched. Completion Date (11) 06/04/2019		
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: NORMAL HOURS					
Name of OSHA Monitor KLOMAX, LLC					
Street Address 309 W. End Ave					
City, State, Zip Code Hopatcong, NJ 07843					

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 procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Basement		X		PIPE INSULATION	144 LF	X			

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 038241	Cubic Yards of Waste 2 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 [Signature]	Date 05/17/19

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

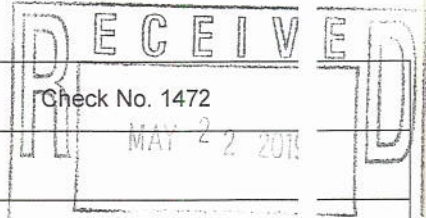
CK 5096

Date of Notification (1) 5/17/19		Name of Building Owner/Operator (2) MARY HEIP CHRISTIAN ACADEMY			
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 659 BELMONT AVE City, State, Zip Code NORTH HAVEN, NJ 07508 Name of Contact MR ANDREW Telephone Number 973 670-8088			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MARION RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address [REDACTED]		Square Feet 2000	# of Floors 2		
City (5) NORTH HAVEN		Bldg. Age 1920			
County (6) PASSAIC		County Code (7) (STATE USE ONLY) MARION RESIDENCE			
Name of Monitoring Firm Hired by Building Owner (8) DETAN ASSOCIATES		ASCM No. 0012	Name of Abatement Contractor (9) Best Removal Inc		
Street Address 560 SYLVAN AVE - SUITE 0305		Street Address 450 South River St			
City, State, Zip Code ENGLEWOOD CLIFFS, 07632		City, State, Zip Code Hackensack, N.J. 07601			
Project Manager for Monitoring Firm ANTHONY VALENTINO		Telephone No. 201-329-7444	License No. 00388		
Start Date (10) 5/30/19	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: 7:00 AM TO 5:00 PM		Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606			
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) 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) THERMAL SYSTEM INSULATION	Amount (Specify SF or LF) 200 LF	Abatement type Removal X Encapsulate
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 4.467	Name of Registered Landfill Minerva Enterprises LLC	
City, State Hackensack, N.J. 07601		Disposal Date 5/31/19	City, State Waynesburg, Oh, 44688		
Completed by J. Maiorano	Title Estimator	Signature <i>[Signature]</i>	Date 5/17/19		

ASB-41

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

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



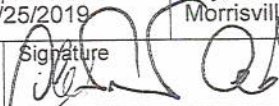
Date of Notification (1) 05/16/2019		PROJECT PUT ON HOLD		Name of Building Owner/Operator (2) Mater Dei Prep		Check No. 1472		
Agencies Notified		Type Notification		Street Address 538 Church Street		City, State, Zip Code Middletown, New Jersey 07748		
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Mark Guyre c/o Straight Edge Const		Telephone Number 732-223-7859		
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Mater Dei Prep				Type of Facility (4)				
Street Address 538 Church 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) Middletown, New Jersey 07748				Square Feet 20,000		# of Floors 2		
County (6) Monmouth		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Private School				
Name of Monitoring Firm Hired by Building Owner (8) RAMM Environmental Services Inc.				ASCM No.		Name of Abatement Contractor (9) Lilich Corporation		
Street Address 77 Nottingham Road				Street Address 246 Union Boulevard				
City, State, Zip Code Fair Lawn, New Jersey 07410				City, State, Zip Code Totowa, New Jersey 07512				
Project Manager for Monitoring Firm Rodger Headrick		Telephone No 201-475-9880		Telephone No. 973-225-8400		License No. 01104		
Start Date (10) 05/17/2019		ON HOLD		Scheduled Completion Date (11) 05/25/2019		ON HOLD		
Name of OSHA Monitor Iris Environmental Laboratories, LLC								
Occupancy Status During Abatement (Check Only One)				Street Address 2333 Route 22 West				
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>				City, State, Zip Code Union, NJ 07083				
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment Tent <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedures				
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
						Removal	Repair	
Classroom 324		Yes	No	N/A	Glue Dots	50 SF	X	
Classroom 325			X		Glue Dots	50 SF	X	
Classroom 324			X		Fume Hood	1 (ea)	X	
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill			
City, State Totowa, New Jersey				Disposal Date 05/25/2019	City, State Morrisville, PA			
Completed by Adriana Olejarova		Title President		Signature 		Date 05/16/2019		

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

Date of Notification (1) 05/07/2019		Name of Building Owner/Operator (2) Mater Dei Prep		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED MAY 22 2019 NJ DEPT OF ENVIRONMENT & NATURE </div>	
Agencies Notified	Type Notification	Street Address 538 Church 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 Middletown, New Jersey 07748 Name of Contact Mark Guyre c/o Straight Edge Const			
		Telephone Number 732-223-7859			

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Mater Dei Prep			Type of Facility (4)		
Street Address 538 Church 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) Middletown, New Jersey 07748			Square Feet 20,000	# of Floors 2	Bldg Age 50
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private School		
Name of Monitoring Firm Hired by Building Owner (8) RAMM Environmental Services Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation		
Street Address 77 Nottingham Road			Street Address 246 Union Boulevard		
City, State, Zip Code Fair Lawn, New Jersey 07410			City, State, Zip Code Totowa, New Jersey 07512		
Project Manager for Monitoring Firm Rodger Headrick		Telephone No 201-475-9880	Telephone No. 973-225-8400	License No. 01104	
Start Date (10) 05/17/2019		Scheduled Completion Date (11) 05/25/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>			City, State, Zip Code Union, NJ 07083		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment <input checked="" 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 of LF)	Removal Type	Abatement Type		
	Yes	No	N/A				Repair	Encapsulate	Enclosure
Classroom 324		X		Glue Dots	50 SF	X			
Classroom 325		X		Glue Dots	50 SF	X			
Classroom 324		X		Fume Hood	1 (ea)	X			

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill	
City, State Totowa, New Jersey			Disposal Date 05/25/2019	City, State Morrisville, PA	
Completed by Adriana Olejarova		Title President	Signature 	Date 05/07/2019	

16.05.2019 06:54 AM A. Mac Contracting

2012620321

CARL CELL # 973-390-6521

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	MAY 22 2019
	CH 1250
DOL-10 DAY	
ASBESTOS CONTROL & LICENSING	

CK 1250 PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:128)

Date of Notification (1) 5/16/19		Name of Building Owner/Operator (2) IMTT-BAYONNE							
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"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 250 E. 22 ND STREET		City, State, Zip Code BAYONNE, NJ 07008							
Name of Contact CARL GIROLAMO		Telephone Number 973-413-1821							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) IMTT-BAYONNE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address PURPLE & ROOF		Square Feet 3000							
City (5) BAYONNE		# of Floors 1							
County (6) HARRISON		Age 50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) TANK LOADING RACK							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) A. Mac Contracting Inc.							
Street Address		Street Address 185 Vreeland Ave.							
City, State, Zip Code		City, State, Zip Code Midland Park, NJ 07432							
Project Manager for Monitoring Firm		Telephone No. 201-282-5841							
Telephone No.		License No. 00155							
Start Date (10) 5/16/19		Scheduled Completion Date (11) 5/24/19							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Omega Environmental Services Inc.							
		Street Address 280 Huyler Street							
		City, State, Zip Code Hackensack, NJ 07608							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> 25 of or 25 ft <input type="checkbox"/> 2160 of or 2200 ft		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)			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	NA			Asbestos	Remediation	Enclosure	Enclosure
PIER 6			X	PIPE	220 LF	X			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 2		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark, NJ 07108		Disposal Date 5/1/19 ON		City, State Pen Argyl, PA 08072					
Completed by R. McDonald		Title President		Signature R. McDonald		Date 5/16/19			

1-6 05.2019 11:53 AM A. Mac Contracting

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PAGE. 2/3

MAY 22 2019

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

DEL - 10 DAY / 257

ASBESTOS CONTROL & LICENSING

OK 1251 PAID

Date of Notification (1) 5/16/19

Name of Building Owner/Operator (2) GABRELLIAN ASSOCIATES

Agencies Notified: ☒ EPA, ☒ DEP, ☒ DOL, ☒ DOH, ☒ DCA

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

Street Address: 95 RT. 17 SOUTH

City, State, Zip Code: PARAMUS NJ 07652

Name of Contact: RICH PALMA DELSO

Telephone Number: 201-248-0210

WAIVER APPROVED

FACILITY INFORMATION

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

Street Address: [REDACTED]

City (6) FRANKLIN LAKES

County (6) BERGEN

County Code (7) (STATE USE ONLY) _____

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

Square Feet: 1100, # of Floors: 2, Bldg. Age: 65

Current Use (Prior if being demolished): RES / DEMO

Name of Monitoring Firm Hired by Building Owner (8) _____, ASCM No. _____

Name of Abatement Contractor (9) A. Mac Contracting Inc.

Street Address: 185 Vreeland Ave.

City, State, Zip Code: Midland Park, NJ 07432

Project Manager for Monitoring Firm _____, Telephone No. _____

Telephone No.: 201-282-5641, License No.: 00156

Start Date (10) 5/16/19, Scheduled Completion Date (11) 5/30/19

Name of OSHA Monitor: Omega Environmental Services 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: 280 Huyler Street

City, State, Zip Code: Hackensack, NJ 07606

Scope of Work (Check All That Apply)

☒ as of or as if 3150 sf or as 260 lf, ☒ Renovation, ☒ Demolition, ☐ Full Containment with Negative Pressure, ☐ Mini-Enclosure, ☐ Glovebag Procedure, ☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
<u>CRAWLSPACE</u>			<u>X</u>	<u>PIPE</u>	<u>800 LF</u>	<u>X</u>			

Name of Registered Waste Hauler: Newark Carting Inc., NJDEP Waste Hauler ID No.: 04509, Cubic Yards of Waste: 1, Name of Registered Landfill: Grand Central Sanitary Landfill

City, State: Newark, NJ 07105, Disposal Date: 5/16/19, City, State: Pan Argy, PA 08072

Completed by: R. McDonald, Title: President, Signature: R. McDonald, Date: 5/16/19

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

Date of Notification (1) 5/16/2019		Name of Building Owner/Operator (2) KEAN UNIVERSITY		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED MAY 22 2019 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified	Type Notification	Street Address 1000 MORRIS AVENUE							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code UNION, NJ 07083							
		Name of Contact STEVE REMOTTI		Telephone Number 908-737-5050					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) WILLIS HALL				Type of Facility (4)					
Street Address 1000 MORRIS AVENUE				<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) UNION, NJ 07083				Square Feet	# of Floors				
County (6) UNION		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL, INC.		ASCM No.		Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.					
Street Address 1253 NORTH CHURCH STREET				Street Address 11 VREELAND AVENUE					
City, State, Zip Code MOORESTOWN, NJ 08057				City, State, Zip Code TOTOWA, NJ 07512					
Project Manager for Monitoring Firm JAMES GUILARDI		Telephone No. 856-840-8800		Telephone No. 973-956-8700	License No. 00494				
Start Date (10) 5/28/2019		Scheduled Completion Date (11) 6/25/2019		Name of OSHA Monitor SAME AS (9) ABOVE					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
SEE ATTACHED									
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743		Cubic Yards of Waste 200 +/-	Name of Registered Landfill WASTE MANAGEMENT G.R.O.V S.				
City, State TOTOWA, NJ				Disposal Date 6/25/2019	City, State MORRISVILLE, PA				
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>		Date 5/16/2019			

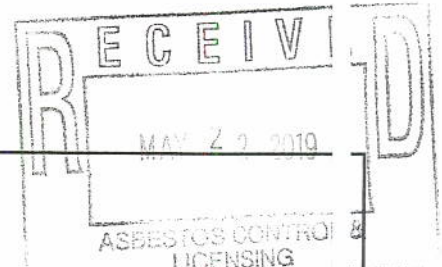


Table 5 - Asbestos Containing Materials Estimate
Willis Hall, Kean University
1000 Morris Avenue, Union, NJ

Homogenous Area	U.O.M.	Basement	1st Floor	2nd Floor	3rd Floor	4th Floor	Penthouse
9" Tile (BEI-WHT) + Mastic	S.F.		1,500	1,500	1,390	1,400	
9" Tile (BLK) Mastic Only	S.F.					10	
9" Tile (BRN) + Mastic	S.F.		570				
9" Tile (CRM) + Mastic	S.F.			50			
9" Tile (CRM) + Mastic	S.F.		210				
9" Tile (CRM) + Mastic	S.F.					200	
9" Tile (GRN) + Mastic	S.F.				320		
9" Tile (GRY) + Mastic	S.F.		120	250	70	450	
9" Tile (GRY) + Mastic	S.F.				20		
9" Tile (OLV) + Mastic	S.F.		4,600	6,760	2,740	5,700	
9" Tile (OLV) + Mastic	S.F.			100			
9" Tile (TAN) + Mastic	S.F.		410	1,150	660	950	
9" Tile (TAN) + Mastic	S.F.		850	350	700	500	
9" Tile (TAN-BEI) + Mastic	S.F.		1,170	600	590	980	
12" Tile (BEI)	S.F.		480				
12" Tile (BEI)	S.F.		1,000	1,000	400	400	
12" Tile (BEI) Mastic Only	S.F.				40		
12" Tile (BLUE) Mastic Only	S.F.			1,050	1,760		
12" Tile (CRM) + Mastic	S.F.		170				
12" Tile (GRN) + Mastic	S.F.				40		
12" Tile (TAN) + Mastic	S.F.		1,000				
ACM Elbow Joints (~6")	EA		10				
ACM Fittings (~2")	L.F.	2	80	10		20*	
ACM Fittings (~24")	EA						2
ACM Fittings (~4")	EA		10			30*	5
ACM Pipe / Fitting Insulation	L.F.		20				
ACM Pipe / Fitting Insulation	L.F.	1	190				
Black Mastic	S.F.					1,400*	
Carpet Glue	S.F.					1,400*	
Duct Caulk (BLK)	S.F.			40			
Hidden ACM Pipes in wall risers	L.F.		180	190	210	180	
Hidden ACM Pipes perimeter risers	L.F.		175	175	175	175	
Laboratory Countertop	S.F.			30			
Off-WHT Spray-On (Ceiling) ***	S.F.		170				
Plaster Soffit ***	S.F.		1,800	2,450	2,970	2,780	
Plaster Soffit (BRN) ***	S.F.		400				
Tile under 12" (BLUE)	S.F.			100			
Tile under 12" (TAN) + Mastic	S.F.		800*				
Tile under 12" Tile (BRN) + Mastic	S.F.				620		
Tile under Carpet + Mastic	S.F.				770		
Transite®	S.F.		1,210	1,210	1,210	1,210	
Ceiling Plaster (Under landing) ***	S.F.		180	360	360		
Wall Plaster (Stair backing) ***	S.F.		100	200	200		

Notes:

*Double layer

*Sub-Carpet

*Some Fittings in Stairwells

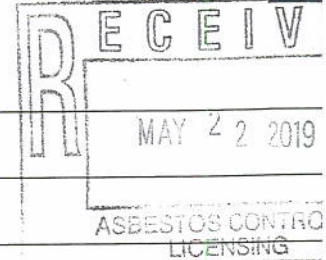
*** Limited Containment

S.F. (Square Feet)

L.F. (Linear Feet)

EA (Each)

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



CK 3379 PAID

Date of Notification (1) 5/16/2019		CHECK#3379		Name of Building Owner/Operator (2) Burch Charter School of Excellence	
Agencies Notified		Type Notification		Street Address 100 Linden Avenue	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Irvington, NJ 07111	
				Name of Contact Mr. Theodore Boler	
				Telephone Number 973-373-3223	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Burch Charter School of Excellence				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 100 Linden Avenue				Square Feet 10,000	
City (5) Irvington				# of Floors 3	
County (6) ESSEX				Bldg. Age 50+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) EA Services Corporation	
Street Address		Street Address 426-69th Street			
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-295-1700	
Start Date (10) 5/18/2019		Scheduled Completion Date (11) 5/21/2019		License No. 01074	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: AM				Name of OSHA Monitor Same as above	
				Street Address Same as above	
				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 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)
	Yes	No	N/A		
Basement		x		Pipe Insulation	4 LF
Name of Registered Waste Hauler Tri-State Transfer Assoc		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD	
City, State Bronx, NY		Disposal Date TBD		Name of Registered Landfill Minerva Enterprises Inc	
City, State Waynesburg, OH		Signature <i>Bluas</i>		Date 5/16/2019	
Completed by Gina Betances		Title Office Manager			

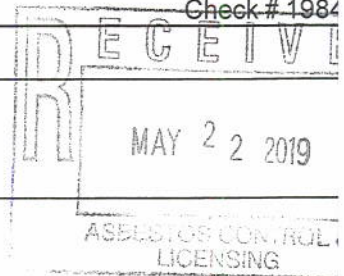
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 1984

PAID

Check # 1984

Date of Notification (1) May 17, 2019		Name of Building Owner / Operator (2) AtlantiCare Regional Medical Center	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Cancellation	1925 Pacific Avenue City, State & Zip Code Atlantic City, NJ 08401 Name of Contact William Malazita	
		Telephone Number 609-345-4000	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) AtlantiCare Regional Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 1925 Pacific Avenue		Square Feet	# of Floors
City (5) Atlantic City, NJ		Bldg. Age 120 Years	
County (6) Atlantic		Current Use (Prior if being demolished) Hospital	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, Inc.		ASCM No.	
Street Address 1600 Route 22 East, Ste 107		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Union, NJ 07083		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Stephen Cherepany		City, State & Zip Code Little Egg Harbor, NJ 08087	License Number 00817
Telephone Number 908-688-7800		Telephone Number 609-296-6916	
Scheduled Start Date (10) May 28, 2019	Scheduled Completion Date (11) November 19, 2019	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥ 50 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No	N/A			Removal	Repair Encapsulate
1 st Floor Offices			X	Joint Compound	2,500 SF	X	
1 st Floor Offices			X	Floor Tile and Mastic	2,000 SF	X	
1 st Floor Offices			X	Plaster Ceiling	660 SF	X	

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 80	Name of Registered Landfill Atlantic County Utilities Authority
City, State Little Egg Harbor, NJ 08087		Disposal Date December 2, 2019	City, State Egg Harbor Township, NJ
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date May 17, 2019

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

Date of Notification (1)

5/16/2019

Name of Building Owner/Operator (2)

Michelle Bergen

Agencies Notified

Type Notification

☐ EPA☒ Initial☐ DEP

Notification

☒ DOL☐ Amended☒ DOH

Notification

☐ DCA☐ EMERGENCY☐ Cancellation

Street Address

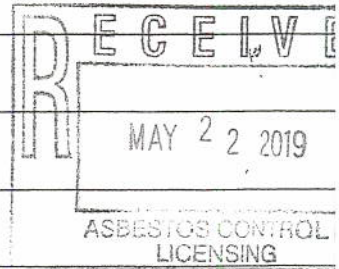
City, State, Zip Code

Orange, NJ, 07050

Name of Contact

Michelle Bergen

Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Michelle Bergen

Street Address

City

Orange

County

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, 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.

Street Address

City, State, Zip Code

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

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)

06 03 19

Month Day Year

Sched. Completion Date (11)

06 05 19

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours - Describe: «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	Transite Siding	1500 SF	X			

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.

17040

Cubic Yards of Waste 1.5

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

06/06/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Date

5/16/2019

264 Ogden St.

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

Date of Notification (1)

5/17/2019

Name of Building Owner/Operator (2)

Richard Azar

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial

Notification

☐ Amended

Notification

☐ EMERGENCY☐ Cancellation

Street Address

City, State, Zip Code

Montclair, NJ, 07042

Name of Contact

Richard Azar

Telephone Number

RECEIVED

MAY 22 2019

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Richard Azar

Street Address

City

Montclair

County

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, homes, etc.)

Square Feet

of Floors

Bldg. Area

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

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)

06 05 19

Month Day Year

Sched. Completion Date (11)

06 07 19

Month Day Year

Occupancy Status During Abatement (Check only one)

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

Name of OSHA Monitor

N/A

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	75 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

06/10/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

Date

5/17/2019

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

Date of Notification (1)

5/17/2019

Name of Building Owner/Operator (2)

Joel Carino

Street Address

City, State, Zip Code

Montclair, NJ, 07042

Name of Contact

Joel Carino

Telephone Number

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial Notification☐ Amended Notification☐ EMERGENCY☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Joel Carino

Street Address

City

Montclair

County

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, homes, etc.)

Square Feet

of Floors

Bldg. #

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

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)

06 06 19
Month Day Year

Sched. Completion Date (11)

06 08 19
Month Day Year

Occupancy Status During Abatement (Check only one)

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

Name of OSHA Monitor

N/A

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		ENCLOSURE	REPAIR
	Yes	No	N/A			REMOVAL	REPAIR		
Basement			X	Ceiling Insulation	100 SF	X			

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.NJDEP Waste Hauler ID No.
17040

Cubic Yards of Waste 1.5

Name of Registered Landfill
Tri - StateCity, State
Montclair, NJ 07042Disposal Date
6/10/19City, State
Bronx, NY, 10474Completed By (Print or Type)
Constantine VivianTitle
President

Signature

Constantine Vivian

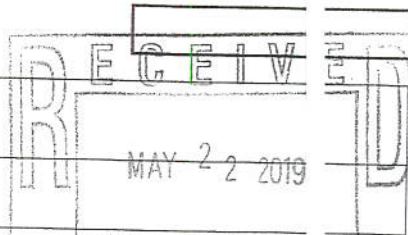
Date

5/17/2019

Check#3353

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



Date of Notification (1) 05 / 18 / 19		Name of Building Owner/Operator (2) Joyce Jones						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address [REDACTED]		City, State, Zip Code Ridgefield Park, NJ 07660						
Name of Contact Joyce Jones		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial building homes, etc.)						
Street Address [REDACTED]		Square Feet	# of Floors					
City (5) Ridgefield Park, NJ 07660		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)					
Street Address		Gr Tech LLC						
City, State, Zip Code		576 Valley Rd #283 Wayne, NJ 07470						
Project Manager for Monitoring Firm		Telephone No.	License No.					
Start Date (10) 05 / 27 / 19		Scheduled Completion Date (11) 05 / 28 / 19	973-638-1777 / 01127					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement		Type
	Yes	No	N/A			Removal	Repair	
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	65 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"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc				
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA				
Completed By (Print or Type) N. Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 05/18/19		

ASB-41

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

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

RECEIVED	Form
	MAY 22 2019

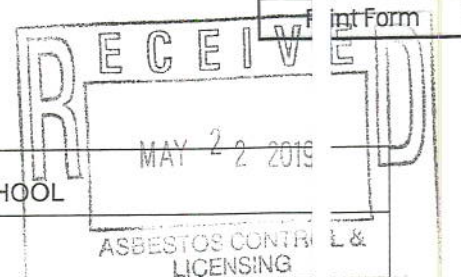
Date of Notification (1) 5/15/2019		CHECK#3378		Name of Building Owner/Operator (2) Northwest Essex Community Health Care Network	
Agencies Notified		Type Notification		Street Address 83 Walnut Street	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Montclair, NJ 07042	
				Name of Contact Anthony Lucibello	
				Telephone Number 973-450-3100	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Northwest Essex Community HealthCare Network				Type of Facility (4)	
Street Address 83 Walnut 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) Montclair		County Code (7) ESSEX		Square Feet 15,000 # of Floors 1 Bldg. Age 50+	
County (6) ESSEX		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Clinic	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) EA Services Corporation	
Street Address				Street Address 426-69th Street	
City, State, Zip Code				City, State, Zip Code Guttenberg, NJ 07093	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-295-1700 License No. 01074	
Start Date (10) 5/24/2019		Scheduled Completion Date (11) 5/30/2019		Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One)				Street Address Same as above	
<input checked="" 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: Starting 3 PM				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 type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement		X		Pipe Insulation	100 LF
Name of Registered Waste Hauler Tri-State Transfer Assoc		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD	
City, State Bronx, NY				Name of Registered Landfill Minerva Enterprises Inc	
				Disposal Date TBD	
				City, State Waynesburg, OH	
Completed by Gina Betances		Title Office Manager		Signature <i>Gina Betances</i>	
				Date 5/15/2019	

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

OK3377

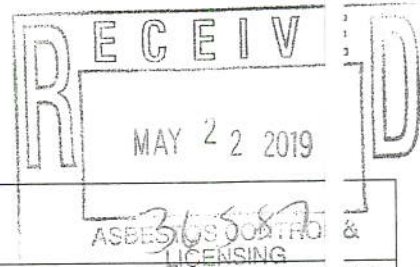
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 5/15/2019		CHECK#3377		Name of Building Owner/Operator (2) CHRIST THE KING ELEMENTARY SCHOOL	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 99 NORTH 13th STREET	
				City, State, Zip Code MANVILLE, NJ 08835	
		Name of Contact KAREN KOLOSKI		Telephone Number 908-231-1330	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Christ the King Elem School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 99 North 13th Street				Square Feet 12,000	
City (5) Manville,				# of Floors 2	
County (6) SOMERSET				Bldg. Age 50+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) EA Services Corporation	
Street Address TTI Environmental Consultant		Street Address 426-69th Street			
City, State, Zip Code 1253 N Church Street, Moorestown, NJ 08057		City, State, Zip Code Guttenberg, NJ 07093			
Project Manager for Monitoring Firm		Telephone No. 856-840-8800		License No. 01074	
Start Date (10) 5/28/2019		Scheduled Completion Date (11) 5/30/2019		Name of OSHA Monitor Same as 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 checked="" type="checkbox"/> Other - Describe: Starting 9 AM				Street Address Same as above	
				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 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)
	Yes	No	N/A		
ATTACHED				ATTACHED	ATTACHED
Name of Registered Waste Hauler Tri-State Transfer Assoc		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD	
City, State Bronx, NY		Disposal Date TBD		Name of Registered Landfill Minerva Enterprises Inc	
City, State Waynesburg, OH		Signature 		Date 5/15/2019	
Completed by Gina Betances		Title Office Manager			

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



Date of Notification (1) 05 / 17 / 19		Name of Building Owner/Operator (2) Monmouth County Park System	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 805 Newman Springs Road City, State, Zip Code Lincroft, NJ 07738 Name of Contact John Eisemann	
		Telephone Number 732-766-1929	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) exterior concrete slab		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 211 Greenwood Road		Square Feet N/A	# of Floors
City (5) Marlboro		Bldg. Age 	
County (6) Monmouth	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) Guardian Contracting, Inc.	
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624
Start Date (10) 05 / 18 / 19	Scheduled Completion Date (11) 05 / 20 / 19	Name of OSHA Monitor E.M.S.L. Analytical	

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM	Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854
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Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey		Disposal Date 05/20/19	City, State Tullytown, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 5/17/19

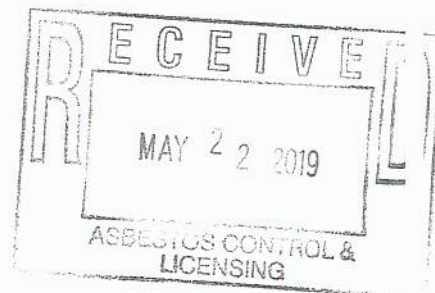
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STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

check # 0105

Date of Notification (1) 06 / 07 / 18		Name of Building Owner / Operator (2) Mondelez International		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 22 2019 ASBESTOS CONTROL LICENSING </div>	
Street Address 2211 Route 208 North		City, State, Zip Code Fairlawn, New Jersey, 07410			
Name of Contact PETER VILLANO		Telephone Number 201-794-4000			
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 <input type="checkbox"/> Amendment # 9 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Mondelez International			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 2211 Route 208					
City (5) Fairlawn	County (6) Bergen	County Code (7)	Square Feet 1,000,000	# Of Floors 3	Building Age 40 +
			Current Use (Prior if being demolished) Bakery		
Name of Monitoring Firm Hired by Bldg. Owner (8) AET			ASCM NO. NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 907 Doolittle Drive			Street Address 32 Williams Parkway		
City, State, Zip Code Bridgewater, NJ 08807			City, State, Zip Code East Hanover, NJ 07936		
Project Mngr. For Monitoring Firm Eric Houseknecht			Telephone Number 908-218-1108		
Scheduled Start Date (10) 06 / 25 / 18		Sched. Completion Date (11) 06 / 24 / 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: MON-FRI <input checked="" type="checkbox"/> Other - Describe: 7:00AM - 3:30PM			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 type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type 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	
2ND FLOOR OVEN#7	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	ROLLER GASKETS	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR OVEN#7	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	TRANSITE	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR OVEN#7	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	GASKET	4,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR BAKE SHOP	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE & FITTING	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING NORTHSTAR CONTRACTING GROUP, INC.		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill GROWS	
City, State NEWARK, NJ EAST HANOVER, NJ		Disposal Date	City, State Morrisville, PA 19067		
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>		Date 05/21

Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ 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		
MEZZANINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
DC WAREHOUSE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	6 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
1ST FLOOR BAKERY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
BOILER ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BOILER JACKET	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
DC CHARGING AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
BOILER ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
DC WAREHOUSE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
DC WAREHOUSE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	44 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
BAKERY WAREHOUSE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	130 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
BAKERY MEZZANINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
BAKERY WAREHOUSE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	70 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>



CK# 9653

"OPEN NOTIFICATION"

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)RECEIVED
MAY 22 2019
ASBESTOS CONTROL &
REMOVAL

Date of Notification (1) 5/20/19		Name of Building Owner/Operator (2) PSE&G					
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080					
		Name of Contact JEFFREY GAZICK	Telephone Number 856-628-2177				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) PSG&G - LOCATION #100		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 building homes, etc.)					
Street Address 407-411 RAYMOND BLVD		Square Feet N/A	# of Floors N/A				
City (5) NEWARK		Bldg. Age N/A					
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A					
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC				
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.					
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882					
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350				
License No. 01111							
Start Date (10) 6/5/19	Scheduled Completion Date (11) 7/31/19	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA 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: OUTDOORS		Street Address 396 WHITEHEAD AVE.					
		City, State, Zip Code SOUTH RIVER, NJ 08882					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No	N/A			Removal	Repair
OUTDOORS		X		PIPE SOMASTIC	150 LF	X	
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APX 10	Name of Registered Landfill FAIRLESS			
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA			
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature <i>Carol Raimo</i>		Date 5/20/19	

CK# 9653

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

"OPEN NOTIFICATION"

RECEIVED
MAY 22 2019

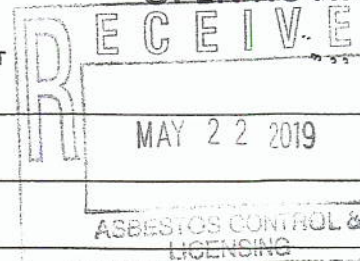
Date of Notification (1) 5/20/19		Name of Building Owner/Operator (2) PSE&G		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 HADLEY ROAD City, State, Zip Code SOUTH PLAINFIELD, NJ 07080	
		Name of Contact JEFFREY GAZICK		Telephone Number 856-628-2177	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) PSEG - LOCATIONS #5, #16, #22			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 building, homes, etc.)		
Street Address 62-64 BLANCHARD ST.			Square Feet N/A		
City (5) NEWARK			# of Floors N/A		
County (6) ESSEX			Bldg Age N/A		
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) N/A			
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC	
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.			
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882			
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217		Telephone No. 732-432-8350	
License No. 01111					
Start Date (10) 6/5/19		Scheduled Completion Date (11) 7/31/19		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA 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: OUTDOORS				Street Address 396 WHITEHEAD AVE.	
				City, State, Zip Code SOUTH RIVER, NJ 08882	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
OUTDOORS		X		PIPE SOMASTIC 150 LF	
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste APPX 10	
City, State ELIZABETH, NJ		Disposal Date TBD		Name of Registered Landfill FAIRLESS	
City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature Carol Raimo	
				Date 5/20/19	

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

"OPEN NOTIFICATION"

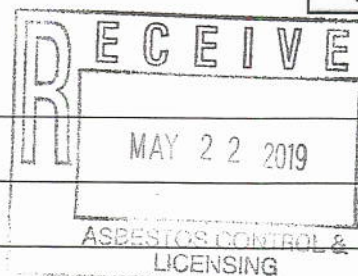


Date of Notification (1) 5/20/19		Name of Building Owner/Operator (2) PSE&G					
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080					
		Name of Contact JEFFREY GAZICK	Telephone Number 856-628-2177				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) PSG&G - LOCATIONS #111, #128		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 building homes, etc.)					
Street Address ALBERT AVE.		Square Feet N/A	# of Floors N/A				
City (5) NEWARK		Bldg. Age N/A					
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A					
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC				
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.					
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882					
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350				
License No. 01111							
Start Date (10) 6/5/19	Scheduled Completion Date (11) 7/31/19	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA 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: OUTDOORS		Street Address 396 WHITEHEAD AVE.					
		City, State, Zip Code SOUTH RIVER, NJ 08882					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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 Procedures					
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
OUTDOORS		X		PIPE SOMASTIC	150 LF	X	
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 10	Name of Registered Landfill FAIRLESS			
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA			
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>		Date 5/20/19		

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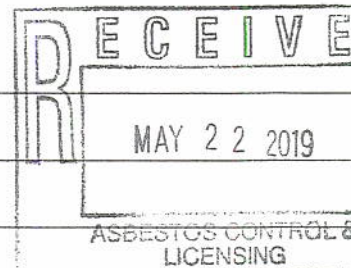
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 5/20/19		Name of Building Owner/Operator (2) Cranford Parks & Recreation							
Agencies Notified	Type Notification	Street Address 401 Centennial Ave.							
<input checked="" 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 #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cranford, NJ 07016							
		Name of Contact Steve Robertazzi	Telephone Number 908-709-7283						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Pool House		Type of Facility (4)							
Street Address 401 Centennial Ave.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Cranford		Square Feet 20000	# of Floors 2						
County (6) Union		County Code (7) (STATE USE ONLY)	Bldg. Age 65 +/-						
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-600-3184						
Start Date (10) 5/29/19		Scheduled Completion Date (11) 6/2/19	License No. 01305						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M. to 4 P.M.		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 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	
Utility Room	x			Pipe Wrap	227 LF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 3 yd	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President		Signature 			Date 5/20/19		

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

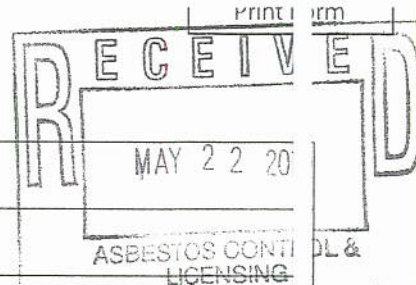


Date of Notification (1) 5/15/2019		Name of Building Owner/Operator (2) Gloucester Twsp. Public Schools						
Agencies Notified	Type Notification	Street Address 17 Erial Road						
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Blackwood, NJ 08012						
		Name of Contact Sani Umar	Telephone Number 856-227-7688					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Erial 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 & commercial buildings, homes etc.)						
Street Address 20 Essex Avenue		Square Feet	# of Floors					
City (5) Erial		Bldg. Age						
County (6) Gloucester	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc.		ASC No. 00102	Name of Abatement Contractor (9) VMC Company Inc.					
Street Address 515 Grove Street		Street Address 208 Piaget Ave						
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Clifton, NJ 07011						
Project Manager for Monitoring Firm Tom Leisse		Telephone No. 856-547-0505	Telephone No. 973-253-8828					
		License No. 00704						
Start Date (10) 06/17/2019	Scheduled Completion Date (11) 06/28/2019	Name of OSHA Monitor VMC Company Inc.						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Boiler Room		x		pipe fitting insulation	25 LF	x		
				breeching insulation	250 SF	x		
				boiler interior insulation (assumed)	200 SF	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				

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



Date of Notification (1) 5/15/2019		Name of Building Owner/Operator (2) Chatham United Methodist Church							
Agencies Notified	Type Notification	Street Address 460 Main Street							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Chatham, NJ 07928							
		Name of Contact Glen Walker	Telephone Number 917-699-8757						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Chatham United Methodist Church		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 & commercial buildings, homes, etc.)							
Street Address 460 Main Street		Square Feet	# of Floors						
City (5) Chatham		Bldg. Age							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental, Inc.		ASCM No. 00112	Name of Abatement Contractor (9) VMC Company Inc.						
Street Address 344 W. State Street		Street Address 208 Piaget Ave							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm William Weisgarber		Telephone No. 609-656-8101	License No. 00704						
Start Date (10) 08/05/2019	Scheduled Completion Date (11) 08/15/2019	Name of OSHA Monitor VMC Company Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: occupied		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room		x		pipe insulation	240 LF	x			
				breaching insulation	112 SF	x			
				boiler insulation	110 SF	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			

State of New Jersey

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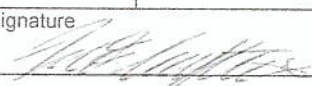
NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED

MAY 22 2019

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/20/2019		Name of Building Owner/Operator (2) LANXESS Solutions US Inc.						
Agencies Notified	Type Notification	Street Address 1020 King George Post 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fords, NJ 08863						
		Name of Contact Lisa Daniels	Telephone Number 732-306-4959					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) LANXESS Solutions US Inc.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1020 King George Post Road		Square Feet	# of Floors					
City (5) Fords		Bldg. Age						
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) boiler house piping, processing plant & tanks						
Name of Monitoring Firm Hired by Building Owner (8) Emilcott Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) Stryker Demolition & Environmental Services LLC					
Street Address 190 Park Avenue		Street Address 992 Old Eagle School Road, STE 910						
City, State, Zip Code Morristown, NJ 07960		City, State, Zip Code Wayne, PA 19087						
Project Manager for Monitoring Firm David Tomsey		Telephone No. 973-538-1110	Telephone No. 484-581-7428					
License No. 01286								
Start Date (10) 2/18/2019	Scheduled Completion Date (11) 8/2/2019	Name of OSHA Monitor Stryker Demolition & Environmental Services LLC						
Occupancy Status During Abatement (Check Only One)		Street Address 992 Old Eagle School Road, STE 910						
<input checked="" 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: boiler house		City, State, Zip Code Wayne, PA 19087						
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 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	
#6 Fuel Line		X		Pipe Insulation (TSI)	197 LF	X		
Door Gasket on boiler, caulk		X		Other Misc.	64 LF	X		
Ester 2 Area		X		Pipe Insulation (TSI)	480 LF	X		
Ester 2 Area, PA Tank Area		X		Surfacing	719 SF	X		
Name of Registered Waste Hauler Horwith Trucks, Inc.		NJDEP Waste Hauler ID No. SW-1998	Cubic Yards of Waste 35	Name of Registered Landfill Cumberland County Landfill				
City, State Northampton, PA		Disposal Date 6/7/2019		City, State Shippensburg, PA				
Completed by Mark Klotzbach		Title Vice President		Signature 		Date 5/20/2019		

B & G proj. #: 2019-126

PAID

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

Check # 9301

Date of Notification (1) 05/20/19		Name of Building Owner/Operator (2) Janeen Ortega		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 22 2019 ASBESTOS CONTROL & ABATEMENT </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 Pompton Plains, NJ 07444		
		Name of Contact Janeen Ortega		
				Telephone Number [REDACTED]

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Janeen Ortega			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)	Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]			Current Use (Prior if being demolished) residential	
ASCM No.		Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]		Street Address 105 Ryerson Road		
City, State, Zip Code [REDACTED]		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 05/31/2019	Sched. Completion Date (11) 06/01/2019		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)

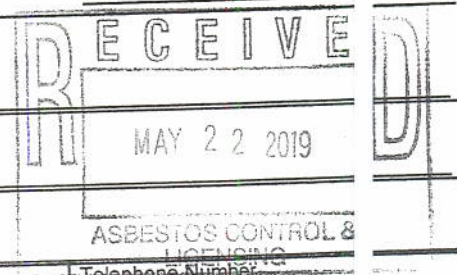
- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ Non-friable procedure

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					
crawl space			<input checked="" type="checkbox"/>	pipe insulation	35 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"/>

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 06/03/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 05/20/2019

Check # 9300

Date of Notification (1) 05/20/19		Name of Building Owner/Operator (2) Arkadipta Ghosh	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Montclair, NJ 07043	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Arkadipta Ghosh	
<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) Arkadipta Ghosh			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) Montclair, NJ 07043	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		
Sched. Start Date (10) 05/31/2019		Sched. Completion Date (11) 06/04/2019	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 debris	1 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	VAT & mastic	450 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 06/04/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 05/20/2019